

# Common Core 3.0

## Values and Ethics in Child Welfare Practice

### Trainee Guide



December 31, 2018

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## Introduction to Common Core

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills and is important for all CWS positions with in an agency.

California's Common Core Curricula for Child Welfare Workers is the result of the invaluable work and guidance of a great many people throughout the child welfare system in California and across the country. It would be impossible to list all of the individuals who contributed, but some groups of people will be acknowledged here.

The Content Development Oversight Group (CDOG) a subcommittee of the Statewide Training and Education Committee (STEC) provided overall guidance for the development of the curricula. Convened by the California Social Work Education Center (CalSWEC) and the California Department of Social Services (CDSS), CDOG membership includes representatives from the Regional Training Academies (RTAs), the University Consortium for Children and families in Los Angeles (UCCF), and Los Angeles County Department of Children and Family Services.

In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, or providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: <https://www.youtube.com/watch?v=BIQG65KFKGs>

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to:

[https://calswec.berkeley.edu/sites/default/files/citation\\_guideline\\_6-2018.pdf](https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf)



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website:

<http://calswec.berkeley.edu>

## Curriculum Introduction

This half-day curriculum focuses on values and ethics in relation to social work practice in child welfare. Throughout the training, the trainer will guide the trainees through a discussion on values and ethics informed by the *NASW Code of Ethics*, the *NASW Standards for Social Work Practice in Child Welfare*, and the *California Standards and Values for Public Child Welfare Practice*. In addition, the trainer will guide the trainees through a series of activities that will allow them to develop collaborative solutions to ethical dilemmas common to the work of child welfare professionals.

Some content in this curriculum was informed by NCCD and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice<sup>1</sup>
- Signs of Safety<sup>2</sup>
- Structured Decision making<sup>3</sup>
- Child and family engagement<sup>4</sup>
- Risk and safety assessment research
- Group Supervision and Interactional Supervision<sup>5</sup>
- Appreciative Inquiry<sup>6</sup>
- Motivational Interviewing<sup>7</sup>
- Consultation and Information Sharing Framework<sup>8</sup>
- Cultural Humility
- Trauma-informed practice

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<sup>1</sup> Berg, I.K., & De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

<sup>2</sup> Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children*, 19(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

<sup>3</sup> Children's Research Center. (2008). *Structured Decision Making: An evidence-based practice approach to human services*. Madison: Author.

<sup>4</sup> Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

<sup>5</sup> Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

<sup>6</sup> Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

<sup>7</sup> Miller, W.R., & Rollnick, S. (2012). *Motivational Interviewing*, (3<sup>rd</sup> Ed.). NY: Guilford Press.

<sup>8</sup> Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S., & Sawyer, R. (2003). Family Group Decision Making: A process reflecting partnership based practice. *Protecting Children*. 19(2):12-15.

## Agenda

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|---|------------|
| □ Segment 1: Introduction to Course                         | 15 minutes |
| □ Segment 2: The Building Blocks of Ethics in Child Welfare | 25 minutes |
| □ Segment 3: Ethical Codes, Standards and Values            | 65 minutes |
| □ Break   | 10 minutes |
| □ Segment 4: Identifying and Resolving Ethical Dilemmas     | 60 minutes |
| □ Segment 5: Closing  | 5 minutes  |

# Learning Objectives

## Knowledge

- K1.** The trainee will recognize his or her role as an advocate and case manager in supporting the needs of children, youth, non-minor dependents, and families to achieve:
  - a. Safety
  - b. Permanency
  - c. Well-being
- K2.** The trainee will recognize possible conflicts associated with efforts to engage with families (e.g., cultural expectations, use of social media).
- K3.** The trainee will be able to explain how professional values and ethics influence the decision-making process in child welfare, including the convening of teams for decision-making and appropriate disclosure of information.
- K4.** The trainee will recognize that the NASW Code of Ethics guides practice in CWS.

## Skill

- S1.** Given a case scenario, the trainee will be able to identify strategies to avoid ethical conflict related to efforts to engage (e.g., cultural expectations, social media).

## Values

- V1.** The trainee will value fair and equitable treatment of all people involved in child welfare including efforts to address the issue of disproportionality in child welfare.
- V2.** The trainee will value continued awareness of how one's own values may influence one's decision-making process in public child welfare.
- V3.** The trainee will value awareness of his/her own emotional responses to clients in areas where the trainee's values are challenged.
- V4.** The trainee will value conducting him or herself in accordance with the professional expectations set forth in the NASW Code of Ethics, the NASW Standards for Social Work Practice in Child Welfare, and the California Standards and Values for Public Child Welfare Practice.

# Ethical Responsibilities to Children and Families

The following is a composite of information from the *NASW Code of Ethics*<sup>9</sup>, the *NASW Standards for Social Work Practice in Child Welfare*<sup>10</sup>, and the *Standards and Values for Child Welfare Practice in California*<sup>11</sup>. The information has been organized here to highlight the key areas of focus for a child welfare social worker's core ethical responsibilities to the children and families served by Child Welfare, including:

1. Commitment to Clients
2. Self-Determination
3. Informed Consent; Privacy and Confidentiality
4. Cultural Awareness and Social Diversity
5. Conflicts of Interest
6. Sexual Relationships
7. Termination of Services

For a full listing of the ethical codes, standards and values, trainees are encouraged to consult the original sources referenced below. Additionally, URLs to free online versions of these publications are available in the Resources section of this guide.

## 1. Commitment to Clients

**NASW 1.01:** Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

## 2. Self-Determination

**NASW 1.02:** Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

**NASWCW Standard 1:** Social workers in child welfare shall demonstrate a commitment to the values and ethics of the social work profession, emphasizing client empowerment and self-determination, and shall use the NASW Code of Ethics (1999) as a guide to ethical decision-making.

**NASWCW Standard 11:** Social workers in child welfare shall engage families as partners in the process of assessment and intervention.

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<sup>9</sup> National Association of Social Workers. (2008). *NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers)*. Washington, DC: NASW.

<sup>10</sup> National Association of Social Workers. (2005). *NASW Standards for Social Work Practice in Child Welfare*. Washington, DC: NASW.

<sup>11</sup> California Social Work Education Center. (2005). *Standards and Values for Public Child Welfare Practice in California*. Berkeley, CA: Regents of the University of California.

### CASV Values and Standards:

- **Value 5:** Child welfare service should work collaboratively with the family to create a plan that emphasizes and builds on the family's and children's strengths and accesses formal and informal resources and supports on behalf of the family.
- **Value 6:** Families and children should participate to the greatest possible extent in planning and implementing their process for change. Children should participate in decisions regarding their care and needs.
- **Standard 35:** Through the entire course of the intervention, engage family in recognizing and using its own strengths and resources.
- **Standard 41:** Ensure a child's participation in planning and direction for his or her life.

### **3. Informed Consent; Privacy and Confidentiality**

#### **NASW 1.03: Informed Consent**

- (a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.
- (b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.
- (c) In instances when clients lack the capacity to provide informed consent, social workers should protect the clients' interests by seeking permission from an appropriate third party, informing clients consistent with their level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.
- (d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.
- (e) Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services.
- (f) Social workers who use technology to provide social work services should obtain informed consent from the individuals using these services during the initial screening or interview and prior to initiating services. Social workers should assess clients' capacity to provide informed consent and, when using technology to communicate, verify the identity and location of clients.

- (g) Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and the clients' ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.
- (h) Social workers should obtain clients' informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party.
- (i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

**NASW 1.07: Privacy and Confidentiality**

- (a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.
- (b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
- (c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling, professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
- (d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.
- (e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients' circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

***Best Practice Pointer:*** *In the case of LGBTQ children and youth, social workers should not divulge any child's sexual orientation without consent. "Outing" children has serious consequences including safety issues (i.e. if someone is not accepting, they may hurt the child).*

- (f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. This agreement should include consideration of

- (g) whether confidential information may be exchanged in person or electronically, among clients or with others outside of formal counseling sessions. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.
- (h) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's employers, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.
- (i) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

***Best Practice Pointer:*** *This includes a client's sexual orientation and gender identity.*

- (j) Social workers should not discuss confidential information, electronically or in person, in any setting unless privacy and safety can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.
- (k) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.
- (l) Social workers should protect the confidentiality of clients when responding to requests from members of the media.
- (m) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.
- (n) Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages.
- (o) Social workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner.
- (p) In the event of unauthorized access to client records or information, including any unauthorized access to the social worker's electronic communication or storage systems, social workers should inform clients of such disclosures, consistent with applicable laws and professional standards.
- (q) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of electronic technology, including Internet-based search engines, to gather information about clients.

- (r) Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent.
- (s) Social workers should avoid posting any identifying or confidential information about clients on professional websites or other forms of social media.
- (t) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with applicable laws governing records and social work licensure.
- (u) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.
- (v) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.
- (w) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.
- (x) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

**CASV Standard 34:** Using principles of strength-based practice, provide direct and intensive services to families in ways that are accessible, understandable, and culturally relevant to strengthen their capacity to care for their children.

**NASWCW Standard 6:** Social workers in child welfare shall maintain the appropriate safeguards for the privacy and confidentiality of client information.

**CASV Value 8:** The family has the right to privacy and confidentiality and to be informed of the limits of confidentiality in public child welfare situations.

## 4. Cultural Awareness and Social Diversity

### **NASW 1.05**

- (a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- (b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.
- (c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.
- (d) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients and how they may use electronic technology. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

**NASWCW Standard 8:** Social Workers in child welfare are expected to be knowledgeable about cultural competency practices and standards as described in the NASW Standards for Cultural Competence (2001)

**CASV Values and Standards:**

- **Value 7:** Service decisions and service provision must be timely, effective, culturally sensitive and accessible, while focused on the achievement of specific outcomes for the child and family.
- **Standard 4:** Display specialized knowledge and understanding of the diversity of people within the state and region and reflect such understanding in all aspects of practice while working towards the elimination of service disparities affecting children and families of color.
- **Standard 10:** Actively seek to create and enhance knowledge and provision of increasingly effective and culturally appropriate services for children, families, and communities.
- **Standard 32:** Respond to reports of child endangerment, taking into account diverse cultural practices, specific language needs, and the history of the given culture’s experience in the dominant culture, including racism, economic oppression, political exclusion/inclusion, immigration, and other environmental factors.

**Best Practice Pointer:** *Social workers must also be sensitive to a child’s sexual orientation, gender identity, and expression (SOGIE) and determine if the child is safe in their environment.*

## 5. Conflicts of Interest

**NASW 1.06**

- (a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients’ interests primary and protects clients’ interests to the greatest extent possible. In some cases, protecting clients’ interests may require termination of the professional relationship with proper referral of the client.
- (b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.
- (c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)
- (d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers’ professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody

dispute or divorce proceeding involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

### **CASV Values and Standards:**

- **Value 11:** Child welfare practitioners must be able to use the self skillfully, be aware of the potential impact of personal feelings upon professional decision making, and manage those feelings appropriately.
- **Standard 45:** Manage in a professional manner personal feelings associated with providing child welfare services.

## **6. Sexual Relationships**

### **NASW 1.09**

- (a) Social workers should under no circumstances engage in sexual activities, inappropriate sexual communications through the use of technology or in person, or sexual contact with current clients, whether such contact is consensual or forced.
- (b) Social workers should not engage in sexual activities or sexual contact 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. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers -- not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship -- assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.
- (c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers -- not their clients -- who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- (d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

## **7. Termination of Services**

### **1.17:**

- (a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.
- (b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

- (c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.
- (d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.
- (e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

***Best Practice Pointer:*** Social workers should also make sure to take into consideration cultural factors, including LGBTQ status, to ensure the safety of the child.

- (f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

**NASWCW Standard 12:** Social workers in child welfare shall develop in collaboration with the family, a comprehensive service plan to strengthen the family's ability to care for their children, with specific attention to their developmental needs, and to enhance the overall functioning of its members. It must include a system for documenting progress and case closings.

# Ethical Responsibilities to Colleagues

The following is a composite of information from the *NASW Code of Ethics*<sup>12</sup>. The information has been organized here to highlight the key areas of focus for a child welfare social worker's core ethical responsibilities to colleagues, including:

1. Respect
2. Confidentiality
3. Interdisciplinary Collaboration
4. Disputes Involving Colleagues
5. Consultation
6. Referral for Services
7. Impairment of Colleagues
8. Incompetence of Colleagues
9. Unethical Conduct of Colleagues

For a full listing of the ethical codes, trainees are encouraged to consult the *NASW Code of Ethics* in its entirety, which is referenced below. The URL to a free online version of this publication is also available in the Resources section of this guide.

## 1. Respect

### **NASW 2.01:**

- (a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.
- (b) Social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.
- (c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

## 2. Confidentiality

### **NASW 2.02:**

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

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<sup>12</sup> National Association of Social Workers. (2008). *NASW Code of Ethics (Guide to the Everyday Professional Conduct of Social Workers)*. Washington, DC: NASW.

### **3. Interdisciplinary Collaboration**

#### **NASW 2.03:**

- (a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.
- (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

### **4. Disputes Involving Colleagues**

#### **NASW 2.04:**

- (a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.
- (b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

### **5. Consultation**

#### **NASW 2.05:**

- (a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.
- (b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.
- (c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

### **6. Referral for Services**

#### **NASW 1.16**

- (a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.
- (b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.
- (c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

## 7. Impairment of Colleagues

### **NASW 2.08:**

- (a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.
- (b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing, and regulatory bodies and other professional organizations.

## 8. Incompetence of Colleagues

### **NASW 2.09:**

- (a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.
- (b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

## 9. Unethical Conduct of Colleagues

### **NASW 2.10:**

- (a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues, including unethical conduct using technology.
- (b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing, and regulatory bodies, employers, agencies, and other professional organizations.
- (c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.
- (d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, the NASW National Ethics Committee on inquiry, or other professional ethics committees).
- (e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

## Activity 3B (for reference): Ethical Dimensions of Social Work Whistleblowing

### Ethical Dimensions of Social Work Whistleblowing

By Lindsey Getz

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*More organizations are putting whistleblowing policies in place, but social work's protocols are in their infancy and must grow to reflect the profession's unique ethical concerns.*

The term “whistleblower” likely brings to mind famous cases surrounding highly publicized criminal acts, such as Sherron Watkins exposing Enron's fraudulent stock inflation or even “Deep Throat” revealing details that brought to light the Watergate scandal.

These are major cases involving elaborate trials and major media attention, but that's not how everyday whistleblowing occurs. Although the wrongdoing taking place in various workplaces, agencies, and organizations may not constitute large-scale criminal acts, they still pose significant challenges to the potential whistleblower who may feel a moral obligation to report what he or she has witnessed.

How often does wrongdoing take place and when does someone know it's appropriate to blow the whistle? There are numerous schools of thought in this area, though social workers could use education on the topic, particularly because whistleblowing in the social work field poses unique challenges.

### Whistleblowing Basics

Nearly every practitioner has encountered wrongdoing, which can include administrative fraud, an impaired colleague, or client mistreatment. In fact, research from the Washington, D.C.-based Ethics Resource Center (ERC) has found that 45% of U.S. workers observe some kind of wrongdoing in a given year. “If almost half of the workforce is observing misconduct at least once in a year, then it's safe to say that everyone will eventually be faced with this situation,” says Patricia Harned, PhD, ERC president. “It's just part of being employed. You're going to observe some kind of misconduct on the job. One of the biggest challenges is having to figure out what to do after you've observed it.”

In the past, whistleblowing generally was associated with going outside the primary workplace to report wrongdoing, characterized by employees going to local law enforcement, government agencies, or even the media to expose misconduct within a company.

While some whistleblowers do take that course of action, the truth is that most do not. Findings from the ERC show that whistleblowers almost always make some effort to root out the wrongdoing internally before going outside the organization with their concerns. In fact, only 2% of employees go solely outside of their companies to report misconduct.

As more organizations become aware of the advantages of encouraging employees to report misconduct internally, many have established hotlines where whistleblowers can report something they witnessed. These hotlines often allow individuals to anonymously give the name of the person they believe is doing wrong without revealing their own name, though anonymity makes an investigation harder. It's all in an effort to keep reports internal and help make employees comfortable with the idea of coming forward.

However, David Gebler, a values-based business ethics expert and president of the Skout Group, says that progressive companies are being proactive instead of reactive and launching helplines as opposed to just hotlines. “A helpline would be a line you could call beforehand and you could say, ‘I'm confused about whether I'm allowed to do X,’” explains Gebler, who also authored the book *The 3 Power Values: How Commitment, Integrity, and Transparency Clear the Roadblocks to*

*Performance.* “This is a very proactive approach that allows employees to actually call about a potential wrongdoing before it happens and get critical advice.”

Even with supports in place, whistleblowers still face challenges. Jonathan M. Lukens, MSW, MBE, PhD, an assistant professor in the School of Social Work at Salem State University in Massachusetts, says there are quite a few challenges or fears that whistleblowers may need to overcome before stepping forward. For instance, reporting a coworker may undermine the trust of other coworkers, destroying friendships and posing a risk to professional standing.

Uncertainty about procedures and protections also lurks with whistleblowing but is an area that employers can address. “A whistleblowing procedure should be part of an agency’s written policies and should include a clear description of employee protections, the steps one takes to report a concern, and even what constitutes a reasonable concern,” Lukens says.

The fear of retaliation also is a barrier. “Fear of firing or retribution is a major concern and probably stops a lot of social workers, especially when the concern involves a supervisor or agency director,” Lukens adds.

But Marcia Miceli, DBA, MBA, a professor of management in Georgetown University’s McDonough School of Business and coauthor of *Whistle-Blowing in Organizations* and *Blowing the Whistle*, points to some evidence that fear of retaliation may be unwarranted: “A recent study by the ERC shows that member organizations are working to reduce fears of retaliation. At the same time, we do still know of cases where a whistleblower has experienced negative career outcomes. So a challenge is to assess as accurately as possible how a complaint may be received and if there are multiple channels for reporting to identify the ones that will be most effective and protective of the whistleblower.”

### **Whistleblowing Among Social Workers**

While many organizations are putting whistleblowing policies and procedures in place, this is an area where the social work field may potentially be lacking. “In my experience, most human service and social service organizations do not have explicit protocols or guidelines to address whistleblowing issues,” says Frederic G. Reamer, PhD, a prominent ethicist and a professor of social work at Rhode Island College. “I think they’d be well served to develop reasonable protocols and guidelines, not in an effort to encourage snitching, but rather to acknowledge that in any organization there is the possibility of ethical misconduct that must be brought to the attention of responsible administrators.”

For the first time in the profession’s history, the NASW *Code of Ethics* does include several standards that obligate social workers to address unethical conduct in a responsible way, Reamer adds. “Sometimes this requires social workers to disclose their concerns to people who are in positions of authority.”

But this certainly isn’t always easy to do. In any field there’s some level of stigma attached to the act of whistleblowing. However, in social work there are other challenges that pose barriers, such as the fact that social workers are potentially too compassionate to blow the whistle on a colleague. “For instance, if you ask social workers if they think it is OK to ‘bend the truth’ in order to get better services for a client, many will say yes, and many will admit to doing it,” Lukens says. “Technically, that’s a violation. In addition, the impulse of many social workers is, of course, to be helpful and empathetic. This impulse may prompt some not to take action on an impaired colleague, for instance, when it is in fact warranted. This will to be helpful and understanding potentially confuses the issue of to whom we are primarily responsible: the agency or the client.”

Reamer says this is another example of the boundary problems social workers frequently face as a result of trying to help people. That’s why social workers have been known to loan money, give gifts, or do other inappropriate favors for clients. “Many times a social worker’s wrongdoing arises out of altruistic instincts,” Reamer says. “These are well-meaning social workers who are bending or even breaking rules in order to help their client. In one respect this may seem magnanimous but, in reality, engaging in rule bending or breaking can constitute ethical misconduct.”

However, that altruistic intent makes it difficult for colleagues to report what they've witnessed. "Blowing the whistle seems to go against the grain in a helping profession," Reamer says. "As social workers, we may have to work harder than members of other professions to acknowledge and confront ethical misconduct that crosses our path."

### **Black, White, and Many Shades of Gray**

Of course, not every action is worthy of whistleblowing in the first place. "Few actions are always appropriate to report, and the duty to blow the whistle on a colleague or institution is highly context dependent," says Dominic A. Sisti, PhD, director of The Scattergood Program for Applied Ethics of Behavioral Healthcare in the department of medical ethics and health policy at the University of Pennsylvania's Perelman School of Medicine. "A basic question should be: Are clients/patients being seriously harmed? If the answer is yes, social workers have an ethical duty to disclose the harm, even if that means implicating a colleague's misconduct, negligence, impairment, or incompetence."

The issue of whether to blow the whistle is rarely black and white, Reamer adds. In fact, he says most whistleblowing situations fall into one of "many shades of gray." Once in a while there may be a no-brainer, such as a social worker engaging in sexual misconduct with a client, but it's quite often that the wrongdoing falls into a gray area, he says.

While social workers may find it easier to blow the whistle in black and white cases, they also need to learn when and how to blow the whistle when the misconduct is not easily defined. Reamer believes that an effort to understand when to report misconduct should be incorporated into social work education. "If we're going to enhance the quality of education in academia and in continuing education, then we need to share with students and social workers some good case studies that pose very difficult choices on whistleblowing," Reamer says. "Then we need to share the conceptual framework that includes standards in the current *Code of Ethics* regarding disclosure of ethical misconduct as well as frameworks developed by ethicists to help practitioners make difficult decisions regarding whistleblowing."

Reamer teaches the following key points that should be considered before the whistle is even blown:

- **Severity:** Factor in the severity of the harm and the misconduct. Circumstances that involve severe harm are more compelling than those that do not.
- **Quality of the evidence:** If there is no strong or compelling evidence of wrongdoing, employees may want to postpone blowing the whistle.
- **Impact:** Consider the potential impact that whistleblowing will have on colleagues, employers, or even one's career. This is not a reason to avoid blowing the whistle but definitely something to consider before doing so—even just to be prepared for the consequences.
- **Your motivation:** Whistleblowers must consider the motivation for blowing the whistle. Do they truly believe they have a moral obligation to report this or is the whistleblowing motivated by self-interest, such as being angry with someone and seeking retaliation?
- **Viability of reasonable alternatives:** Before employees go full force with whistleblowing, they should think about whether there's a way to address the issues in a quieter and more constructive way. Are these alternatives reasonable and feasible?

In questioning motives, it's also important to consider why someone may not address the wrongdoing directly with the person who committed it. "If you think a colleague is doing something wrong, why wouldn't you talk to them about it first?" Gebler asks. "Your answer to that question may reveal your true motives. While it takes guts, often the best first step is to tell the person what you believe you witnessed. There are always ways to frame it, such as 'David, you're new so you may not know that you filled out that form incorrectly.' In this way you create a dialogue rather than going directly into reporting mode."

Reamer says the *Code of Ethics* addresses this in standard 2.11c: “Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.”

Of course, addressing the employee is not always a reasonable course of action or may not ultimately be productive. Standard 2.11d goes on to say, “When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels [such as contacting a state licensing board or regulatory body, a NASW committee on inquiry, or other professional ethics committees].”

As social workers make the final decision whether to blow the whistle, it’s advised that legal counsel first should be sought in any case where criminal activity has taken place or there is a strong possibility of some form of retribution. Though there’s still a long way to go in educating social workers on whistleblowing, in general, it does seem that it’s being given more attention. That also helps ensure the whistleblower has a safe environment to come forward and report wrongdoing. “In general, I do believe we have a greater awareness of the need for whistleblower protections, so I think that workplaces address this better, as do many state and federal laws,” Lukens says.

“As with so many difficult ethical decisions, whistleblowing decisions often reduce to a matter of conscience,” Reamer adds. “There are no simple formulas that social workers can use to determine what they ought to do. The answer is often a product of extraordinarily difficult reflection and soul searching. Still, more education on the issue is at least likely to make that process better defined.”

— *Lindsey Getz is a freelance writer based in Royersford, PA, and a frequent contributor to **Social Work Today**.*

## Case Scenario Instructions

The following case scenarios contain typical challenges that social workers face in their caseload or may deal with in their daily practice. There are multiple ethical issues presented in each scenario. Trainees will be split into small groups to discuss one of the case scenarios, where they will be asked to work as a group to:

1. Identify the codes from the *NASW Code of Ethics* that apply to the given scenario.
2. Identify any standards that the group finds to be in conflict with one another in the context of the given case.
3. Determine how the group would resolve any conflicts in ethical standards.

## Case Scenario One—Melinda

Melinda is a social worker who has been recently transferred to a new position in child welfare. Melinda's cases were assigned to a new social worker new to child welfare. The new worker does not appear to have the expertise required by one of the FM families. One of the families is Native American, and the worker has no previous experience with the family's culture or Native Americans generally. The relationship between the parents, teens, and the worker has polarized, and the worker has threatened the family with out-of-home placement because the family is "uncooperative."

One of the children, the 14-year-old daughter, called Melinda to complain that the new worker is using her authority to "punish" the family because they don't get along. After a lengthy discussion, Melinda tells the teen that she agrees that the new social worker seems to have problems working with many families and the teen appears to have a legitimate complaint and refers her to the parties to which a grievance can be made. Melinda tells the teen that she can do no more than that and that she should try again to communicate with her current social worker.

1. As a group, identify the codes from the *NASW Code of Ethics* that apply to the given scenario.
2. Identify any standards that the group finds to be in conflict with one another in the context of the given case.
3. Determine how the group would resolve any conflicts in ethical standards.

## Case Scenario Two—Sandra

Sandra (ER social worker) received a recent referral on Ms. T's family alleging risk to the children due to domestic violence by Ms. T's partner. Sandra has investigated allegations regarding Ms. T's family on two other occasions in the last 8 months and they have developed a good working relationship. Ms. T has made some progress in planning for her children's safety and she has so far been unwilling to accept referrals to services for domestic violence victims. Her abusive partner is currently in jail on other unrelated charges.

Ms. T disclosed to Sandra that she believes she would fail if she attempted to separate. She has too many barriers to economic self-sufficiency and even considering ending the relationship appears overwhelmingly difficult to her.

Sandra grew up in a family where domestic violence was common until her mother's abuser died in a car accident when she was 16 years old. She describes her relationship with her mother as strained due to her mother's failure to leave the abusive relationship. Sandra disclosed to coworkers in her unit that until three years ago, she was in very similar circumstances prior to leaving her abusive partner. Sandra recently told one colleague that she still finds it difficult to work with mothers who won't leave an abusive relationship and see themselves as "victims."

1. As a group, identify the codes from the *NASW Code of Ethics* that apply to the given scenario.
2. Identify any standards that the group finds to be in conflict with one another in the context of the given case.
3. Determine how the group would resolve any conflicts in ethical standards.

## Case Scenario Three—Joe

Joe is an experienced social worker and is burned out. He is unhappy on the job and complains to his co-workers all the time. Lately, he has also been posting on Facebook and talking about work. He doesn't name clients but does talk about his cases thinking this is "okay" because he is maintaining confidentiality by not stating the names. One of Joe's colleagues sees his posts on Facebook and thinks they are inappropriate. She is not sure what to do and so does nothing.

One of Joe's clients goes into Facebook and looks at Joe's posts. She thinks she recognizes her case. She calls Joe's supervisor to complain. The supervisor tells her she will look into her complaint.

1. As a group, identify the codes from the *NASW Code of Ethics* that apply to the given scenario.
2. Identify any standards that the group finds to be in conflict with one another in the context of the given case.
3. Determine how the group would resolve any conflicts in ethical standards.

## Case Scenario Four—Johnny

Johnny is 18 months old and his sister Thelma is 5 years old. They have been in placement for one year due to both parents being incarcerated for drug trafficking. The expectation is that both parents will serve a minimum of five years in a prison or program. Reunification services will likely be terminated at the permanency hearing, which is the next hearing in the case. Both parents have participated in some elements of their service plan since being incarcerated.

Current caretakers, who live 100 miles away, state they are committed to providing long-term care for these children but are unwilling to adopt. There are no known relatives available for placements. Both children have developmental disabilities. A concurrent plan was not developed earlier because both parents were adamant that they expected to be released early to drug treatment programs and because the social worker is not aware of any placements capable of caring for children with developmental disabilities in her small rural county.

1. As a group, identify the codes from the *NASW Code of Ethics* that apply to the given scenario.
2. Identify any standards that the group finds to be in conflict with one another in the context of the given case.
3. Determine how the group would resolve any conflicts in ethical standards.

## Case Scenario Five—Juan

Juan is a 15-year-old who has been in placement with his maternal relatives for one year. During a school visit, both his teacher and mental health counselor state to the social worker that he has been increasingly talking about questioning his sexual orientation. In a subsequent meeting with Juan, the social worker discloses her own identity as a lesbian, and Juan discloses that he is increasingly distressed by trying to discover his own sexual orientation and expression.

Juan's placement family (maternal relatives) is very conservative, which leads the social worker to suspect they would not accept Juan's questioning of sexual orientation. He has expressed fears to his therapist about his relatives finding out and shunning him.

Juan's parents have never appeared in his case and their whereabouts are unknown. The concurrent plan for Juan is guardianship with these relatives. The relatives indicated a willingness to have Juan live with them until he emancipates.

A TDM meeting is scheduled to help the social worker make recommendations to the court about what should be Juan's permanent plan. Before the TDM meeting, she meets with a friend at a coffee shop and says she's worried about having her own sexual orientation disclosed during the TDM. She is concerned that she will have to disclose in describing her conversation with Juan and his disclosures.

1. As a group, identify the codes from the *NASW Code of Ethics* that apply to the given scenario.
2. Identify any standards that the group finds to be in conflict with one another in the context of the given case.
3. Determine how the group would resolve any conflicts in ethical standards.

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## Resources

- **California Department of Social Services' Social Workers (AB1978) Hotline**
  - Toll Free 1-844-796-6283
- **Ethical Dimensions of Social Work Whistleblowing (by Lindsey Getz)**
  - Available for free at:  
<http://www.socialworktoday.com/archive/070813p12.shtml>
- **NASW Code of Ethics**
  - Available for free at:  
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- **NASW Standards and Values for Social Work Practice in Child Welfare**
  - Available for free at:  
<https://www.socialworkers.org/Practice/Practice-Standards-Guidelines>
- **Standards and Values for Public Child Welfare Practice in California**
  - Available for free at:  
<https://calswec-archive.berkeley.edu/standards-and-values-public-child-welfare-practice-california>