

# **NSCSW Code of Ethics and Standards of Practice**



## Table of Contents

<b>LAND ACKNOWLEDGEMENT .....</b>	<b>4</b>
<b>DECOLONIZATION .....</b>	<b>5</b>
<b>REPARATIONS .....</b>	<b>6</b>
<b>PREAMBLE .....</b>	<b>7</b>
Acknowledgement.....	8
<b>INTRODUCTION .....</b>	<b>9</b>
Purpose of the Code of Ethics and Standards of Practice .....	9
Professional Values .....	9
Contextual Terms .....	9
<b>VALUE 1: RESPECTING THE DIGNITY AND WORTH OF ALL PEOPLE .....</b>	<b>12</b>
<b>Guiding Principle 1.1:</b> Social workers respect the inherent dignity and worth of all people. ....	12
<b>Guiding Principle 1.2:</b> Social workers promote the self-determination and autonomy of all people. ....	12
<b>Guiding Principle 1.3:</b> Social workers uphold the human rights and fundamental freedoms of all people consistent with applicable rights and legislation. ....	13
<b>Guiding Principle 1.4:</b> Social workers respect the status, rights, diversity and needs of Mi'kmaq People, First Nations, Métis, and Inuit Peoples. ....	13
<b>Guiding Principle 1.5:</b> Social workers uphold the rights of African Nova Scotians and Persons of African Descent, support reparations and healing of injustices.....	14
<b>Guiding Principle 1.6:</b> Social workers uphold the dignity of all people by recognizing the worth of individuals with disabilities by upholding their rights, fostering inclusion and ensuring equal opportunities in society. ....	15
<b>Guiding Principle 1.7:</b> Social workers uphold the rights of all people to receive services in a manner that considers intersecting factors of exclusion and respects all manner of diversity. ....	16
<b>Guiding Principle 1.8:</b> Social workers respect the rights of service users to make decisions based on voluntary consent when possible. ....	16
<b>Guiding Principle 1.9:</b> Social workers uphold the rights of every person, group, and community to be free from violence or threat of violence. ....	17
<b>VALUE 2: PROMOTING SOCIAL JUSTICE .....</b>	<b>19</b>
<b>Guiding Principle 2.1:</b> Social workers uphold the principles of <b>social justice</b> related to the rights of individuals, families, groups, and communities to receive fair and equitable access to services, resources, and opportunities and to be free of oppression, racism, and discrimination. ....	19
<b>Guiding Principle 2.2:</b> Social workers advocate for the rights of Mi'kmaq and Indigenous Peoples to be free from racism, systemic racism, and discrimination as stipulated in the United Nations Declaration on the Rights of Indigenous Peoples Act. ....	20
<b>Guiding Principle 2.4:</b> Social workers advocate for the rights of all individuals, families, groups, and communities to be free from oppression, exclusion, racism, and discrimination.....	21
<b>Guiding Principle 2.5:</b> Social workers advocate for the stewardship of natural resources and the protection of the environment for the common good of all people. ....	21
<b>VALUE 3: PURSUING TRUTH AND RECONCILIATION .....</b>	<b>23</b>

Guiding Principle 3.1: Social workers uphold the values and principles of reconciliation and decolonization.....	23
Guiding Principle 3.2: Social workers acknowledge Indigenous worldviews in their practice. ....	23
<b>VALUE 4: VALUING HUMAN RELATIONSHIPS .....</b>	<b>25</b>
Guiding Principle 4.1: Social workers place the well-being and interests of all people at the centre of their relationships. ....	25
Guiding Principle 4.2: Social workers continually develop self-awareness and practise self-reflection to guide their practice and personal well-being. ....	25
Guiding Principle 4.3: Social workers shall be responsible for providing continuity of care. ....	26
<b>VALUE 5: PRESERVING INTEGRITY IN PROFESSIONAL PRACTICE.....</b>	<b>28</b>
Guiding Principle 5.1: Social workers act with integrity, are honest, responsible, trustworthy, and accountable. ....	28
Guiding Principle 5.2: Social workers must protect the public by upholding professional integrity, addressing harmful behaviours or impairments, and reporting misconduct. ....	28
Guiding Principle 5.3 Social workers maintain appropriate professional boundaries with service users. ....	29
Guiding Principle 5.4: Social workers are aware of potential conflicts of interest and avoid situations where their personal interests may interfere with their professional obligations. ....	31
Guiding Principle 5.5: Social workers in private practice act with integrity in all business practices.....	32
<b>VALUE 6: MAINTAINING PRIVACY AND CONFIDENTIALITY.....</b>	<b>34</b>
Guiding Principle 6.1: Social workers uphold the interests of service users, members of the public, and other professionals in developing and safeguarding the trust placed in the confidential relationship. ....	34
Guiding Principle 6.2: Social workers respect the right to confidentiality of information shared and documented in a professional context. ....	34
Guiding Principle 6.3: Social workers are transparent about the limits of confidentiality in their professional practice. ....	36
Guiding Principle 6.4: Social workers disclose confidential information with valid consent in accordance with applicable legislation or without consent when required by law or court order or allowed by legislation. ....	36
Guiding Principle 6.5: Social workers preserve privacy and confidentiality in the provision of electronic social work services. ....	38
<b>VALUE 7: PROVIDING CULTURALLY RESPONSIVE COMPETENT PROFESSIONAL SERVICES .....</b>	<b>39</b>
Guiding Principle 7.1: Social workers are committed to the ongoing development of their professional abilities and knowledge, aiming to ensure the delivery of culturally responsive professional services. ....	39
Guiding Principle 7.2: Social workers practise within their level of competence and seek appropriate guidance when services required are beyond their competence. ....	40
Guiding Principle 7.3: Social workers contribute to the ongoing development of the social work profession and current and future social workers. ....	40
Guiding Principle 7.4 Social workers contribute to the knowledge base and advancement of knowledge in the social work profession.....	42
<b>GLOSSARY .....</b>	<b>45</b>

## Land Acknowledgement

The Nova Scotia College of Social Workers (NSCSW) is in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq, whose inherent rights were recognized in the Peace and Friendship Treaties that were signed from 1725 to 1779. This series of treaties did not surrender Indigenous land, resources, or sovereignty to the British Empire, but instead, established rules for an ongoing relationship between nations. The treaties were later reaffirmed by Canada in Section 35 of the Constitution Act, 1982, and remain in place to this day.

NSCSW joins our members and our communities in the labour of reconciliation, and we are grateful to live and work together as treaty people in Mi'kma'ki.

## Decolonization

The College affirms our gathering in Spirit, rooted deeply in the Treaty Rights of the Mi'kmaq in Mi'kma'ki and in the rich legacy of Mi'kmaq sacred knowledge, teachings, land-based traditions, language, and ceremonies. We stand in respect and recognition of Etuaptmumk, or Two-Eyed Seeing, which teaches us to integrate Indigenous and Western knowledge systems for a more balanced and meaningful understanding of the world.

With Land Back as both a call to action and a path to justice, we honour the inherent connection of the Mi'kmaq to their ancestral lands and strive to support the reclamation of stewardship over these sacred spaces. Our work is driven by a shared philosophy and consciousness, one that seeks to uplift and strengthen Mi'kmaq and Indigenous approaches to social work, while supporting their unique practices and worldviews.

We are committed to fostering trust and understanding with Mi'kmaq and Indigenous communities, as well as advancing education and awareness among all social workers. Our vision is rooted in justice, guided by a hope for building a new, more equitable framework for social work. Through this, we recognize the need for a new Code of Ethics—one that is resilient, adaptable, and inclusive of the principles of Indigenous knowledge systems.

Together, we pledge to uphold these values as we continue to evolve, ensuring that our collective philosophy remains a living, breathing commitment to justice, empowerment, and respect for the Mi'kmaq and all Indigenous peoples.

## Reparations

The College firmly recognizes that reparations are both a moral and material obligation to atone for the deep-rooted history of anti-Black racism within Nova Scotia and the broader Canadian context, which has led to human rights violations and crimes committed against people of African Descent. We are unequivocally committed to engaging with our members in proactive efforts toward reparations for the historical enslavement of peoples of African descent and addressing the systemic disenfranchisement faced by African Nova Scotian communities.

Reparations transcend mere monetary redress. They embody a comprehensive approach to healing and justice, addressing crucial areas of injury through five forms of reparation: <sup>1</sup>

1. **Restitution:** We advocate for measures that aim to restore lost rights and statuses, reversing the injuries endured by African Nova Scotians and their ancestors.
2. **Compensation:** We support economic recompense to address damages experienced due to employment discrimination, healthcare disparities, and other quantifiable losses.
3. **Rehabilitation:** Beyond financial compensation, we champion the restoration of land and the acknowledgment of stolen intellectual properties, and providing services that foster healing and recovery.
4. **Satisfaction:** Our commitment includes the cessation of harms through public apologies, commemorations, and tributes to the victims and survivors of historical injustices, recognizing their enduring impact on families and communities.
5. **Guarantees of Non-repetition:** We pledge to work towards preventing future human rights violations by adherence to ethical codes of conduct and promoting awareness and education on these issues.

The history of people of African descent in Nova Scotia is marked by resilience, contribution, and profound influence on the province's social fabric. From the Black Loyalists and the Maroons to the Southern American Black Refugees, the legacies of these communities have indelibly shaped Nova Scotia's cultural landscape. Their stories, marked by perseverance in the face of adversity, are central to our shared history and necessitate both recognition and restitution.

In committing to these principles of reparations, the College aims to honour the significant contributions of African Nova Scotians and ensure a future where equity, justice, and respect for human rights are not just ideals but realities for all. We stand dedicated to transforming this commitment into tangible actions that contribute to the healing, empowerment, and upliftment of African Nova Scotian communities, laying the groundwork for a more equitable and inclusive society.

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<sup>1</sup> Adapted from United Nations Human Rights Office of the High Commissioner, "Reparations," <https://www.ohchr.org/en/transitional-justice/reparations>.

## Preamble

Social work is a crucial profession in Canada, dedicated to enhancing the well-being and quality of life of individuals, families, and communities. Social workers play diverse roles, encompassing administration, advocacy, counseling and therapy, policy development, and support services across sectors like healthcare, education, child and family well-being, mental health, and community development. Social workers are committed to championing social justice, equity, and human rights, often focusing on marginalized groups to address systemic barriers and improve access to resources.

However, contemporary social work has colonial origins aimed at sustaining an industrial state. Emerging from the Industrial Revolution's socio-economic changes and the need to manage urban poverty, social work was institutionalized with a focus on state control and economic productivity, often neglecting community-based approaches. Rooted in colonial ideologies, it sought to assimilate marginalized populations into capitalist structures, sidelining Indigenous and communal care practices. Historically, social work prioritized individual rehabilitation over systemic change, aligning with capitalist state goals, reinforcing social hierarchies, and maintaining the status quo.

In Mi'kma'ki, the traditional Mi'kmaq territory in present-day Nova Scotia, community healers practiced traditions that laid foundations that align with and predate many principles of contemporary social work. These healers, revered as Elders or Medicine People, possessed extensive knowledge of medicinal plants, spiritual practices, and holistic healing passed down through generations. Their practices showcased the Mi'kmaq people's reliance on their healers for comprehensive well-being through natural remedies and spiritual guidance, emphasizing interconnectedness and balance within oneself, the environment, and the community's past, present, and future.

African Nova Scotians have a rich history dating back to the early 17th century, showcasing resilient networks of support and healing practices rooted in their heritage. Traditional healers played a vital role in utilizing herbal medicine and spiritual practices to address various ailments, fostering community well-being, cultural preservation, and resistance against oppression.

The Acadians, French settlers in Nova Scotia from the early 17th century, significantly influenced the region with their culture, language, and agricultural innovations, despite facing challenges such as expulsion in the mid-18th century. Their resilience and cultural legacy continue to shape Nova Scotia today.

The arrival of British settlers introduced new medical practices and ideas during the colonial period. British settlers brought with them European medical knowledge and practices, which were often based on emerging scientific discoveries of the time, including the use of pharmaceuticals and surgical techniques. The introduction of these practices led to a complex interplay with the existing Mi'kmaq, African Nova Scotian, and Acadian healing traditions.

Contemporary social work practice acknowledges the harm caused by colonial influences, especially the genocide of Mi'kmaq and Indigenous Peoples and anti-Black racism. Efforts are underway to prioritize ethical values such as social justice, equity, and cultural responsiveness in practice. Navigating a complex landscape involving state values, professional ethics, and



community impact, social workers strive to empower marginalized populations while advocating for systemic change and inclusivity.

Central to this landscape is the recognition that women’s labour in social work reflects a persistent and systemic devaluation tied to gendered stereotypes and negative beliefs by the public of the people social workers serve. Despite requiring significant expertise in navigating complex legal, relational, and emotional dynamics, the profession is often misunderstood and dismissed as menial or “natural” caregiving. Feminized perceptions of this labour contribute to poor working conditions, lack of pay equity, and minimal professional respect, leaving social workers undervalued and overburdened.

By embedding ethical considerations into practice and fostering safer approaches, social work continues to evolve as a force for justice, equity, and transformative change. Social workers, and particularly the women who disproportionately shoulder this burden, remain at the forefront of advocating for systemic reforms to create a more equitable and inclusive society.

### *Acknowledgement*

The Nova Scotia College of Social Workers wishes to acknowledge the generosity of the many members that contributed to the development of our Code of Ethics and Standards of Practice (2025).



## Introduction

### *Purpose of the Code of Ethics and Standards of Practice*

A code of ethics is the foundational document for social work practices, encompassing the values of our profession, articulating our central beliefs, and creating the unique context for engaging in our work.

The purpose of the Nova Scotia Code of Ethics and Standards of Practice (herein, referred to as the Code) is to serve as a foundation for the ethical practice of the individual practitioner and the social work profession in our province. The Code states the professional values and sets out guiding principles aligned to each value. All values and guiding principles have equal importance and work together to describe the conduct and professionalism necessary to provide ethical social work services.

Ethical behaviour begins with a social worker's commitment to ethical practice. Both the spirit and the letter of the Code compel social workers as they act in good faith and with a genuine desire to make sound judgements.

The NSCSW's primary role is to safeguard public interest and maintain integrity in social work practices. This involves ensuring that social work is delivered safely and ethically, adhering to professional ethics and standard. Part of this responsibility includes implementing procedures to address ethics complaints against members. These procedures rely on the Code and Standards of Practice as the key benchmarks for evaluating a social worker's professional conduct.

### *Professional Values*

Social workers uphold these seven core values:

1. Respecting the Dignity and Worth of All People
2. Promoting Social Justice
3. Pursuing Truth and Reconciliation
4. Valuing Human Relationships
5. Preserving Integrity in Professional Practice
6. Maintaining Privacy and Confidentiality
7. Providing Competent Professional Services

### *Contextual Terms*

The Code of Ethics and the Standards of Practice apply the following terms.

**“All people”** and **“people”** include all individuals, families, groups, and communities, irrespective of their participation in social work services.

The term **“service users”** includes individuals (service users, patients, residents, etc.), parents and substitute decision-makers, families, groups, communities, and populations who access or receive social work services.

The term “**family**” is also expanded beyond the traditional definition of family (e.g., spouses, parents, siblings, other relatives, etc.) to include any person(s) who plays a significant role in an individual’s life which may include a person(s) not legally related to the individual.

## How to Use this Code

The Code of Ethics is grounded in the seven values of the profession. Each value is accompanied by Guiding Principles, Context for Practice statements, and Standards of Practice. The end of the document contains a Glossary with definitions of selected words and terms that are **bolded** in the Code and are in alphabetical order.

Guiding Principles define the parameters for expected ethical behaviour and align with the value. Context for Practice statements supplement each Guiding Principle and provide additional information on how principles are to be applied in practice.

Standards of Practice follow each Guiding Principle. The Standards are the minimal ethical and professional behaviours expected of social workers in Nova Scotia. These standards, in alignment with the profession’s context and guiding principles, set the benchmark for the necessary abilities, knowledge, skills, and behaviours required for safe and effective practice. Standards of Practice are crucial for maintaining safe and ethical social work practices, protecting those served by social workers, and guiding professionals in their continuous development and advocacy efforts. They ensure that individual social workers meet the expectations for professional conduct and competence. The Standards of Practice serve several critical functions:

1. **Setting Professional Expectations:** They provide a foundation for social workers to develop, manage, evaluate, and enhance their practice responsibly.
2. **Protecting the Public:** By mandating competent practice, they safeguard the public and specifically those receiving social work services.
3. **Supporting Professional Development:** They offer a framework for ongoing learning and professional growth within the social work field.
4. **Clarifying Social Work Practice:** By embodying the profession’s values, ethics, knowledge, and skills, they support others—professionals, employees, service users, and the general public—to understand the objectives and methods of social work practice in Nova Scotia.
5. **Enhancing the Profession’s Value:** They bolster the profession’s credibility and effectiveness in advocating for necessary social changes.

Ethical decision-making in social work requires recognizing and valuing the lived experience of the individuals, families, groups, and communities involved, as well as an understanding of the social workers’ contextual environments and the prevailing societal narratives. This process involves a deep self-reflection on one’s own values, emotions, and position within larger societal systems. Additionally, it necessitates consulting with colleagues or other professionals to navigate through ethical dilemmas or issues, recognizing conflicting responsibilities, and understanding how personal situations impact decision-making choices.

NSCSW members must review the Guiding Principles, the Context for Practice statements and the Standards of Practice when judiciously considering an ethical concern or a dilemma.

Members are encouraged to seek supervision and consultation, including consultation with the NSCSW, to guide decisions when faced with an ethical concern.

## Value 1: Respecting the Dignity and Worth of All People

*Guiding Principle 1.1: Social workers respect the inherent dignity and worth of all people.*

**Context for Practice:** Social workers value all people as deserving respect, equality, equity, justice, and freedom. Social workers foster well-being, autonomy, justice, and responsibility, with due consideration for the rights of all people.

**Standards of Practice:** Social workers in all areas of practice shall demonstrate support for the rights of all people to experience equity, justice, freedom, and respect by:

- 1.1.1 advocating for the **human rights** of individuals, groups, and communities;
- 1.1.2 respecting and validating the contribution of others;
- 1.1.3 advocating for the protection of the human rights of all people;

*Guiding Principle 1.2: Social workers promote the self-determination and autonomy of all people.*

**Context for Practice:** Social workers demonstrate respect for the right of every person to participate in making decisions in all matters affecting them based on **informed consent**, consistent with their capacity while considering the rights of others consistent with the Personal Directives Act, 2008.

**Standards of Practice:** Social workers shall respect **service users'** rights to **self-determination** and autonomy by:

- 1.2.1 advising service users of their rights and responsibilities regarding the purpose, extent and nature of the social work service being offered including the required registration of social workers under the Social Workers Act, and when so requested, providing service users with access to the Code of Ethics and Standards of Practice;
- 1.2.2 discussing the service user's options, potential risks and benefits and proposed social work interventions;
- 1.2.3 advising of their right to a second opinion or to refuse or cease services at any time when services are not mandated;
- 1.2.4 notifying them of their right to initiate a formal complaint process regarding services;
- 1.2.5 advising them of the requirements to record information and their right to access their professional records;
- 1.2.6 working in partnership with service users by acknowledging they are experts in their lives, promoting their well-being and collaborative participation in decisions about interventions and service goals, alternative service options, and only limiting those rights when their decisions or actions pose a serious, imminent, or foreseeable risk to themselves, others, or when it is needed to protect them from being harmed by others;
- 1.2.7 making reasonable efforts to explain to service users the circumstances in which information from other sources is required, and seeking agreement and written consent for obtaining the needed information;
- 1.2.8 supporting service users to understand potential consequences, if any, of refusing to provide information that is required by law;

- 1.2.9 taking the steps required to ensure service users have access to all information and resources necessary to participate in decision-making;
- 1.2.10 advising service users of any legally mandated authority and its scope and making explicit all specific limitations at the onset of the professional relationship;
- 1.2.11 notifying **involuntary service users** as soon as possible regarding decisions taken about them, except where there is evidence or reasonable belief that the information may bring about or exacerbate self-harm or harm to individuals or the public;
- 1.2.12 partnering with service users to ensure as much autonomy as possible in all cases where the service users' rights to self-determination is limited by the law, the social worker's role, or duty of care;
- 1.2.13 being self-aware of personal beliefs and moral positions that may negatively impact service users' right to self-determination or to receiving social work services.

***Guiding Principle 1.3:** Social workers uphold the human rights and fundamental freedoms of all people consistent with applicable rights and legislation.*

**Context for Practice:** Social workers adhere to basic human rights principles of fairness, and equality, justice and equity for all people, and understand that supporting the advancement of social, political, economic, and cultural rights protects people and enables them to develop to their fullest potential.

**Standards of Practice:** Social workers shall **advocate** for the rights and freedoms of all people to develop to their fullest potential by advocating and promoting:

- 1.3.1 the rights of Mi'kmaq and Indigenous Peoples, as outlined in the *United Nations Declaration of Rights of Indigenous Peoples Act* (2021);<sup>2</sup>
- 1.3.2 the rights of **First Nations** communities to develop their own child welfare laws, as outlined in "An Act Respecting First Nations, Inuit and Métis children youth and families" (2019)<sup>3</sup>
- 1.3.3 the rights of people as outlined in the Canadian Constitution<sup>4</sup> and in Nova Scotia Human Rights legislation;<sup>5</sup>
- 1.3.4 their rights to protection and equality before the law;
- 1.3.5 their right to linguistic and religious freedom and to freely practice their culture;
- 1.3.6 equitable access to education, employment opportunities and social services.

***Guiding Principle 1.4:** Social workers respect the status, rights, diversity and needs of Mi'kmaq People, First Nations, Métis, and Inuit Peoples.*

**Context for Practice:** Social workers respect, acknowledge and understand the inherent rights of Mi'kmaq People, and all First Nations, Métis, and Inuit People in Nova Scotia, consistent with the Constitution of Canada, "An Act Respecting First Nations, Inuit and Métis children, youth,

<sup>2</sup> *United Nations Declaration on the Rights of Indigenous Peoples Act*, S.C. 2021, c. 14, <https://laws-lois.justice.gc.ca/eng/acts/U-2.2/page-1.html>.

<sup>3</sup> *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*, S.C. 2019, c. 24, <https://laws-lois.justice.gc.ca/PDF/F-11.73.pdf>.

<sup>4</sup> *Constitution Act, 1982*, Part I: *Canadian Charter of Rights and Freedoms*, <https://laws-lois.justice.gc.ca/eng/Const/page-12.html>.

<sup>5</sup> *Human Rights Act*, R.S.N.S. 1989, c. 214, <https://nslegislature.ca/sites/default/files/legc/statutes/human%20rights.pdf>.



and families”,<sup>6</sup> and the United Nations Declaration on the Rights of Indigenous Peoples Act (2021).<sup>7</sup> Social workers undertake to engage with **cultural humility** in their practice and recognize the importance of decolonizing practices within their work.

**Standards of Practice:** Social workers shall respect the status and diversity of First Nations, Metis and Inuit Peoples, and advocate for the rights of Indigenous Peoples by:

- 1.4.1 recognizing that community involvement is crucial for the restoration, **resilience**, and healing from historical trauma;
- 1.4.2 understanding that fostering respectful and meaningful relationships is fundamental to working effectively with First Nations, Metis and Inuit individuals, families, and communities;
- 1.4.3 committing to learning about and respecting the customs, beliefs, and practices of the Indigenous communities they serve as a means to build culturally attentive services and trust;
- 1.4.4 honouring the vital role of Elders and cultural advisors in social work practice, acknowledging their wisdom, knowledge, and skills as foundational to the well-being and safety of individuals, families and communities;
- 1.4.5 ensuring they are informed by current trauma-informed practice knowledge and employing a trauma-informed approach that recognizes the intergenerational impacts of colonialism on families and communities;
- 1.4.6 understanding Indigenous worldviews and supporting the rights of Mi’kmaq and Indigenous Peoples to develop and implement Indigenous social work models of practice that preserve the integrity of their values, practices, and beliefs, thereby contributing to the **decolonization** process;
- 1.4.7 recognizing and valuing the diversity within and between different First Nations communities in Nova Scotia and among First Nations, Inuit, and Métis Peoples, understanding that decolonization requires acknowledging the unique cultures, histories, and experiences of each group;
- 1.4.8 ensuring that supervision of Indigenous social workers is provided in a culturally relevant, safe, and responsive manner, reflecting a commitment to decolonization and the empowerment of Indigenous professionals within the field.
- 1.4.9 Advocating for Land Back Initiative that support the restoration of Indigenous land rights in collaboration with Indigenous communities, organizations, and leaders, while amplifying Indigenous voices and perspectives

**Guiding Principle 1.5:** *Social workers uphold the rights of African Nova Scotians and Persons of African Descent, support reparations and healing of injustices.*

**Context for Practice:** Social workers approach their practice with cultural attentiveness and respect for the distinct status and rights of African Nova Scotians and Persons of African descent. Social workers actively engage in practices that support reparative justice and the healing process. By recognizing the enduring impact of segregation, slavery, and discrimination,

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<sup>6</sup> *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*, S.C. 2019, c. 24, <https://laws-lois.justice.gc.ca/PDF/F-11.73.pdf>.

<sup>7</sup> *United Nations Declaration on the Rights of Indigenous Peoples Act*, S.C. 2021, c. 14, <https://laws-lois.justice.gc.ca/eng/acts/U-2.2/page-1.html>.

social workers are dedicated to creating a more equitable and inclusive society where the inherent rights and dignity of every individual are upheld.

**Standards of Practice:** Social workers shall address and facilitate healing on the multifaceted injuries inflicted by historical injustices towards African Nova Scotians and Persons of African descent by:

- 1.5.1 advocating for and supporting measures aimed at restoring lost rights and statuses for African Nova Scotians and Persons of African Descent;
- 1.5.2 advocating for and developing policies and programs that seek to recompense quantifiable losses arising from employment discrimination and healthcare disparities;
- 1.5.3 championing efforts that facilitate the physical and psychological healing of communities, including the restoration of lands;
- 1.5.4 advocating for actions that contribute to the healing of wounds from historical injustices, including supporting public apologies, commemorations, and tributes that honour the victims and survivors, acknowledging the profound impact these injustices have had on individuals, families, and communities;
- 1.5.5 promoting measures that prevent future human rights violations, fostering awareness and educational initiatives that highlight the importance of upholding human rights and preventing discrimination.

***Guiding Principle 1.6:** Social workers uphold the dignity of all people by recognizing the worth of individuals with disabilities by upholding their rights, fostering inclusion and ensuring equal opportunities in society.*

**Context of Practice:** Social workers must work towards the goals of the Accessibility Act<sup>8</sup>, which aims to create an inclusive and barrier-free environment by 2030, underscoring the importance of respecting the dignity and worth of all people. This legislative framework aligns with the findings from the human rights challenges led by the Disability Rights Coalition<sup>9</sup>, which identified systemic discrimination in the institutionalization of people with disabilities. These findings reveal how institutionalization strips individuals of their autonomy and individuality, highlighting the need for systemic change.

**Standard of Practice:** Social workers shall uphold inclusive practices that affirm the rights and dignity of people with disabilities by:

- 1.6.1 addressing historical injustices faced by individuals with disabilities;
- 1.6.2 actively working to dismantle systemic barriers that perpetuate discrimination;
- 1.6.3 fostering services that value personal autonomy and community inclusion;
- 1.6.4 supporting the transition from institutional models of care to person-centered approaches;
- 1.6.5 promoting equal opportunities for people with disabilities;
- 1.6.6 advocating for policies supporting the full participation of people with disabilities in society

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<sup>8</sup> Accessibility Act, [https://nslegislature.ca/legc/bills/62nd\\_3rd/3rd\\_read/b059.htm](https://nslegislature.ca/legc/bills/62nd_3rd/3rd_read/b059.htm).

<sup>9</sup> Decision of the Board of Inquiry on Prima Facie Discrimination, [https://humanrights.novascotia.ca/sites/default/files/editor-uploads/maclean\\_et\\_al\\_decision.pdf](https://humanrights.novascotia.ca/sites/default/files/editor-uploads/maclean_et_al_decision.pdf).



***Guiding Principle 1.7:** Social workers uphold the rights of all people to receive services in a manner that considers intersecting factors of exclusion and respects all manner of diversity.*

**Context for Practice:** Social workers shall offer services in a manner that respects service users' ethnicity, national origin, age, economic status, immigration/refugee status, gender, gender identity or expression, sexual orientation, neurodiversity, marital status, culture, varying abilities, language, race, religion, values, and beliefs. Social workers shall apply a trauma-informed and strength-based approach when providing services to all people. Social workers enhance their relationship with **diverse service users** by engaging in ongoing learning related to cultures, beliefs and practices and respecting their rights to receive services free of bias or judgement. Social workers advocate for the right of service users to receive services in the language of their choice and, when using an interpreter, preferably secure an independent and qualified professional interpreter. Social workers advocate for equity and inclusion of all people in their workplaces.

**Standards of Practice:** Social workers shall respect all manner of diversity by:

- 1.7.1 allowing service users to self-identify their cultural identity and assist in identifying culturally attentive and responsive interventions;
- 1.7.2 engaging in ongoing critical self-reflection;
- 1.7.3 acknowledging and reflecting on personal and professional **privilege**;
- 1.7.4 recognizing service users as experts in their own culture;
- 1.7.5 advocating for **equitable, diverse, and inclusive** workplaces;
- 1.7.6 seeking knowledge about and demonstrating an understanding of **intersecting factors of exclusion** and all forms of diversity;
- 1.7.7 understanding **trauma, collective trauma**, and resilience, and their impacts on individuals, families, groups, and communities;
- 1.7.8 seeking on-going learning opportunities to keep abreast of current diverse and culturally relevant issues and culturally attentive social work services;
- 1.7.9 consulting other service providers or advocates (e.g., a cultural interpreter or advisor, knowledge keeper, Elder or spiritual leader) to assist in providing culturally safe and appropriate services;

***Guiding Principle 1.8:** Social workers respect the rights of service users to make decisions based on voluntary consent when possible.*

**Context for Practice:** Social workers understand and support children's, youth's, adults, and aging adults' right to make informed choices and give assent or consent to services, consistent with their **capacity**. Social workers safeguard service users' right to make informed decisions even when a legal order limits their rights.

**Standards of Practice:** Social workers shall uphold the rights of services users to provide informed consent by:

- 1.8.1 ascertaining their capacity to give informed consent to services as early as possible in and throughout the relationship;

- 1.8.2 recognizing that in some cases, their ability to give informed consent is limited because of incapacity or because they are involuntary participants in services, or because their actions pose a serious threat to themselves or others;
- 1.8.3 safeguarding the rights and interests of involuntary service users or those with limited capacity when acting on their behalf;
- 1.8.4 taking all reasonable steps to ascertain their views in situations where they cannot give informed consent because of inability to fully understand or communicate their decision;
- 1.8.5 recognizing when a service user's ability to give informed consent is limited by duty of care (e.g., service user's intent to self-harm), any law, or court order while assisting service users to attain as much self-determination as possible;
- 1.8.6 advising service users involved with services involuntarily of any limitations that apply to their right to refuse services, including those related to how information will be shared with other parties;
- 1.8.7 following all applicable Nova Scotia laws and regulations including the Mental Health Act and Regulations.

***Guiding Principle 1.9:** Social workers uphold the rights of every person, group, and community to be free from violence or threat of violence.*

**Context for Practice:** Social workers are deeply aware of the conditions that threaten the well-being of individuals, families, groups, and communities. They understand that violence is a critical public health issue rooted in dynamics of power and control, disproportionately impacting women, gender-diverse and racialized people. Social workers recognize that violence affects individuals across the lifespan and in all areas of society, driven by systemic inequalities. They actively advocate for the well-being of those most affected, implementing appropriate interventions to promote safety and support. Additionally, social workers acknowledge the harmful effects of workplace **harassment and bullying** on colleagues and the work environment, championing efforts to foster a healthy, respectful workplace culture.

**Standards of Practice:** Social workers shall advocate for individuals, groups, families and communities to be free from violence or the threat of violence by:

- 1.9.1 being knowledgeable about the signs of **intimate partner and gender-based violence** and screening for this when working with families or couples, and taking steps to protect survivors and their children;
- 1.9.2 understanding the National Calls for Justice<sup>10</sup> directed at social service, health and justice providers and advocating for changes in society, systems, communities, and organizations to prevent violence;
- 1.9.3. understanding the recommendations contained in the Mass Casualty Commission Report (2023) related to gender-based violence and system response;<sup>11</sup>
- 1.9.4 being knowledgeable about the signs of physical, emotional, and **sexual abuse** and the sexual exploitation of children and youth, and taking the necessary measures to protect their safety and well-being;

<sup>10</sup> *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*, <https://www.mmiwg-ffada.ca/>.

<sup>11</sup> *Turning the Tide Together: Final Report of the Mass Casualty Commission*, <https://masscasualtycommission.ca/files/documents/Turning-the-Tide-Together-Executive-Summary.pdf>.

- 1.9.5 where circumstances require, fulfilling their professional duty to report, and supporting the integrity of the family as specified under the applicable child protection legislation;
- 1.9.6 understanding the connection between animal cruelty or abuse of animals and the potential for violence in the family;
- 1.9.7 refraining from engaging in conduct that is reasonably considered bullying, or causing harm to others, including acts of racial discrimination and microaggressions;
- 1.9.8 advocating for the right to work in a healthy workplace that is free from violence in all its forms;
- 1.9.9 informing mandated service providers and persons believed to be at risk of harm by a service user when appropriate and consistent with legislation, best practice and workplace policies;
- 1.9.10 taking appropriate action when there is a reasonable belief a service user intends to inflict self-harm, consistent with legislation, best practice, and workplace policies.

## Value 2: Promoting Social Justice

***Guiding Principle 2.1:** Social workers uphold the principles of **social justice** related to the rights of individuals, families, groups, and communities to receive fair and equitable access to services, resources, and opportunities and to be free of oppression, racism, and discrimination.*

**Context for Practice:** Social workers understand the **structural social determinants of health** and appreciate the ways in which educational, racial, socioeconomic, and other social intersecting inequities influence the well-being of all people. Social workers value the **first voice perspectives** of individuals from the 2SLGBTQIA+ community, including those with intersectional identities, and understand the impact of intersectional bias and discrimination. Social workers acknowledge the history of the social work profession and the impact colonialism, segregation, internment, **anti-Black racism**, and oppression have had on people and communities in Nova Scotia. Social workers advocate for all people to receive fair and equitable access to services, benefits, and opportunities regardless of geographic location and, where possible, to receive services in the language of their choice. Social workers are committed to ending racism through social justice and advocacy.

**Standards of Practice:** Social workers shall uphold **social justice** principles by advocating for:

- 2.1.1 fair and equitable access to, and delivery of, public services and benefits for all people, particularly those most in need, including those with varying abilities;
- 2.1.2 equity of services required to meet the needs of Indigenous, African Nova Scotians and equity-deserving groups and communities;
- 2.1.3 the rights and freedoms of 2SLGBTQIA+ communities to express their gender identity;
- 2.1.4 the rights of all people to have meaningful participation and choice in decision-making in accordance with their abilities and taking into account their racial, ethnic, linguistic, spiritual, and cultural needs;
- 2.1.5 the equal status, rights, and privileges of Acadian French and Francophone communities, and English-speaking Nova Scotians in accordance with the Canadian Charter of Rights and Freedoms<sup>12</sup>, the Official Languages Act<sup>13</sup>, and by upholding policies and legislation in Nova Scotia that protect language rights;
- 2.1.6 the right of Indigenous People to use their languages in accordance with the United Nations Declaration of Indigenous Peoples Act<sup>14</sup> and to receive services in their traditional language in accordance with the Mi'kmaw Language Act<sup>15</sup>;
- 2.1.7 the right of all people to access an independent, competent interpreter or translator to ensure cultural responsiveness whenever possible;
- 2.1.8 the ability to access and provide various communication methods to support individuals who are differently abled (e.g., American Sign Language, symbol and letter boards, speech generating devices, etc.).

<sup>12</sup> Canadian Charter of Rights and Freedoms, s. 35 of the Constitution Act, 1982.

<sup>13</sup> Official Languages Act, R.S.C., 1985, c. 31 (4th Supp.), Part I of the Constitution Act, 1982.

<sup>14</sup> Declaration on the Rights of Indigenous Peoples Act, S.B.C. 2019, c. 44.

<sup>15</sup> Mi'kmaw Language Act (Bill 148), Nova Scotia Legislature.

***Guiding Principle 2.2:** Social workers advocate for the rights of Mi'kmaq and Indigenous Peoples to be free from racism, systemic racism, and discrimination as stipulated in the United Nations Declaration on the Rights of Indigenous Peoples Act.<sup>16</sup>*

**Context for Practice:** Social workers build their knowledge and understanding of **systemic racism** and **discrimination** and the impacts these have on the social, physical, emotional, mental, spiritual, gender and religious well-being of Mi'kmaq and Indigenous Peoples.

**Standards of Practice:** Social workers shall demonstrate respect for the rights of Mi'kmaq and Indigenous Peoples to be free from racism and discrimination by advocating for:

- 2.2.1 changes to organizational policies and practices to eliminate oppression, racism, and discrimination, alongside the adoption of policies that honour Mi'kmaq and Indigenous peoples' rights to self-determination, cultural practices, and spiritual beliefs;
- 2.2.2 broader systems change to policy, social programs, and legislation to end oppression, racism, and discrimination.

***Guiding Principle 2.3:** Social workers advocate for the rights of African Nova Scotians and Persons of African Descent to be free from systemic hate, inequity, and racism, pursuant to "An Act to Dismantle Racism and Hate" (2022)*

**Context for Practice:** Social workers build their knowledge and understanding of **hate, systemic hate, inequities** and anti-Black racism and the social, emotional, mental, spiritual, religious, gender and physical impacts on the well-being of African Nova Scotians and Persons of African Descent. Social workers apply an **Africentric** approach to understand, and respect African traditional cultures, communities, and support systems based on collective values, spirituality, beliefs, practice. Social workers strive to achieve equity in their practice and recognize how the impact of **intersectionality** is key to addressing systemic hate, inequity, and racism.

**Standards of Practice:** In alignment with the principles of reparations, social workers shall actively support and champion the rights of African Nova Scotians and Persons of African Descent by:

- 2.2.1 acknowledging the central role of community involvement, family values, spirituality, faith, and cultural traditions in the restoration, resilience, and healing from historical trauma;
- 2.2.2 committing to continuous learning and applying current trauma-informed practice knowledge specifically tailored to the experiences of African Nova Scotians and Persons of African Descent;
- 2.2.3 recognizing the importance of the development of meaningful and respectful relationships and fostering healing within individuals, families, groups, and communities that are African Nova Scotians and of African Descent;
- 2.2.4 dedicating themselves to understanding the customs, beliefs, traditions, and practices of communities of African Nova Scotians and African Descent thereby building cultural attentiveness and trust;

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<sup>16</sup> Declaration on the Rights of Indigenous Peoples Act, S.B.C. 2019, c. 44.



- 2.2.5 valuing the critical role of cultural advisors in social work practice by respecting and utilizing their knowledge, skills, and wisdom to strive for the safety and well-being of individuals and families;
- 2.2.6 recognizing and honouring the diversity within African historical settlement communities in Nova Scotia, understanding that each community may have distinct needs and contributions;
- 2.2.7 ensuring that supervision provided to social workers of African descent is conducted in a culturally relevant, safe, and responsive manner, reflecting a commitment to reparative and supportive practices.

***Guiding Principle 2.4:** Social workers advocate for the rights of all individuals, families, groups, and communities to be free from oppression, exclusion, racism, and discrimination.*

**Context for Practice:** Social workers learn about oppression, racism and discrimination and the resulting impact on all people. Social workers understand how people can be further disadvantaged by intersecting factors that result in layers of oppression, **exclusion, racism,** and discrimination.

**Standards of Practice:** Social workers shall demonstrate respect for all people facing oppression, exclusion, racism, and discrimination by advocating for:

- 2.4.1 individuals, families, groups, and communities;
- 2.4.2 promoting awareness of the diversity of all people;
- 2.4.3 changes to organizational policies and practices in the delivery of services;
- 2.4.4 broader system change to policy, social programs, and legislative change;
- 2.4.5 advocating for equitable social, economic, political and cultural policy and legislation.

***Guiding Principle 2.5:** Social workers advocate for the stewardship of natural resources and the protection of the environment for the common good of all people.*

**Context for Practice:** Social workers promote the protection of the environment, land, air, water, plants, and animals as essential to the well-being of all people. Social workers identify how climate change and other environmental factors exacerbate social inequalities between individuals and communities. Social workers understand that **environmental racism** negatively impacts health inequities among racial groups due to poor access to clean air and water, disproportionate exposure to pollution, reduced economic opportunities and benefits, resulting in negative health outcomes that perpetuate systemic oppression. Social workers acknowledge the rights of Mi'kmaq and Indigenous Peoples to steward their own lands.

**Standards of Practice:** Social workers shall promote the common good of all people by:

- 2.5.1 understanding the impact of climate change on marginalized groups and acknowledging that climate change has a more significant adverse effect on structurally marginalized populations;
- 2.5.2 supporting environmental protections by advocating for robust environmental protections through social and governmental policies, and legislation aimed at safeguarding our planet;

- 2.5.3 facilitating access to adaptation resources by ensuring individuals have access to programs and resources that help them adjust to the impacts of climate change and protect themselves from environmental disasters;
- 2.5.4 advocating for policies that address environmental racism;
- 2.5.5 upholding the Constitutional and Treaty rights of Mi'kmaq People by recognizing their inherent right to govern land and water and ensuring their active participation in decisions affecting the well-being of their territories and communities;
- 2.5.6 integrating Mi'kmaq and Indigenous perspectives into environmental efforts by including Mi'kmaq or L'nu laws, knowledge, practices, and worldviews, while respecting their vital role in protecting land, air, water, flora, and fauna.



## Value 3: Pursuing Truth and Reconciliation

***Guiding Principle 3.1:** Social workers uphold the values and principles of reconciliation and decolonization.*

**Context for Practice:** Social workers are respectful and understand that Mi'kmaq and Indigenous Peoples of Nova Scotia and Canada have treaty, constitutional, legal, and self-governance rights. Social workers acknowledge that **reconciliation** is a reciprocal learning process based on respectful engagement, relationship building and an authentic commitment to meaningful change in social work practice. Social workers commit to decolonization of their practice and of the profession.

**Standards of Practice:** Social workers shall uphold the guiding principles outlined in the Truth and Reconciliation Commission of Canada's Reports<sup>17</sup> by:

- 3.1.1 learning the history of Mi'kmaq and Indigenous Peoples and colonialism, the impact of residential schools, and the enduring intergenerational impact on individuals, families, and communities;
- 3.1.1 gaining an understanding of the social work profession's historical and ongoing role in colonization, as well as its embedded systemic racism and discriminatory practices.
- 3.1.3 understanding intergenerational trauma and the resulting impact on culture, language, and identity with families and communities;<sup>18</sup>
- 3.1.4 engaging in allyship<sup>19</sup> through building trust, respectful relationships and developing solidarity with Indigenous Peoples;
- 3.1.5 striving for institutional and systemic changes in education, child welfare, health, and justice systems where First Nations, Métis and Inuit people continue to face inequities;
- 3.1.6 advocating for treaty rights and supporting Indigenous Peoples' rights to self-governance.

***Guiding Principle 3.2:** Social workers acknowledge Indigenous worldviews in their practice.*

**Context for Practice:** Social workers enhance their knowledge of Indigenous worldviews and incorporate their learnings into practice with individuals, families, and communities. Social workers recognize Euro-centric perspectives and the history of colonization that shape policies, organizations, structures, and approaches to their practice and strive to influence systemic change.

<sup>17</sup> Truth and Reconciliation Commission of Canada. *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (2015); and *What We Have Learned: Principles of Truth and Reconciliation* (2015) from <https://nctr.ca/records/reports/#trc-reports>

<sup>18</sup> Fast, E., & Collin-Vézina (2019). Historical Trauma, Race-Based Trauma, and Resilience of Indigenous Peoples: A Literature Review. *First Peoples Child and Family Review*, 14(1), 166–181; Joo-Castro, L., & Emerson, A. (2021). Understanding historical trauma for the holistic Care of Indigenous Populations: A scoping review. *Journal of Holistic Nursing*, 39(3), 285–305; MacDonald, C., & Steenbeek, A. (2015). The Impact of Colonization and Western Assimilation on Health and Wellbeing of Canadian Aboriginal People. *International Journal of Regional and Local History*, 10(1), 32–46.

<sup>19</sup> Social work allyship with Indigenous People involves reconciliation of historical and contemporary harms, Indigenizing systems, advocating for self-governance, and restoring equity through elevating Indigenous voices, world view, and pedagogy. (Smith, Puckett and Simon, 2015; Guimond, 2020)

**Standards of Practice:** Social workers shall demonstrate respect for Indigenous worldviews by:

- 3.2.1 advocating for organizational change to policy and practice;
- 3.2.2 integrating Indigenous worldviews and respecting the diversity of culture within Nations and the significance of family and community into practice;
- 3.2.3 respecting local traditional values, customs, and beliefs in developing relationships with families, extended family and communities;
- 3.2.4 acknowledging the role of Elders and Traditional Knowledge Keepers and integrating Indigenous knowledge systems into practice.

## Value 4: Valuing Human Relationships

***Guiding Principle 4.1:** Social workers place the well-being and interests of all people at the centre of their relationships.*

**Context for Practice:** Social workers maintain the best interests of service users as their primary professional obligation. Social workers view all people as unique and strive to show respect for service users' traditions, history, experiences, perspective, and points of view. Social workers strive to cultivate positive professional supporting relationships with service users and are respectful, empathic, compassionate and non-judgemental. Social workers understand and apply an anti-racist and anti-oppression approach to their practice. Social workers value positive working relationships with colleagues and respect their contributions toward the well-being of service users.

**Standards of Practice:** Social workers shall ensure that people are at the centre of their relationships by:

- 4.1.1 showing compassion, respect, and being non-judgemental;
- 4.1.2 showing respect and value for service users' experiences, perspectives, traditions, and points of view, and working in partnership with service users when planning services, providing interventions, and advocating on their behalf;
- 4.1.3 treating colleagues in their own and other professions with respect, integrity, and courtesy;
- 4.1.4 respecting the diversity and culture of colleagues in their own and other professions;
- 4.1.5 collaborating with colleagues in their own and other professions for a service user where such services meet the needs of the service user;
- 4.1.6 limiting consultations to those who possess knowledge, skills and expertise related to the subject of the consultation and within the confines of the law.

***Guiding Principle 4.2:** Social workers continually develop self-awareness and practise self-reflection to guide their practice and personal well-being.*

**Context for Practice:** Social workers strive to be self-aware and practise self-reflection by regularly examining their personal values, cultural beliefs, assumptions, and moral positions and considering how those influence their professional practice. Social workers strive to learn from experience and to think about their use of self in their practice. Social workers make efforts to be aware and to understand how their role and authority creates a power inequality in their professional relationships with service users. Social workers strive to understand and be aware of how supporting others may, at times, impact their own personal well-being. Social workers understand that some work environments can also have an impact on their own personal well-being. Social workers are knowledgeable about the risk factors related to **burnout**, **compassion fatigue**, **vicarious trauma**, and **secondary trauma**. Social workers understand the importance of **self-care** and **community care**, and that they are most effective when it compliments their personal circumstances, preferences, and culture, and is practised regularly. Social workers seek to engage in community-care and self-care strategies that meet their needs. Social workers actively seek out supervision, consultation or mentoring to gain insights into their practice, as well as guidance, direction, coaching and support when providing services.

**Standards of Practice:** Social workers shall work toward strengthening their social work practice and personal well-being by:

- 4.2.1. continuously engaging in self-reflection and critically examining how their own beliefs, biases, unconscious biases, attitudes, and professional role influence their practice;
- 4.2.2 being aware that their role and practices may reinforce power inequality that may impact the professional relationship with service users;
- 4.2.3 developing awareness of their own personal beliefs or moral positions and ensuring they do not take precedence over a service user's rights and best interest;
- 4.2.4 avoiding imposing their personal values, views, and preferences onto service users;
- 4.2.5 participating in supervision, consultation, or other relevant supports available to strengthen their self-reflection practise, self-care, and non-judgemental approach;
- 4.2.6 practising community-care and self-care that best suit their needs, preferences, personal circumstances, culture, and traditions, and seeking professional services to address **moral distress**, vicarious trauma, burnout, and compassion fatigue when necessary.

In addition, social workers new or returning to the profession shall:

- 4.2.7 complete the Candidacy Mentorship Program (CMP) provided by the Nova Scotia College of Social Workers.

***Guiding Principle 4.3:** Social workers shall be responsible for providing continuity of care.*

**Context of Practice:** Social workers have an ethical obligation to ensure the continuity and accessibility of professional services for their service users. This obligation persists throughout the course of service delivery and during transitions or terminations of the professional relationship. Social workers must prioritize the service user's well-being by making every reasonable effort to facilitate ongoing care, even when circumstances require the relationship to end.

**Standards of Practice:** Social workers shall ensure continuity of care by:

- 4.3.1 continuing to provide the opportunity for a service user to receive professional services until:
  - service goals have been met.
  - it is reasonably clear to the social worker or to the service user that professional services are not achieving the agreed upon purpose.
  - professional services are no longer required.
  - the service user has had a reasonable opportunity to arrange to receive professional services from another social worker or suitable professional.
  - a conflictual dual/multiple role relationship exists or arises.
  - the contracted service period has ended.
  - the service user is transferred to another social worker.
  - the social worker leaves the place of employment.
  - a service user chooses not to continue the service.

- 4.3.2 giving reasonable notice to the service user when the social worker anticipates the termination of services;
- 4.3.3 providing referrals as needed or upon the request of the service user;
- 4.3.4 not terminating a professional relationship for the purpose of entering into a personal or business relationship with a service user.

## Value 5: Preserving Integrity in Professional Practice

***Guiding Principle 5.1:** Social workers act with integrity, are honest, responsible, trustworthy, and accountable.*

**Context for Practice:** Social workers maintain high standards of professional conduct and are honest, responsible, trustworthy, and accountable to service users and to colleagues in their own and other professions. Social workers strive to make true and honest claims regarding the nature and scope of service and anticipated service outcomes. Social workers understand that service users' circumstances can change and that it is not possible to fully anticipate all outcomes of an intervention program or social work service. Social workers are accountable for their practice and work toward the standards of service provision that reflect social work values. Social workers uphold the Nova Scotia College of Social Workers Code of Ethics and Standards of Practice (2025). Social workers are encouraged to consult with their supervisor or obtain advice from the NSCSW wherever there is uncertainty with respect to the application of the Code or adherence to the Standards of Practice, when addressing **ethical dilemmas** or making ethical decisions.

**Standards of Practice:** Social workers shall demonstrate integrity in professional conduct by:

- 5.1.1 accurately representing themselves at all times, including their educational qualifications, professional registration, professional designation, professional experience, training, and professional expertise within the context of a professional relationship;
- 5.1.2 accurately representing their cultural identity and lived experiences;
- 5.1.3 taking appropriate action where a breach of professional practice and professional ethics occurs, consistent with the Nova Scotia College of Social Workers Code of Ethics and Standards of Practice (2024), including consultation with the College;
- 5.1.4 informing service users at the earliest opportunity of any factor, condition or pressure that affects their ability to practise;
- 5.1.6 not accepting any payment, fee, non-monetary reward, personal benefit or service in exchange for making or receiving a referral.

***Guiding Principle 5.2:** Social workers must protect the public by upholding professional integrity, addressing harmful behaviours or impairments, and reporting misconduct.*

**Context for Practice:** Social workers are responsible for ensuring public safety and preserving trust in social work. Social workers are often in positions of power with their service users, which makes adherence to ethical and professional guidelines critical.

**Standards of Practice:** Social workers work towards the protection of the public by:

- 5.2.1 conspicuously displaying a current certificate of registration and membership issued by the regulatory body at their office;
- 5.2.2 distinguishing between actions and statements made as private citizens and actions and statements as social workers, recognizing that social workers are obliged to ensure that no outside interest brings the profession to disrepute;



- 5.2.3 taking appropriate action through established channels (such as those established by employers, their regulatory body or other professional organizations) when believing that a colleague has not adequately addressed an impairment to professional practice, if there is a concern for the potential harm of service users;
- 5.2.4 reporting to their regulatory body (the NSCSW's Board of Examiners) information on the following conduct by an applicant, a Registered Social Worker or a Social Work Candidate that adversely affects or harms a service user or prevents the effective delivery of a social service:
- Sexual contact or sexual conduct with a service user or a former service user.
  - Failure to report as required by law.
  - Impairment in the ability to practice by reason of illness, use of alcohol, drugs or other chemicals, or as a result of any mental or physical condition.
  - Improper or fraudulent billing practices.
  - Fraud in the registration application process or any other false statements made to the Board.
  - Conviction of any criminal offence reasonably related to the practice of social work.
  - Any other conduct by any individual applicant. Registered Social Worker or Social Work Candidate that constitutes grounds for disciplinary action under the Nova Scotia Social Workers Act, the Code of Ethics and the Standards of Practice.
  - Any unqualified or unregistered person who is practising social work.
- 5.2.5 when information about a violation is obtained from a service user, notifying the service user of the social worker's obligation to report the information to the Board of Examiners of the NSCSW;
- 5.2.6 when a service refuses to consent to the release of their name, reporting the violation without providing information that would identify the service user;
- 5.2.7 notwithstanding any other provisions of the Code of Ethics and these Standards of Practice, and subject to any limitations imposed by law, cooperating fully with investigations into matters of complaint against themselves, other social workers, and regulated professionals, to assist with the protection of the public.

*Guiding Principle 5.3 Social workers maintain appropriate professional boundaries with service users.*

**Context for Practice:** Social workers understand that maintaining professional boundaries is fundamental to the professional relationship, that the onus is on the social worker to maintain the professional boundaries, that they hold a place of power in all professional relationships, and there is a potential for harm to others should that power be misused. Social workers are responsible for setting clear boundaries with service users to prevent any sexual or intimate relationship or any other form of conflict of interest or exploitation. Social workers understand that consent is never a defence to **sexual misconduct**. Social workers maintain appropriate **professional boundaries** throughout the professional relationship and following case closure or termination of social work services.



**Standards of Practice:** Social workers shall maintain and uphold appropriate professional boundaries by:

- 5.3.1 limiting their involvement in the personal affairs of service users to matters related to the service being provided;
- 5.3.2 refraining from communication with service users using technology applications for personal or non-work-related purposes;
- 5.3.3 understanding that sexual misconduct<sup>20</sup> by a social worker toward a service user<sup>21</sup> violates professional boundaries and constitutes professional misconduct and/or conduct unbecoming;
- 5.3.4 understanding sexual misconduct represents a profound breach of trust on behalf of the social worker involved. The blurring of professional and personal boundaries often results in devastating consequences to the service user. Within the professional relationship, the service user is always considered to be the vulnerable party. The onus is on the social worker to maintain professional boundaries with a service user and not to exploit a service user in any way. Consent is never a defence to sexual misconduct;
- 5.3.5 not engaging in sexual misconduct;
- 5.3.6 maintaining therapeutic and professional boundaries with a **current, former or vulnerable former service user**<sup>22</sup>;
- 5.3.7 always obtaining informed consent prior to engaging in clinically relevant discussions of a sexual or intimate nature;
- 5.3.8 being aware of the impact of transference and counter-transference particularly around discussion of a sexual and intimate nature. The social worker is always responsible for maintaining appropriate professional boundaries and proper documentation of steps taken to maintain professional boundaries;
- 5.3.9 not engaging in any form of sexual behaviour, conduct, or activity with a current service user or vulnerable former service user;
- 5.3.10 not engaging in any form of sexual behaviour, conduct, or activity with any individual with whom a current service user has an interdependent relationship (e.g. parent, guardian, child, spouse, partner, or substitute decision maker);
- 5.3.11 not communicating with and/or soliciting a current or vulnerable former service user through any means (including in person, in writing, or electronically) for the purpose of:
  - entering in a dating, sexual, intimate, or romantic relationship; or
  - engaging in sexual behaviour, conduct, or activity;
- 5.3.12. not using any personal or health information obtained in the context of the social worker-service user relationship for the purpose of pursuing a dating, sexual, intimate, or romantic relationship, or a sexual encounter.
- 5.3.13 not engaging in any form of sexual behaviour, conduct, or activity with a former service user for at least a minimum of 2 years, and after 2 years, the social worker must

<sup>20</sup> Sexual misconduct includes any **sexualized conduct** engaged in by a Social Worker with a current service user or vulnerable former service user. See glossary for more detailed definition of sexualized conduct, sexual misconduct, and sexual abuse.

<sup>21</sup> For the purposes of these sexual misconduct standards, “service user” refers to current, former, and vulnerable former service users (see subsequent footnotes) and also includes a parent, guardian, spouse, partner, child, or any substitute decision maker of the individual receiving social work services. Unless stated otherwise it also includes a student being supervised by a Registered Social Worker, or a Social Worker Candidate being mentored by a Registered Social Worker.

<sup>22</sup> Definitions of each are found in the Glossary under “Service User”.

determine after careful review of the former service user's circumstances that it is appropriate (see vulnerable service user).

- 5.3.14 not terminating the social worker-service user relationship for the purposes of entering into a personal or sexual relationship with a service user.

***Guiding Principle 5.4:** Social workers are aware of potential conflicts of interest and avoid situations where their personal interests may interfere with their professional obligations.*

**Context for Practice:** Social workers do not take advantage of any professional relationship or exploit others to advance their personal, religious, political, business, or financial interests. Social workers strive to understand and recognize the conditions and risk factors that may cause exploitation or conflict of interest. Social workers seek supervision, reflect honestly on their practice, and critically examine the circumstances to avoid conflict of interest situations. Social workers act to avoid **conflicts of interest** and to safeguard the rights of service users.

Social workers are well-versed in the complexities of **dual or multiple relationships**, understanding that each is unique and that not all create conflicts of interest or risks of exploitation. However, all require thoughtful consideration. The likelihood of such relationships is greater in rural areas, First Nations communities, interconnected cultural settings, and certain workplace environments. Social workers actively work to mitigate risks, strengthen professional relationships, and seek appropriate consultation or supervision to assess potential or actual conflicts of interest. They carry the responsibility of maintaining clear boundaries to safeguard the rights and trust of service users.

**Standards of Practice:** Social workers shall avoid conflicts of interest and not exploit or take unfair advantage of any professional relationships for personal gain or gratification, and shall manage dual or multiple relationships by:

- 5.4.1 discussing potential or actual conflicts of interest with service users and taking all reasonable steps to protect their interests, including termination of the professional relationship with appropriate referrals to another professional;
- 5.4.2 ensuring that the difference between professional and personal relationships with service users is explicitly understood by the service user;
- 5.4.3 advising their employer of any potential for conflict of interest and seeking supervision or consultation to safeguard the service user's rights and interests and documenting the conflict and all measures taken to mitigate the conflict;
- 5.4.4 not providing social work services to individuals with whom they have had a prior relationship of an intimate or sexual nature;
- 5.4.5 not entering into a business relationship with a service user, borrowing money from a service user, loaning money to a service user, or accepting monetary gifts in any form from a service user;
- 5.4.6 ensuring that they follow organizational policies related to workplace relationships;
- 5.4.7 not having a sexual or intimate relationship with an organizational colleague where the consequences of such could have adverse effects on a service user or working conditions within the organization;
- 5.4.8 not engaging in social work services with service users when a dual or multiple relationship can exist that will compromise the rights, interests and wellbeing of the

- service user, impairs the objectivity and professional judgment of the social worker or increases the risk of exploitation;
- 5.4.9 knowing that in all cases when a dual/multiple role relationship exists, the social worker is solely responsible for ensuring that appropriate professional boundaries are maintained, and that the nature of the professional relationship is protected.

If a dual or multiple role relationship develops or is discovered after the professional relationship has been initiated, a social worker shall protect the rights and interests of service users by:

- 5.4.10 evaluating the nature of dual or multiple relationships to ensure that the rights and interests of service users are protected;
- 5.4.11 informing service users of the possible or actual dual/multiple relationships and the possible consequences and actions the social worker will take to protect the rights and interests of the service user;
- 5.4.12 developing with the service user and in consultation with a supervisor, an action plan to protect the rights and interests of the service user including safeguarding privacy and confidentiality;
- 5.4.13 taking reasonable measures to discuss with service users how accidental or unavoidable contacts will be managed to protect the service user's rights and interests when circumstances lead the social worker to be in regular contact with the service user outside the practice setting.

***Guiding Principle 5.5: Social workers in private practice act with integrity in all business practices.***

**Context for Practice:** Social workers in **private practice** or **self-employment** are responsible to conduct their business with integrity and transparency. Social workers in private practice are honest, trustworthy, transparent, and held accountable in their clinical practice and business operations.

**Standards of Practice:** Social workers shall maintain honest and transparent business practises by:

- 5.5.1 securing adequate malpractice, defamation, and liability insurance and maintaining registration with the Nova Scotia College of Social Workers;
- 5.5.2 securing registration with the College as a **Clinical Specialist** when they are providing clinical social work services in a private setting and providing evidence of their status<sup>23</sup>;
- 5.5.3 participating in supervision on a regular basis as a support of their practice, for professional development, community-care, self-care and to reflect on ethical concerns and ethical dilemmas;
- 5.5.4 seeking consultation with the regulatory body in another jurisdiction to determine the requirements before providing services in another jurisdiction;
- 5.5.5 being aware of inter-jurisdictional issues when providing therapy or social work services using electronic technologies (i.e., on-line counselling, on-line support groups, video conferencing etc.);

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<sup>23</sup> In Nova Scotia, providing clinical services in a private practice requires an additional level of registration.

- 5.5.6 establishing and implementing clear policies, procedures and practices for office procedures, documentation, storage, retention, security, and destruction of records;
- 5.5.7 disclosing at the outset of the relationship with service users, the fee schedule for social work services, including the possibility of pursuing civil remedies to secure payment for services;
- 5.5.8 limiting the fee to what was agreed upon at the onset of the professional relationship;
- 5.5.9 not accepting or giving a commission, rebate, fee split or other form of remuneration for the referral of a service user;
- 5.5.10 limiting bartering arrangements to circumstances when they are considered (1) an accepted practice for professionals in the local community, (2) essential for the provision of services, (3) negotiated without coercion, (4) entered into for the benefit of service users and (5) with their informed consent;
- 5.5.11 not accepting goods or services from the service user or a third party in exchange for services except when it is initiated by the service user, and is accepted practice in the community or in the service user's culture, and assurance can be made that the arrangement will not be exploitative of the service user;
- 5.5.12 ensuring that their practice advertised on websites, telecommunications, telehealth web-based platforms and social media is accurate, current and does not elicit testimonials or endorsements from service users who have received services.

In addition, social workers who are in private practice and are also employed at an agency or organization (e.g., employed full-or part-time) shall limit:

- 5.5.13 soliciting service users for their private practice from their colleagues or their place of employment;
- 5.5.14 accepting referrals from their employer only when the organization does not provide a similar service and in accordance with established policies regarding such referrals.

## Value 6: Maintaining Privacy and Confidentiality

***Guiding Principle 6.1:** Social workers uphold the interests of service users, members of the public, and other professionals in developing and safeguarding the trust placed in the confidential relationship.*

**Context for Practice:** Social workers demonstrate respect for the trust and confidence placed in them by service users, members of the public, and other professionals by considering their values and beliefs related to privacy and **confidentiality**, and by respecting their right to control whether or when their information will be shared with third parties. Social workers protect confidentiality across all manner of service provision and communication in all settings and social media environments.

**Standards of Practice:** Social workers ensure respect for the trust and confidence placed in the confidential relationship by:

- 6.1.1 recognizing the diversity that exists in Nova Scotian communities (including but not limited to Mi'kmaq and Indigenous Peoples, African Nova Scotians and Persons of African descent, Acadian, Francophone, and 2SLGBTQIA+ Nova Scotians) and considering the values, customs, and beliefs of service users and how they wish confidentiality to apply within their cultural context;
- 6.1.2 informing young service users (e.g., children and youth) and their parents or legal guardians of young people's rights and social work practises related to privacy and confidentiality with children and youth, as may be determined by policy and legislation;
- 6.1.3 treating information gained in the professional relationship as confidential, limiting its use to only professional purposes;
- 6.1.4 providing service users accurate information regarding who will have access to their records, their right to seek avenues of complaint as provided by law and policy, and the limitations to professional confidentiality (see Guiding Principle 6.3 regarding limits);
- 6.1.5 obtaining and documenting informed consent before audio or video-recording service users or permitting observation of services by a third party, either in person or virtually;
- 6.1.6 avoiding referring to service users in public or semi-public areas (e.g., hallways, waiting rooms, elevators, restaurants etc.), including on social media platforms;
- 6.1.7 addressing a breach of confidentiality should it occur and notifying service users of the breach of confidential information as soon as possible, with due regard to the values and principles of the NSCSW Code of Ethics, the standards of their employer and relevant regulatory requirements.

***Guiding Principle 6.2:** Social workers respect the right to confidentiality of information shared and documented in a professional context.*

**Context for Practice:** Social workers have a duty to uphold people's right to privacy and to the confidentiality of information shared and documented in official written or electronic records. Social workers maintain professional documentation in accordance with the values and principles of the Code, and standards of the NSCSW.

**Standards of Practice:** Social workers must uphold people's right to privacy and confidentiality of information shared and documented by:



- 6.2.1 considering the service user to be the primary source of information about their personal issues;
- 6.2.2 keeping a record that relates to the appropriate constellation (collection) of service users when a couple, family, group, organization, or community is the service user;
- 6.2.3 keeping timely, consistent, and accurate documentation of professional interventions and information (including progress notes, reports and summaries of services as appropriate) with an appreciation that service users or others may view the record, in accordance with all applicable local, provincial, and federal statutory, regulatory, or policy requirements;
- 6.2.4 ensuring that all recorded information is either relevant to the solution of the service user's problems or is needed for agency administration, policy or legislation;
- 6.2.5 limiting documentation to pertinent information that meets employer policies and the professional Standards of Practice requirements when sharing records across professions or agencies;
- 6.2.6 limiting a professional opinion unless it can be supported by their own assessment or by the documented assessment of another professional;
- 6.2.7 ensuring that service users have reasonable access to official social work records according to legislation, and advising service users of the right to access their official records according to the policies of the organization or regulations;
- 6.2.8 advising service users of the appeal process and of their right to a review if they are denied access to their official records;
- 6.2.9 protecting the anonymity of third parties when providing service users with access to their records which may involve masking (or redacting) third-party information;
- 6.2.10 advising service users of reporting or complaint resolution mechanisms through their organization and the NSCSW complaints process related to access to or correction of records;
- 6.2.11 ascertaining that service users' written or electronic records are stored securely and taking reasonable measures to prevent unauthorized access;
- 6.2.12 transferring or disposing of service users' written or electronic records in a manner that protects service users' confidentiality in accordance with applicable legislation governing records and social work regulation;
- 6.2.13 employing reasonable precautions to protect confidential information in the event of the termination of practice, incapacity, or death;
- 6.2.14 complying with the requirements regarding record retention, storage, preservation and security set out in any applicable privacy and other legislation, and when employed by an organization (as applicable), acquiring and maintaining a thorough understanding of the organization's policies with regard to the retention, storage, preservation and security of records;
- 6.2.15 ensuring that each service user record is stored and preserved in a secure location for at least seven years from the date of the last entry or, if the service user was less than eighteen years of age at the date of the last entry, at least seven years from the day the service user became or would have become eighteen. Different periods of storage time may be required by law. Longer periods of storage time may be defined by the policies of a member's employing organization or by the policies of a self-employed member or a member who is responsible for complying with privacy legislation. Such policies should be developed with a view to the potential future need for the record.

In addition, social workers in supervisory, managerial, and administrative roles or who are self-employed:

6.2.16 shall be responsible for complying with privacy legislation and work to establish policies and practices that protect the confidentiality of service user information.

***Guiding Principle 6.3:** Social workers are transparent about the limits of confidentiality in their professional practice.*

**Context for Practice:** Social workers shall discuss service users' rights to confidentiality and the limits of those rights, as well as the nature of confidentiality, in all contexts, both at the earliest opportunity and throughout the professional relationship. Social workers advocate for policies that support transparency with services users about limits of rights to confidentiality.

**Standards of Practice:** Social workers shall inform service users of the limits to privacy and confidentiality related to:

- 6.3.1 the individual rights of children and adolescents, couples, families, or groups sharing information in service provision, which may or may not be respected or guaranteed by all, and the requirement of a commitment from each member to respect the confidential nature of the communication between and among members of the group;
- 6.3.2 agency or organizational practices or policies that involve routine consultation with supervisors or professional colleagues which may involve providing the name of the supervisor or colleague and the respective contact information;
- 6.3.3 practices or policies that involve supervisor or preceptor relationships with students in an educational or instructional context;
- 6.3.4 the measures to protect the anonymity of evaluation or research participant data, including when and how data will be disposed of or destroyed;
- 6.3.5 information shared through various sources of communication such as computers, electronic mail, facsimile machines, telephone answering machines and other electronic technology;
- 6.3.6 honouring confidentiality agreements in the delivery of **electronic social work services**;
- 6.3.7 the location where private and confidential data resides, including when data resides on servers or data centers outside of Canada.

***Guiding Principle 6.4:** Social workers disclose confidential information with valid consent in accordance with applicable legislation or without consent when required by law or court order or allowed by legislation.*

**Context for Practice:** Social workers support service users' right to self-determination by obtaining their informed consent or that of persons legally authorized to consent on their behalf for permission to disclose confidential information to concerned parties. Social workers must disclose information when required by law or court order or when necessary to prevent serious, imminent, or foreseeable harm to service users or other members of society. In all instances, social workers disclose the minimum required and pertinent information necessary to achieve the desired purpose.



**Standards of Practice:** Social workers uphold service users' right to self-determination related to the disclosure of confidential information by:

- 6.4.1 informing service users or their legal representatives of the nature of the information and how it will be disclosed;
- 6.4.2 informing service users of the risks and benefits of disclosing their information at the earliest opportunity, except when this could bring about or exacerbate serious harm to service users or the public;
- 6.4.3 notifying service users or legal representatives about the conditions under which access to service users' information will be provided or denied;
- 6.4.4 providing access to the record of a service user who is the subject of that record upon request, subject to policy and legislation as well as when access to their records may be officially authorized or required by law without their consent if this does not involve risks to others;
- 6.4.5 not releasing information to a third party, if in the social worker's professional judgement, such a release could result in harm to the service user;
- 6.4.6 respecting the confidentiality rights of deceased service users by seeking informed consent of a deceased person's legal representative to disclose information;
- 6.4.7 obtaining **assent** from young children before disclosing their information to parents or legal guardians unless judged not to be in their best interest and limiting disclosures to the minimum and pertinent information required;
- 6.4.8 addressing confidentiality breaches in accordance with the values and principles of the Code and the NSCSW, and where appropriate, developing and disclosing policies and procedures for notifying service users as soon as possible of any breach of confidential information;
- 6.4.9 maintaining identifying service user information confidential, in the context of teaching, training, public education or research, or supervisory purposes, or with consultants within the workplace or with community service providers (as appropriate), unless they obtain informed consent and there is a compelling need for disclosure of identifying information.

In addition, when disclosing confidential information related to service users, professional colleagues or others, social workers:

- 6.4.10 who determine that a person is at risk of harm, self-harm or has intent to harm others, shall disclose this information with relevant parties;
- 6.4.11 who determine that a child is harmed and may require protection, shall disclose that information to the proper authorities as required by law;
- 6.4.12 shall act based on the assessed level and/or imminent or foreseeable risk, prevailing professional standards and practices, or applicable legislation or court order;
- 6.4.13 shall limit disclosure of confidential information about a social worker or professional colleague to the minimum and relevant information required by law or disciplinary body.

Lastly, social workers employed by an organization:

- 6.4.14 shall acquire and maintain an understanding of policies regarding access requests by service users or any other parties, to confidential service user information.

***Guiding Principle 6.5:** Social workers preserve privacy and confidentiality in the provision of electronic social work services.*

**Context for Practice:** Social workers ensure privacy and confidentiality and communicate with service users regarding the expectations and implications of using technology, telecommunication, and telehealth or web-based platforms (herein, technology application) in service provision. When providing services via telephone or other electronic means, social workers shall act ethically, ensure personal and professional **competence**, protect service users, and uphold the values of the profession.

**Standards of Practice:** Social workers ensure privacy and confidentiality in the provision of electronic social work services by:

- 6.5.1 determining that service users: (1) have access to and can use the technology application; (2) understand the purpose and operation of the technology application; (3) have their needs met; and (4) have their identity protected;
- 6.5.2 using available safeguards (e.g., password protection, encryption, secure firewalls) when sharing confidential information using digital or other electronic technology or data storage devices (e.g., USB stick, flash drive) or when using digital communications (e.g., email communications, online posts, online chat sessions, mobile communication, etc.);
- 6.5.3 following applicable legislation governing the provision of electronic social work services in the province or territory where they are regulated, or practise, and where the service user resides;
- 6.5.4 being aware of inter-jurisdictional issues when providing therapy or social work services using electronic technologies (i.e., on-line counselling, on-line support groups, video conferencing etc.) and acting to preserve privacy and confidentiality;
- 6.5.5 obtaining informed consent when using electronic search engines to gather information about service users, including searching on social media platforms, except in exceptional circumstances to protect those at risk;
- 6.5.6 making reasonable efforts to verify service user's identity and contact information, and representing themselves to the public with accuracy when using technological means of service provision;
- 6.5.7 being competent in the technologies used and following the standards that would be applied to a face-to-face supervisory relationship when using or providing supervision and consultation by technological means.

In addition, informing service users:

- 6.5.8 that they should be alone in a private area when receiving electronic social work services (e.g., virtual meeting), and that they should refrain from using their cellular phone during the encounter;
- 6.5.9 of available secure communication channels and that communication via telephone, video, text, or electronic messaging provides limited security and protection of confidential information;
- 6.5.10 of potential risks and consequences of sharing confidential information on the internet, social media, text messaging, and videoconferencing sites;
- 6.5.11 that they are not permitted to disclose or post digital or other electronic communications from social workers or other services users without informed consent.

## Value 7: Providing Culturally Responsive Competent Professional Services

***Guiding Principle 7.1:** Social workers are committed to the ongoing development of their professional abilities and knowledge, aiming to ensure the delivery of culturally responsive professional services.*

**Context for Practice:** Social workers pursue lifelong learning, professional development, and self-reflection to deliver inclusive, evidence-informed services that meet the needs of a diverse range of service users. By integrating two-eyed seeing approaches, which blend Indigenous knowledge systems with Western methodologies, and Africentric approaches that centre African cultural values and perspectives, social workers can address diverse experiences with greater cultural humility. This continuous commitment not only enhances their cultural responsiveness but also strengthens their professional knowledge, skills, and expertise, ensuring they are better equipped to serve all individuals and communities effectively.

**Standards of Practice:** Social workers shall demonstrate cultural responsive competence in their practice by:

- 7.1.1 offering the best possible standard of service provision and being accountable for their practice;
- 7.1.2 ensuring their skills and knowledge are up-to-date with the latest practices in social work by completing at least 40 hours of professional development each year, or a prorated number of hours based on their time in the field. Failure to comply with this requirement will lead to refusal of registration renewal;
- 7.1.3 engaging in continuing professional development to foster knowledge, skills, and abilities in working with diverse service users and by maintaining a personal record of their professional development activities with supporting documentation;
- 7.1.4 submitting a report of professional development activities and using the prescribed online forms to detail their professional development activities;
- 7.1.5 taking responsible steps (e.g., education, training, research, consultation, and supervision) to ensure current and **continuing competence**;
- 7.1.6 practicing using the best available evidence (**evidence-informed practice**), including Indigenous knowledge<sup>24</sup>, **Africentric knowledge** and evidence-informed practices with diverse communities;
- 7.1.7 engaging in meaningful self-reflective practice in the context of professional experiences;
- 7.1.8 collaborating with professional colleagues and other disciplines to promote and expand ideas, knowledge, theory and skills, experience and opportunities that improve professional expertise and service provision;
- 7.1.9 upholding NSCSW practice standards for continuing professional education requirements;

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<sup>24</sup> Government of Canada, *Indigenous Knowledge: What Is Indigenous Knowledge?* (September 2022), <https://www.canada.ca/en/impact-assessment-agency/programs/aboriginal-consultation-federal-environmental-assessment/indigenous-knowledge-policy-framework-initiative.html>; and Baskin, C. *Strong Helpers' Teachings: The Value of Indigenous Knowledges in the Helping Professions*, 2nd ed. (Toronto: Canadian Scholars' Press, 2016).

- 7.1.10 being proficient in the technological skills and tools required for the conduct of their practice and seeking appropriate training and consultation to stay current with emerging technologies relevant to practice;
- 7.1.11 using technological means to provide services and making reasonable efforts to become and remain knowledgeable about the advantages and drawbacks of professional online relationships, and the ways in which technology-based social work practice can be safely and appropriately conducted.

In addition, social workers who are on leave from their employment:

- 7.1.13 shall complete professional development requirements in accordance with the Professional Development Standards.<sup>25</sup>

**Guiding Principle 7.2:** *Social workers practise within their level of competence and seek appropriate guidance when services required are beyond their competence.*

**Context for Practice:** Social workers in all roles and settings must demonstrate due care for the interests and well-being of service users by restricting professional practice to areas of demonstrated competence and by consulting appropriate sources when services required are beyond their competence, including making necessary referrals to other services to meet the needs of service users.

**Standards of Practice:** Social workers shall demonstrate concern for the interest and well-being of service users by:

- 7.2.1 representing themselves as competent only within the boundaries of their education, training, license or registration, certification, consultation received, supervised experience, or other relevant professional experience;
- 7.2.2 seeking appropriate professional consultation or supervision for professional social work practice where appropriate;
- 7.2.3 questioning or intervening with colleagues about any concerns related to incompetence or impairment in professional practice and assisting colleagues in taking remedial action whenever possible;
- 7.2.4 communicating concerns about colleagues' incompetence or impairment of professional practice through appropriate channels established by employers, regulatory bodies or other professional organizations.

**Guiding Principle 7.3:** *Social workers contribute to the ongoing development of the social work profession and current and future social workers.*

**Context for Practice:** Social workers in formal or informal supervisory, consultation, mentorship or in education roles, strive toward excellence in the ongoing development of the profession and of current and future practitioners.

**Standards of Practice:** Social workers shall contribute to the ongoing development of the profession by:

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<sup>25</sup> Social Worker Regulations, Sections 22-25

**Respect**

- 7.3.1 relating to both social work colleagues and colleagues from other disciplines with respect, integrity, and courtesy, and seeking to understand differences in viewpoints and practice;
- 7.3.2 not intervening in the professional relationship of a social worker and service user unless requested to do so by the service user;

**Collaboration and Consultation**

- 7.3.3 seeking the advice and counsel of social work colleagues and colleagues from other disciplines whenever such consultation is in the best interest of service users;
- 7.3.4 taking responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed, and honestly acknowledging the work and contributions made by others;

**Management of Disputes**

- 7.3.5 attempting to resolve concerns about the actions of a colleague through appropriate channels as established by their employer. If unresolved, pursuing other avenues consistent with service user well-being, ethical principles, and regulatory obligations;
- 7.3.6 resolving conflicts with colleagues or other professionals in ways that uphold the principles of the Code of Ethics and Standards of Practice;

**Responsibilities in Supervision and Consultation**

- 7.3.7 supervising or consulting only within their areas of knowledge and competence;
- 7.3.8 establishing clear relationship boundaries and clarifying the nature and scope of the work to be done;
- 7.3.9 avoiding dual relationships with supervisees when there is a risk of exploitation or harm, and demonstrating that any dual relationship is not exploitative or harmful;
- 7.3.10 evaluating supervisees' performance fairly, respectfully, and in line with employment terms;
- 7.3.11 adhering to the requirements of the Nova Scotia College of Social Workers Regulations regarding candidacy when supervising Social Worker Candidates;
- 7.3.12 sharing evaluations with employees, candidates, supervisees, or students and seeking feedback to improve supervision;
- 7.3.13 promoting written policies and procedures to protect the confidentiality of personnel records in administrative roles;
- 7.3.14 being accountable for the services provided by students or supervisees when providing practice/clinical supervision in a workplace setting.

**Responsibilities to Students**

- 7.3.15 providing instruction only in their areas of knowledge and competence as educators and field instructors;



- 7.3.16 fostering in students an understanding of the social work profession, the Code of Ethics, the Standards of Practice, and other ethical sources;
- 7.3.17 instructing students to inform clients of their student status;
- 7.3.18 informing students of their ethical responsibilities to service users, supervisors, and employers;
- 7.3.19 maintaining privacy and confidentiality in supervisory relationships, ensuring supervisees understand any limitations to these principles;
- 7.3.20 recognizing their role as educational and work-focused, and referring students to another competent practitioner if counseling is required;
- 7.3.21 evaluating students' performance fairly, respectfully, and in line with their educational institution's terms;
- 7.3.22 avoiding dual or multiple relationships with students they supervise or teach if there is a risk of exploitation or harm;

### **Responsibilities of Managers**

- 7.3.23 informing organizational administrators of the ethical responsibilities of social workers and working to create workplaces that support ethical practice;
- 7.3.24 facilitating access to professional education and advocating for adequate resources for staff development;
- 7.3.25 providing or arranging for appropriate debriefing and professional support for staff experiencing difficult or traumatic circumstances;
- 7.3.26 refraining from pressuring social workers employed in multiple workplaces to disclose information about another work site.

*Guiding Principle 7.4 Social workers contribute to the knowledge base and advancement of knowledge in the social work profession.*

**Context for Practice:** Social workers contribute to the advancement of knowledge in varied areas of practice and are guided by Canadian guidelines<sup>26</sup> for ethical practices when conducting research with human participants. When engaged in non-research activities (e.g., quality assurance and quality improvement studies, program evaluation activities, secondary use of anonymous information, performance reviews, or testing within normal educational requirements), social workers consider independent guidance (e.g., institutional practices, best practice guidelines, etc.) to address any potential ethical issues. Social workers follow ethical guidelines for reporting findings and conduct ethical reporting of research findings.

**Standards of Practice:** Social workers shall contribute to the knowledge base and advancement of knowledge in the social work profession by:

- 7.4.1 promoting or engaging in research, scholarship or creative activities that contribute to the profession or for the purpose of advancing human welfare, knowledge and understanding, examining cultural dynamics, and directing their research towards the alleviation of human suffering, validating social or scientific theories, applying theory to

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<sup>26</sup> Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), and Social Sciences and Humanities Research Council of Canada (SSHRC), *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, TCPS 2 (2022), December 2022, [https://ethics.gc.ca/eng/policy-politique\\_tcps2-eptc2\\_2022.html](https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html).



practice, creating new knowledge, analyzing policy, and understanding human behaviour and the evolving human condition;

- 7.4.2 promoting or engaging in the evaluation of programs or outcomes and quality assurance or improvement projects.

When engaging in research activities involving human subjects, social workers:

- 7.4.3 place research participants' interests and well-being above all other objectives, including the search for knowledge and through alignment with The First Nations Principles of Ownership, Control, Access and Possession<sup>27</sup>;
- 7.4.4 consider carefully the possible consequences for individual and society before participating in or engaging in proposed research and also when publishing research results;
- 7.4.5 consult Canadian guidelines<sup>28</sup> to ensure whether the activity undertaken constitutes research or non-research and determine whether it requires research ethics board (REB) review and approval;
- 7.4.6 submit research proposals to an appropriate independent scientific and ethical review process (e.g. REB) prior to implementation of the research;
- 7.4.7 uphold the dignity of humans involved in research through the application of the core ethical principles<sup>29</sup> of respect for persons, concern for welfare and justice in the research process;
- 7.4.8 identify conflicts of interest that may arise from family relationships, financial partnerships or other economic interests that may influence or be perceived to influence the social worker's judgement in regard to the research;
- 7.4.9 educate themselves, their students, and their colleagues about responsible research practices with vulnerable individuals<sup>30</sup>, Mi'kmaq and Indigenous Peoples, African Nova Scotians and Persons of African descent, 2SLGBTQIA+ communities or other distinct communities<sup>31</sup> (e.g., research based on membership in a specific community);
- 7.4.10 utilize only appropriately qualified personnel to carry out research, paying particular attention to qualifications and training required in conducting specialized techniques;
- 7.4.11 take appropriate steps to provide research participants access to appropriate supportive services as required;
- 7.4.12 offer children and others whose ability to provide consent is limited or compromised<sup>32</sup>, an opportunity to express their assent or objection to research participation and give their views due regard;
- 7.4.13 avoid the use of deception in research because of its negative implications for service user well-being and for public trust in the profession; in any and all instances, follow ethical guidelines related to partial disclosure or deception<sup>33</sup> in research or related to issues that are particularly germane to qualitative research;<sup>34</sup>

<sup>27</sup> First Nations Information Governance Centre, *The First Nations Principles of Ownership, Control, Access, and Possession* (OCAP), <https://fnigc.ca/ocap-training/>.

<sup>28</sup> TCPS2 (2022). Chapter 2: Scope and Approach. Section A: Research requiring research ethics board review.

<sup>29</sup> TCPS2 (2022). Chapter 1: Ethics Framework, Section B: Core Principles.

<sup>30</sup> TCPS2 (2022). Chapter 1: Ethics Framework, Section B: Respect for Persons and Concern for Welfare.

<sup>31</sup> TCPS2 (2022). Chapter 9: Research Involving First Nations, Inuit, and Metis Peoples of Canada.

<sup>32</sup> TCPS2 (2022). Chapter 4: Fairness and Equity in Research Participation. Research involving participants who lack decision-making capacity.

<sup>33</sup> TCPS2 (2022). Chapter 3: The Consent Process. Exceptions to the requirement to seek prior consent (p. 56).

<sup>34</sup> TCPS2 (2022). Chapter 10. Qualitative Research.

- 7.4.14 protect the privacy of research participants through attention to confidentiality requirements and specifications for storing research material securely and for the required period as indicated by relevant research ethics guidelines or applicable legislation;
- 7.4.15 ensure that research participants' identity or any identifying information obtained from or about participants during the research process is treated as confidential and that the identity of participants is separated from the data that is stored;
- 7.4.16 ensure the anonymity of research participants is maintained in subsequent reports from research;
- 7.4.17 report research results accurately and objectively while respecting academic integrity and copyright law;
- 7.4.18 comply with the procedures established by the funder or employers as well as to the provisions governing royalties when using the data for publication or other purposes;
- 7.4.19 take responsibility and credit for works they have performed and to which they have contributed and acknowledge the work and the contributions made by others;
- 7.4.20 inform research participants or authorized third parties or communities of research results when requested;
- 7.4.21 bring to the attention of relevant bodies, research results that indicate or demonstrate social inequalities or injustices.

## Glossary

### Advocate

The act of directly representing or defending others. In social work, advocating involves championing the rights of individuals, groups or communities through direct intervention or through empowerment. It is an ethical obligation of the profession.<sup>35</sup>

### Africentric<sup>36</sup>/Africentricity

The concept of Africentricity and Africentric knowledge has its theoretical origins in a work by Molefi Kete Asante titled *Afrocentricity: The Theory of Social Change*<sup>37</sup>. Africentricity is the act of placing African and African Canadian history, culture, and heritage at the centre of all that has to do with people of African descent. Africentricity is a pillar in centring, honouring and protecting African ancestral knowledge systems, practices and ways of being.<sup>38</sup> *"Afrocentricity has several broad goals, but four are pervasive in its literature: 1) Afrocentricity exposes and actively resists "white racial domination" over African Americans; 2) it transforms African Americans toward their cultural center; 3) it converts African Americans to an ideology of values, spirituality, and rituals; and 4) it analyzes disciplines, such as literature, history, linguistics, politics, science, religion, and economics from an Afrocentric perspective."*<sup>39</sup> When working with service users of African descent, social workers are to understand the collective identity as opposed to individualism, the interconnection of all things and the oneness of mind, body and spirit and value placed on friendship, compassion, sharing, honesty, courage and self-control. Social workers are to work across system levels and engage family, extended family, and community.<sup>40</sup>

### Africentric Knowledge

The way of knowing that is grounded in African centered traditions and places the African Worldview in the center of any sociocultural and sociohistorical analysis of African Peoples and integrates traditional values such as collectivism, spirituality-centered thought and wisdom, community, honouring elders and knowledge keepers, rituals, and taboos, and acknowledges the African historical oppression and resulting experiences of impoverished living conditions, discrimination and loss of culture and identity.<sup>41, 42, 43</sup>

<sup>35</sup> Barker, Robert L. *The Social Work Dictionary*, 4th ed. (Washington, DC: NASW Press, 1999).

<sup>36</sup> The terms *Africentric* and *Afrocentric* are sometimes used interchangeably in literature and practice. In this document, we use *Africentric* as the primary term, except when quoting or referencing sources that specifically use *Afrocentric*. Readers may encounter both spellings throughout the text for this reason.

<sup>37</sup> Asante, M.K. *Afrocentricity: The Theory of Social Change*. (Buffalo, NY: African American Images, 1980).

<sup>38</sup> Mullings, Delores; Clarke, Jennifer; Bernard, Wanda Thomas; Este, David; Giwa, Sulaimon. *Africentric Social Work*. (Halifax and Winnipeg: Fernwood Publishing Canada, 2021).

<sup>39</sup> Pellebon, Dwain A. "An Analysis of Afrocentricity as Theory for Social Work Practice", *Advances in Social Work* 8, no. 1 (Spring 2007): 171. Pp.169-183

<sup>40</sup> Daniels, Jean E. "Africentric Social Work Practice: The New Approach for Social Work Practice Intervention in the 21st Century," *International Social Work* 44, no. 3 (2001): 301-309.

<sup>41</sup> Daniels, Jean E. "Africentric Social Work Practice: The New Approach for Social Work Practice Intervention in the 21st Century," *International Social Work* 44, no. 3 (2001): 301-309.

<sup>42</sup> Gilbert, Harvey, and Belgrave, "Advancing the Africentric Paradigm Shift Discourse", *Social Work* 54, no. 3 (July 2009): 243-252.

<sup>43</sup> Nashon, Anderson, and Wright, "Editorial Introduction: African Ways of Knowing, Worldviews and Pedagogy," *Journal of Contemporary Issues in Education* 2, no.2 (2007): 1-6. pp. 1-6.

## Africentric Social Work

An approach to social work practice that is based on traditional African philosophical assumptions that are used to explain and solve human societal problems. There are *“three fundamental assumptions of Africentric social work: that individual identity is hinged on a collective identity; that the spiritual aspect of human is as legitimate as the material aspect; and that the effective approach to knowledge is epistemologically valid. It is implied in Africentric social work that one cannot affect one member of the society without affecting others. In Africa, there is no clear separation between an individual and others.”*<sup>44</sup> Social workers practising at the micro and macro level understand that human problems are grounded in oppression and spiritual alienation and strive to empower people through incorporating traditional values and practices, building on strengths, and addressing colonial systems and the negative impact on people.<sup>45</sup>

## Anti-Black Racism

Refers to attitudes, beliefs, stereotyping, discrimination and prejudice targeted at people of African descent. The roots of anti-Black racism are found in enslavement and its legacies. Deeply entrenched in Canadian institutions, policies and practices, anti-Black racism is either normalized or rendered invisible to the larger white society. Anti-Black racism manifests itself in how Black Canadians are disadvantaged, or marginalized, in society, the economy and politics. As a result, Black Canadians often have unequal opportunities, higher unemployment, and significant poverty rates. They are also overrepresented in the criminal justice system.<sup>46</sup>

## Assent

Assent, the expression of approval or agreement, relates to children and youth under the legal age to provide consent. *“Assent should be sought, and strong indicators of dissent should be given serious consideration.”*<sup>47</sup>

Valid consent under The Personal Health Information Act (PHIA) requires individuals to understand the information relevant to healthcare decisions and to grasp the consequences of those decisions. This law recognizes that minors can possess the maturity to consent, known as “mature minors,” and this ability may vary with each situation and develop over time. Therefore, minors’ capacity to consent is assessed on a case-by-case basis, considering their understanding and maturity level for each healthcare decision. For example, a 17-year-old may be able to consent to certain intervention but not others. In Nova Scotia, there is no specific age when children or youth automatically have the right to consent to intervention or information release. Social workers must individually determine if a minor is capable of making informed decisions about their care, taking into account each minor’s unique circumstances and abilities.

<sup>44</sup> Mabvurira, V., “Making Sense of African Thought in Social Work Practice in Zimbabwe: Towards Professional Decolonisation,” *International Social Work* 63, no.4 (2020): 421 <https://doi-org.proxy1.lib.uwo.ca/10.1177/0020872818797997>

<sup>45</sup> Mullings, Delores; Clarke, Jennifer; Bernard, Wanda Thomas; Este, David; Giwa, Sulaimon. *Africentric Social Work*. (Halifax and Winnipeg: Fernwood Publishing Canada, 2021).

<sup>46</sup> Oyeniran, C. “Anti-Black Racism in Canada”, in *The Canadian Encyclopedia*, 2022, <https://www.thecanadianencyclopedia.ca/en/article/anti-black-racism-in-canada>.

<sup>47</sup> Canadian Pediatric Society, *Medical Decision-Making in Pediatrics: Infancy to Adolescence* (Position Statement), <https://cps.ca/en/documents/position/medical-decision-making-in-paediatrics-infancy-to-adolescence>.

For more information, refer to the PHIA<sup>48</sup> document on Consent, Capacity, and Substitute Decision Makers.

### **Burnout**

The stress and frustration caused by the workplace: having poor pay, unrealistic demands, heavy workload, heavy shifts, poor management, and inadequate supervision.<sup>49</sup>

### **Capacity**

The ability to understand information relevant to a decision and to appreciate the reasonably foreseeable consequences of choosing to act or not to act. Capacity is specific to each decision; thus, a person may be capable of deciding about a place of residence, for example, but not capable of deciding about treatment. Capacity can change over time.<sup>50</sup>

### **Clinical Specialization / Clinical Specialist**

The Board of Examiners defines the scope of the Clinical Specialist as social work in a private practice that:

- a. provides mental health and well-being, addiction, trauma, grief/loss/illness and crisis assessments and services that situate the individual within their social context inclusive of family, political, economic and cultural factors with a focus on the structural social determinants of health;
- b. utilizes therapy and interventions that are grounded in principles of evidence-informed, bio-psycho-social-spiritual approaches that are culturally relevant to the social contexts of service users to achieve their mental health and well-being, addiction, trauma, grief/loss/illness and crisis intervention goals;
- c. engages directly with individuals, couples, families and groups focused on complex issues affecting individual and family functioning and their relationships including, but not limited to, mental health, addiction, trauma, grief/loss/illness and crisis; and
- d. informed by the broader concepts intrinsic to social work including human rights and social justice.

Only Registered Social Workers who are approved by the Board of Examiners are entitled to engage in the private practice of a clinical social work specialization.

### **Collective Trauma**

Refers to the impact of a traumatic experience that affects and involves entire groups of people, communities, or societies. Collective trauma can impact relationships, alter policies and governmental processes, alter the way the society functions, and even change its social norms.<sup>51</sup>

<sup>48</sup> Government of Nova Scotia, Personal Health Information Act: Chapter 4 - *Consent, Capacity and Substitute Decision-Makers*, revised Nov 1, 2013, <https://novascotia.ca/DHW/PHIA/>

<sup>49</sup> Mathieu, F. *The Compassion Fatigue Workbook*. (New York: Routledge, 2012).

<sup>50</sup> Etchells, E.; G. Sharpe; C. Elliott and P. Singer. "Bioethics for Clinicians: 3: Capacity," *Canadian Medical Association Journal* 155 (1996): 657–661

<sup>51</sup> Turmaud, D, "What Is Collective Trauma? How It Could Be Impacting Us," *Psychology Today*, May 23, 2020.



## Conflict of Interest

A situation in which a member of the Nova Scotia College of Social Workers (NSCSW) has a personal, financial, or other professional interest or obligation which gives rise to a reasonable apprehension that the interest or obligation may influence the member in the exercise of their responsibilities.

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

## Confidentiality

A professional value that stresses that professionally acquired information be kept private and not shared with third parties unless the service user provides informed consent, or a professional or legal obligation exists to share such information without the service user’s informed consent. The Personal Health Information Act (PHIA) legislates rights of individuals and obligations of “custodians” in the health system with respect to health information.<sup>52</sup>

## Compassion Fatigue

The profound emotional and physical erosion that takes place when a social worker or other helper is unable to refuel and regenerate.

## Competence/Continuing competence

The demonstrated ability of an individual to accomplish an activity, task or professional act.<sup>53</sup> The Social Workers Regulations<sup>54</sup> defines the term *competent* as “the ability to integrate and apply the knowledge, skills and judgment required to practice safely and ethically in a designated role and practice setting” (p. 4). In turn, *continuing competence* refers to “career-long enhancement of knowledge, skill, and judgement required to practice safely and ethically”<sup>55</sup>. The achievement of professional competence is an ongoing process.

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<sup>52</sup> Government of Nova Scotia, *Personal Health Information Act*, 2024, <https://nslegislature.ca/sites/default/files/legc/statutes/personal%20health%20information.pdf>

<sup>53</sup> Ordre Professionnel des travailleurs sociaux du Québec, *Core Competencies of Social Workers* (Montreal, PQ, 2005), as cited in Lisa Crockwell, “The Ethics of Competence,” *Practice Matters*, November 2012, [https://nlcsw.ca/wp-content/uploads/Practice\\_Matters\\_Competence.pdf](https://nlcsw.ca/wp-content/uploads/Practice_Matters_Competence.pdf).

<sup>54</sup> Nova Scotia College of Social Workers (NSCSW), *Social Worker Regulations Made under Section [20] of the Social Workers Act* (November 2021), <https://nscsw.org/wp-content/uploads/2016/10/SW-Regulations-Updated-November-2021.pdf>.

<sup>55</sup> Nova Scotia College of Nursing, *Continuing Competence Program*, <https://www.nscn.ca/professional-practice/continuing-competence/continuing-competence-program>.



## Community Care

This concept emphasizes the importance of mutual aid, support systems, and communal responsibility in fostering individual and collective well-being. It recognizes that not everyone has equal access to the resources needed for self-care and stresses the role of community in providing emotional and practical support.

## Cultural Diversity

Integrated patterns of diverse and unique human behaviour, including attitudes, thoughts, communications, actions, traditions, customs, beliefs, and values. Culture also encompasses diversity based on race, ethnicity, religion, ability, disability, sexual orientation, sexual identity, gender identity, age and generational differences.<sup>56</sup>

## Cultural Humility

The attitude and practice of working with individuals, families, groups or communities at the micro, mezzo, and macro levels with a presence of humility while learning, communicating, offering help, and making decisions in professional practice and settings. Cultural humility is other-oriented. The key to the approach is understanding social work practice and roles from the viewpoint of being a continuous learner.<sup>57</sup>

## Cultural Safety

An approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape social inequities and the experiences of service users. The approach can be used as a framework for examining and understanding the roots of inequities and perpetuating discrimination. Cultural safety involves the social worker developing and continuing critical self-reflection, being self-aware with regards to their position of power, and understanding how social and historical contexts influence and shape systems and institutions, "Safety" is defined by those who receive the service, not those who provide it.<sup>58</sup>

## Culturally Responsive

The provision of culturally responsive care/practices involves the concept of *responsiveness*, which refers to "the quality of individuals to open themselves for the needs of others. Responsiveness meaning the noting of the existence of a need by assuming the position of another person, is [...] seen as the first step to care, which should be followed by a responsibility to respond to this need"<sup>59</sup>.

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<sup>56</sup> National Association of Social Workers, *Standards for Cultural Competence in Social Work Practice* (Washington, DC: National Association of Social Workers, 2001); *Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice* (Washington, DC: National Association of Social Workers, 2007).

<sup>57</sup> Ibid

<sup>58</sup> Ward, C. Branch, C. Fridkin, A. (2016) "What is Indigenous Cultural Safety—and Why Should I Care About It?" *Visions Journal* 11, no.4 (2016), published by BC Partners for Mental Health and Addictions Information, 29 <https://www.heretohelp.bc.ca/sites/default/files/visions-indigenous-people-vol11.pdf>

<sup>59</sup> Klaver, K & Baart, A, "Attentiveness in Care: Towards a Theoretical Framework," *Nursing Ethics* 18, no.5 (2011): p.689, 686–693, <https://doi.org/10.1177/0969733011408052>.

## **Discrimination**

The unjust or prejudicial treatment of a person or group of people that deprives them of or limits their access to opportunities and advantages that are available to other members of society based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.<sup>60</sup>

## **Decolonization**

The process of undoing the cultural, political, and economic domination of colonized peoples by their colonizers. It involves reclaiming sovereignty, restoring Indigenous lands and rights, and revitalizing cultural practices, languages, and traditions that were suppressed or eradicated due to colonial rule.

## **Diverse Service Users**

The variety of cultural backgrounds, heritage, languages, beliefs and spiritual practices, identities and experiences among the individuals, couples, families, groups, communities and organizations that social workers serve.

## **Dual or Multiple Relationship**

Dual relationship is defined as a situation in which a social worker, in addition to their professional relationship, has one or more other relationships with the service user, regardless of whether this occurs prior to, during, or following the provision of professional services. A dual relationship does not necessarily constitute a conflict of interest; however, where dual relationships exist, there is a strong potential for conflict of interest and there may be an actual or perceived conflict of interest.

Relationships beyond the professional one include, but are not limited to, those in which the College member receives a service from the service user, the College member has a personal, familial or business relationship with the service user, or the College member provides therapy to students or employees within their place of work, or supervisees.

## **Environmental Racism**

The systematic and institutionalized practice where communities of colour, Indigenous peoples, and economically disadvantaged groups are disproportionately exposed to hazardous pollution, toxic waste, and other environmental harms. This concept also extends to these communities having less access to natural resources, clean air, and water, and often facing obstacles in seeking justice and equitable treatment in environmental policy and decision-making processes. Environmental racism is a form of systemic inequality that intersects with issues of race, class, and the environment, highlighting how marginalized communities bear the brunt of environmental degradation and neglect.

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<sup>60</sup> Government of Canada, *Guide on Equity, Diversity and Inclusion Terminology*, TERMIUM Plus®, Language Portal of Canada, <https://noslangues-ourlangues.gc.ca>.

## Electronic Social Work Services

The use of computers (including the Internet, social media, online chat, text, and email) and other electronic means (such as cell phones, tablets, landline telephones, and video technology) to (a) provide information to the public, (b) deliver social work services to service users, (c) communicate with service users, (d) manage confidential information and case records, (e) store and access information about service users, and (f) arrange payment for professional services.<sup>61</sup>

## Equity Deserving Group

Defined as “a group of people who, because of systemic discrimination, face barriers that prevent them from having the same access to the resources and opportunities available to other members of society, and that are necessary for them to attain just outcomes. Some preference is given to the term “equity-deserving group” because it highlights that equity should be achieved from a systemic, cultural, or societal change and the burden of seeking equity should not be placed on the group.”<sup>62</sup>

## Equity, Diversity, and Inclusion (EDI)

A conceptual framework that promotes the fair treatment and full participation of all people, especially populations that have historically been underrepresented or subject to discrimination because of their background, identity, disability, and other factors. Equity involves providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Diversity refers to the representation or composition of various social identity groups in an organization, or community. Inclusion strives for an environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences.<sup>63</sup>

## Ethical dilemma

There are three conditions that must be present for a situation to be considered an ethical dilemma. The first condition occurs in situations when a social worker must make a decision about which course of action is best. The second condition is that there must be different courses of action to choose from. Third, no matter what course of action is taken, some ethical principle is compromised. In other words, there is no perfect solution.

## Evidence-Informed Practice

In the context of social work, evidence-informed practice refers to the use of outcomes-based research to guide decisions and interventions. It emphasizes practices that are both effective and equitable, integrating diverse knowledge systems to address the needs of all communities.

<sup>61</sup> New Brunswick Association of Social Workers (NBASW), *Standards Regarding Telehealth Services, the Use of Technology and Social Work Practice* (2020), <https://www.nbasw-atsnb.ca/assets/Uploads/Standards-Regarding-Telehealth-Services-EN.pdf>.

<sup>62</sup> Government of Canada, *Guide on Equity, Diversity and Inclusion Terminology*, TERMIUM Plus®, Language Portal of Canada, <https://noslangues-ourlangues.gc.ca>.

<sup>63</sup> American Psychological Association, *Equity, Diversity, and Inclusion Framework* (2021), <https://www.apa.org/about/apa/equity-diversity-inclusion/framework>

This approach acknowledges and challenges cognitive imperialism, ensuring that research and evidence are not limited by a dominant colonial worldview, but instead incorporate inclusive and culturally respectful methodologies.

## **Family**

Any person(s) who plays a significant role in an individual's life. This may include a person(s) not legally related to the individual. Members of family include spouses, domestic partners, and both different-sex and same-sex significant others. The term "domestic partners" in this definition also encompasses all legally recognized same-sex relationships, including civil unions and reciprocal beneficiary arrangements. Family includes a minor patient's parents, regardless of the gender of either parent<sup>64</sup>. Many 2SLGBTQIA+ youth and adults have difficult relationships with or no relationship at all with the people who raised them. Chosen family is the group of (often) lifelong friends that function as a supportive and loving family.<sup>65</sup>

## **First Nations**

Refers to the Indigenous Peoples of Canada who are neither Inuit nor Métis. They hold deep cultural, spiritual, and historical significance as the original inhabitants of the land, with diverse traditions, languages, and governance systems that reflect centuries of connection to their territories. The term "First Nations" also applies to distinct communities often referred to as 'reserves' or informally as 'rez.' These areas, established under colonial frameworks, are home to many First Nations people today. Despite historical injustices, First Nations continue to contribute vital knowledge and practices while advocating for the preservation of their rights, lands, and cultures.

## **First Voice Perspectives**

An approach that centers on understanding and addressing situations through the eyes of the individual(s) experiencing them. This approach prioritizes the service user's lived experiences, personal narratives, and unique perspectives. In social work, it emphasizes empathy, active listening, and collaboration, ensuring the service user's voice is central in decision-making and intervention planning. It aligns with core values of dignity, self-determination, and empowerment, fostering trust and inclusivity in practice.

## **Harassment and Bullying**

Includes behaviours such as: intimidation; racist or culturally offensive remarks; micro aggressive remarks; unwelcome sexual remarks; jokes that ridicule or offend a reasonable person; unwelcome physical contact; verbal threats; sharing offensive pictures or documents at work; staring, following, stalking; or anything else that belittles or embarrasses a reasonable person.

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<sup>64</sup> Human Rights Campaign Foundation (n.d.), "Professional Resources: LGBTQ+ Inclusive Definitions of Family", <https://www.thehrcfoundation.org/professional-resources/lgbtq--inclusive-definitions-of-family>, paras. 1-2.

<sup>65</sup> University of Western Ontario, Western Centre for School Mental Health (n.d.). *Building Capacity to Work with 2SLGBTQIA+ Youth: Understanding Concepts and Terminology*, from <https://www.csmh.uwo.ca/docs/HRP-for-2SLGBTQIA-Concepts-and-Terminology.pdf>, p. 10.

## Hate

The “provocation, hostility or intolerance by means of threats, harassment, abuse, incitement or intimidation motivated by the actual or perceived race, religion, national origin, ethnicity, gender, gender identity, gender expression, disability or sexual orientation of any person”.<sup>66</sup>

## Human Rights

Describe how people instinctively expect to be treated as persons. Human rights define that everyone is entitled to a life of equality, equity, dignity, respect, and a life free from discrimination and oppression. Fundamental human rights include the right to live free from torture, the right to live free from slavery, the right to own property, as well as the right to equality and dignity, and to live free from all forms of discrimination. In Canada, human rights are protected by provincial, territorial, federal, and international laws. In Nova Scotia, in addition to federal legislation, human rights are protected by the Human Rights Act and upheld by the Human Rights Commission.<sup>67, 68</sup>

## Inequities

Inequities refer to systemic and structural disparities that lead to unequal access to resources, opportunities, and rights, disproportionately affecting marginalized and oppressed groups. These inequities are often perpetuated by discriminatory practices, policies, and societal attitudes rooted in factors such as race, ethnicity, gender, socioeconomic status, disability, and sexual orientation.

## Informed Consent

For consent to be considered valid (i.e. to treatment, participation in counselling or program, or agreement to disclose professional information to a third party), it must be an “informed” consent. The service user must have been given an adequate explanation about the nature of the proposed assessment, referral, treatment, intervention or record disclosure, its anticipated outcome, and the significant risks to the service user that may result in providing consent, and alternatives available. The information must be such that it will allow the patient to reach an informed decision. In situations where the service user is deemed to not be mentally capable, the discussion must take place with the substitute decision-maker.<sup>69</sup>

## Intimate Partner and Gender Based Violence

A pattern of behaviour within a relationship used to gain or maintain power and control over an intimate partner. It encompasses physical, sexual, emotional, economic, or psychological actions, or threats of such actions, that harm or manipulate someone. This includes behaviours

<sup>66</sup> *An Act to Dismantle Racism and Hate*, S.N.S. 2022, c. 3, s. 2a, 2022, <https://nslegislature.ca/bill-details/legislation/act-to-dismantle-racism-and-hate>.

<sup>67</sup> Canadian Human Rights Commission, retrieved from <https://www.chrc-ccdp.gc.ca/en/about-human-rights/what-are-human-rights>

<sup>68</sup> Government of Nova Scotia. *Human Rights Act*, R.S.N.S. 1989, c. 214, as amended by 1991, c. 12; 2007, c. 11; 2007, c. 14, s. 6; 2007, c. 41; 2008, c. 59; 2012, c. 51; 2016, c. 4, s. 21. <https://nslegislature.ca/sites/default/files/legc/statutes/human%20rights.pdf>

<sup>69</sup> Canadian Medical Protective Association (CMPA), *Consent: A Guide for Canadian Physicians*, 4th ed., May 2006, updated April 2021, <https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians#capacity%20to%20consent>.



that frighten, intimidate, control, humiliate, hurt, terrorize, or injure a person. Although anyone can experience intimate partner violence, women and gender-diverse people are disproportionately affected, facing higher rates of abuse due to systemic inequalities and societal power dynamics. It occurs across all races, ages, sexual orientations, religions, and socioeconomic backgrounds, within relationships such as marriage, cohabitation, or dating. Recognizing and addressing this disproportionate impact is essential for fostering safety and equality.<sup>70</sup>

### **Intersectionality**

Denotes how individuals occupy more than one social category, such as ethnicity, economic status, gender, race, sexual orientation, permanent or temporary limits on a person's ability, and other identity factors that result in inequality, discrimination, exclusion, and disadvantage.<sup>71</sup>

### **Intersecting Factors of Exclusion**

A lack of belonging, acceptance and recognition derived from intersecting factors such as gender, sexual identity, ethnicity, disability, migrant experiences, health or economic status.<sup>72</sup>

### **Involuntary Service Users**

People whose involvement with social workers is mandated by law, including families in the child protection system who are subject to a court order, users of mental health services who are under a legal order to remain in a hospital or required to participate in mental health services, people with a cognitive disorder who are assessed as being unable to voluntarily participate, and people involved in the criminal justice system who are the subject of a court order such as probation or court-ordered assessment.

### **Justice**

Involves the concepts of fairness, equity, and equality within society. It involves ensuring that all individuals, regardless of their background, identity, or socioeconomic status, have equal access to resources, opportunities, and rights. Justice is about striving to create a society where fairness, equity, and equality are at the forefront of social policies, practices, and behaviours. It involves actively working to dismantle systemic barriers, advocating for social change, and empowering marginalized communities to ensure that all individuals can lead fulfilling lives with dignity and respect.

### **Moral Distress**

The anguish resulting from the collision between one's ethics and the demands of the workplace is referred to as moral distress. The concept recognizes the structural constraints and barriers social workers can face when trying to practice ethically. Structural constraints can include

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<sup>70</sup> United Nations, "What Is Domestic Abuse," <https://www.un.org/en/coronavirus/what-is-domestic-abuse>.

<sup>71</sup> Al-Faham, H., Davis, A., and Ernst, R., "Intersectionality: From Theory to Practice," *Annual Review of Law and Social Science* 15 (2019): 247–265, <https://doi.org/10.1146/annurev-lawsocsci-101518-042942>.

<sup>72</sup> United Nations Sustainable Development Group, *Leave No One Behind* (2022), <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>.



organizational policies, legal requirements, standards, resource insufficiencies, objectification of service users, increased administrative burden on social workers, and lack of support for effective practice and ethical decision-making.<sup>73</sup>

## Privilege

The advantages enjoyed by a person or group of people due to their membership in a given social group or category. Examples include gender privilege, linguistic privilege, racial privilege, socioeconomic privilege, and privilege derived from role and authority.<sup>74</sup>

The social work profession understands privilege as “sitting in a place of having an unearned benefit because of a particular social identity or social group membership.” Privilege is described as advantages across multiple dimensions of identity, race, class, gender, sexual orientation, sexual identity, age, ability status and more. Privilege offers protection, advantage, access to resources, and limited surveillance. Privilege implies the freedom to be allowed to navigate easily through daily activities and life milestones, and to benefit from long-term advantages and gains. Social groups that have privilege reap specific benefits, which ultimately means another social group doesn’t have the same advantages and are thus disadvantaged, often severely. The social work profession demands social justice is sought, and in this effort, it is important to recognize that, where privileges are granted to people because of an observed social identity, this is harmful and creates systems and structures of oppression. Understanding how privilege operates to oppress and subjugate people increases the ability to see these injustices and inspires people to seek equity and liberation.”<sup>75</sup>

## Private Practice

Private practice, as defined in section 2(j) of the Social Workers Act, refers to the provision of social work services by individuals who are self-employed, as determined by the Board. This entails Registered Social Workers or Social Worker Candidates in good standing delivering social work services within their areas of competence, excluding the clinical specialization services (see above). According to the Board of Examiners, self-employment in social work involves:

1. The social worker being solely responsible for the liabilities of their practice.
2. The social worker billing a service user or a service user-affiliated organization for the provision of those services, as outlined in section 5A of the Act.

It's important for social workers to understand the distinction between being hired as contractors versus employees.

## Professional Boundaries

<sup>73</sup> Weinberg, M. “Moral Distress: A Missing but Relevant Concept for Ethics in Social Work,” *Canadian Social Work Review* 26, no. 2 (2009).

<sup>74</sup> Government of Canada, *Guide on Equity, Diversity and Inclusion Terminology*, TERMIUM Plus®, Language Portal of Canada, <https://noslangues-ourlangues.gc.ca>.

<sup>75</sup> National Association of Social Workers, *Encyclopedia of Social Work*, <https://doi.org/10.1093/acrefore/9780199975839.013.305>.

A set of guidelines, expectations and rules that set limits for safe, acceptable, and effective behaviour by social workers. Modern professional boundaries are derived from a variety of sources. Some are from law or government policy, some are laid down and codified in quality standards, some are generally understood as good practice, and some will be found in organizations' policies and procedures. They are driven by many factors and as a result "professional boundaries" is a catch-all term for a very varied collection of rules and guidelines.<sup>76</sup>

## **Racism**

The discrimination or antagonism by, or the prejudice of, an individual, community or institution against a person or people based on the person's or people's membership or perceived membership in a racial or ethnic group, and having the power to carry out that discrimination, antagonism or prejudice through institutional policies and practices that shape cultural beliefs and values of a society. An ideology that establishes a hierarchy between races or ethnic groups. There is no scientific basis for the concept of race.<sup>77</sup>

## **Reconciliation**

The process in social work of addressing the impacts of colonialism by fostering respectful relationships with Indigenous Peoples, advocating for Indigenous self-determination, and supporting healing and justice through decolonized and culturally informed practices.

## **Resilience**

An ability to recover from or adjust easily to misfortune or change; the ability to regulate emotions, attention, and behaviour.<sup>78</sup>

First Nations, Métis and Inuit resiliency is rooted in language, culture, and spirituality in both individual and collective processes contributing to strengthening the individual and collective identities coexisting in balance with the land.

Black resiliency is the ongoing process of building and renewal within the context of complex challenges associated with anti-Black racism, discrimination, stereotyping, marginalization and experiences of microaggressions. Black resiliency is developed through community, cooperation, social cohesion, social interaction, and actively contributing to solutions for self and others. Traditions, collective expressions of culture and spirituality are key components as are

<sup>76</sup> Cooper, Frank, *Professional Boundaries in Social Work and Social Care: A Practical Guide to Understanding, Maintaining and Managing Your Professional Boundaries* (2012), [https://bhdpcscgov.org/sites/g/files/exjcpb716/files/boundaries\\_for\\_carers.pdf](https://bhdpcscgov.org/sites/g/files/exjcpb716/files/boundaries_for_carers.pdf)

<sup>77</sup> *An Act to Dismantle Racism and Hate*, S.N.S. 2022, c. 3, s. 2a, 2022, <https://nslegislature.ca/bill-details/legislation/act-to-dismantle-racism-and-hate>.

<sup>78</sup> Whitney, Elizabeth, "Resilience for Social Workers: How to Increase Flexibility, Energy, and Engagement in the Face of Challenge," *The New Social Worker*, 2017.

community and the role of the church and faith. Black resilience includes seeing opportunities to build back stronger and personal growth and development.<sup>79, 80, 81</sup>

## Secondary Trauma

Is the result of bearing witness to a traumatic event (or to a series of events) which can lead to post traumatic stress disorder (PTSD)-like symptoms.<sup>82</sup>

## Self Care

The practice of taking an active role in protecting one's own well-being and happiness, in particular during periods of stress.

## Self-Determination

A core social work value that refers to the right to self-direction and freedom of choice without interference from others. Self-determination is codified in practice through mechanisms of informed consent. Social workers may be obligated to limit self-determination when a service user lacks capacity or to prevent harm.<sup>83</sup>

Self-Determination in an Indigenous social work context refers to Indigenous people fully consenting and actively participating in decision-making where outcomes benefit the overall well-being of the individual, family, and community.<sup>84</sup>

## Service User(s)

Individuals (service users, patients, residents, etc.), parents and substitute decision-makers, families, groups, communities, and populations who access or receive social work services. Service users are additionally defined by the following:

### Current Service User

A person becomes a "current service user" when a social worker-service user relationship is formed and is ongoing. To determine whether a social worker-service user relationship exists, consider the following factors:

- whether the social worker has provided social work services to the service user;

<sup>79</sup> Antabe, Roger; Miller, Desmond; Kohoun, Bagnini; Okonufua, Osagie; Husbands, Winston, "Black Resilience: A Strategic Asset for Engaging Heterosexual Black Canadian Men in Community Responses to HIV," *Journal of Racial and Ethnic Health Disparities* 9(2022): 756-766 <https://doi.org/10.1007/s40615-021-01011-w>.

<sup>80</sup> Banchani, E., Naidoo, K., Okonta, N., and Busulwa, P. *Black Joy: Resistance, Resilience, and What It Means to Black Canadian Youth Experiencing Homelessness* (2023), Canadian Observatory on Homelessness, <https://www.homelesshub.ca/resource/black-joy-resistance-resilience-and-what-it-means-black-canadian-youth-experiencing-homelessness>.

<sup>81</sup> Dickey, Sabrina L. Ai, Amy L.; Hawkins, C.; Clark, I. Wedenoja, M.; Boone, K.; Raney, A.. "Psychosocial and Physical Challenges from a Natural Hazard: Implications for Resilience in the Black Community," *Natural Hazards Review* 24, no. 2 (2023): 04023003.

<sup>82</sup> Mathieu, F. *The Compassion Fatigue Workbook*. (New York: Routledge, 2012).

<sup>83</sup> Regehr, C. and B. J. Antle, "Coercive Influences: Informed Consent and Court-Mandated Social Work Practice," *Social Work* 42, no. 3 (1997): 300–306.

<sup>84</sup> *Raise the Village and Well Living House*, "Indigenous Outcomes: Outcome 5 – Self Determination," (n.d.), <https://raisingthevillage.ca/wp-content/uploads/2020/02/Outcome5-Self-Determination.pdf>

- whether the social worker has charged or received payment from the individual (or a third party on behalf of the individual) for social work services provided by the social worker;
- whether the social worker has contributed to a social work record or file for the individual;
- whether the individual has consented to social work service provided by the social worker; and/or
- other factors relevant to the circumstances of the individual and the social worker.

A social worker-service user relationship may exist where one of the above factors is met or when a combination of factors is met.

A service user may no longer be considered a current service user if care was provided in an episodic setting. *Example:*

- One brief intervention service
- A one-time referral to a service
- A one-time visit in collaborative care practice or urgent care setting

If the current service user is an intimate/romantic partner or spouse of the social worker, that person is not considered a current service user for the purposes of the sexual misconduct policy. However, social workers shall refrain from providing any social work services to such persons.

#### *Former Service User*

A person ceases to be a current service user and becomes a “former service user” when the social worker-service user relationship ends in accordance with the College’s Standards of Practice.

Social workers considering engaging in any sexual behaviour with a former service user shall consider the following:

- ongoing risk to the former service user;
- risk of a continuing power imbalance;
- length of time that has passed since the last clinical/professional encounter;
- nature of the social work services provided, including:
  - type, intensity, and duration of the services;
  - likelihood of the former service user requiring service from the social worker in the future;
  - extent of the personal health information accessible by the social worker;
  - vulnerability of the service user;
  - maturity of the service user; and
  - service user’s decision-making ability

A minimum of two years of time must pass to lessen the vulnerability. The exact length of time has not been defined as it may vary based on factors relevant to each former service user’s circumstances.

### *Vulnerable Former Service User*

A “vulnerable former service user” is a service user who is no longer a current service user, but who requires particular protection from sexual misconduct for reasons of ongoing vulnerability. For some former service users, their degree of vulnerability is such that they will always be considered vulnerable former service users. This includes service users to whom a social worker has provided therapy and sex therapy. For clarity, sexual relations between a social worker and a service user to whom the provided therapy and/or sexual therapy is prohibited at any time following termination of the professional relationship.

To determine whether a former service user is a vulnerable former service user (other than those provided with therapy and/or sex therapy) consideration should be given to:

- the length and intensity of the former professional relationship;
- the nature of the former service user’s problem or issue;
- the type of social work services provided by the social worker;
- the extent to which the former service user has confided personal or private information to the social worker;
- the vulnerability of the former service user during the social worker-service user relationship; and
- other factors relevant to the particular circumstances.

Generally, the lengthier the social worker-service user relationship and the greater the dependency, the more likely the person will be found to be a vulnerable former service user by those adjudicating an allegation of sexual misconduct.

Engaging in, initiating, or requesting sexualized conduct **at any time** with a vulnerable former service user is sexual misconduct.

Where a social worker is in doubt as to a former service user’s vulnerability, or whether the social worker-service user relationship has been properly terminated, they may wish to seek advice from the College.

### **Sexualized Conduct**

Sexualized conduct refers to conduct including threatened, attempted, or actual conduct, behaviour, or words of a social worker, with a sexual connotation, character, or quality. The term “sexualized conduct” does not include clinically indicated questions or services.

### **Sexual Misconduct**

Sexual misconduct includes any sexualized conduct engaged in by a social worker with a current service user or vulnerable former service user, including but not limited to:

- sexualized comments or questions by a social worker to a current service user that lacks occupational relevance, including comments or questions about a service user’s body, clothing or sexual history;
- threatened or attempted sexual contact by a social worker to a current service user;



- sexual touching of any kind between a social worker and a current service user;
- a social worker encouraging a current service user to engage in sexualized behaviour within the social worker-service user relationship; and
- sexual abuse.

### **Sexual Abuse**

A form of sexual misconduct. It includes the following acts between a social worker and a current service user or vulnerable former service user:

- sexual intercourse including: genital to genital, genital to anal, oral to genital, or oral to anal contact;
- masturbation of the service user by the social worker;
- a social worker encouraging a service user to masturbate in the presence or for the benefit of the social worker; or
- masturbation by the social worker in the presence of the service user.

### **Social Exclusion**

Social exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state.<sup>85</sup> People who are socially excluded are more economically and socially vulnerable and tend to have diminished life experiences. Indigenous social exclusion resulting from colonialism and current social policies impacts education, income and employment and the inequitable distribution of resources.<sup>86</sup>

### **Social Justice**

The belief that peoples from all identity groups have the same rights, opportunities, access to resources, and benefits. It acknowledges that historical inequalities exist and must be addressed and remedied through specific measures, including advocacy to confront discrimination, oppression, and institutional inequalities, with a recognition that this process should be participatory, collaborative, inclusive of difference, and affirming of personal agency. Social justice is a foundational value and aspiration of the social work profession.<sup>87</sup>

### **Social Worker**

A person who is duly registered to practise social work in a province or territory.

### **Structural Social Determinants of Health**

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<sup>85</sup> Canadian Council on Social Development, *Children and Youth Crime Prevention: Social Challenges – Social Exclusion*, n.d., [http://ccsd.ca/resources/CrimePrevention/c\\_exclusion.htm](http://ccsd.ca/resources/CrimePrevention/c_exclusion.htm)

<sup>86</sup> Reading, C., and Wein, F., *Health Inequalities and Social Determinants of Aboriginal Peoples' Health* (Prince George, BC: National Collaborating Centre for Aboriginal Health, 2013), <https://www.ccsa-nccah.ca/docs/determinants/RPT-HealthInequalities-Reading-Wien-EN.pdf>

<sup>87</sup> Atteberry Ash, Brittanie, "Defining Social Justice," *University of Denver Graduate School of Social Work*, 2020, <https://socialwork.du.edu/news/defining-social-justice>.



Structural social determinants of health are the systemic and overarching economic, social, and political policies and frameworks that shape the conditions of daily life. These determinants establish the distribution of power, wealth, and resources at global, national, and local levels, fundamentally influencing individual and community health outcomes. They include mechanisms through which social hierarchies are created and maintained, such as legislation, economic policies, societal norms, and political systems, all of which contribute to health inequities by determining access to health-promoting resources and opportunities. Structural determinants are the root causes behind the observed disparities in social determinants of health, such as education, employment, housing, and healthcare access, thereby playing a critical role in shaping health inequities across different populations.

### **Systemic Hate**

Systemic hate refers to the structural and institutionalized forms of discrimination, prejudice, and oppression that target specific groups based on their identity, such as race, ethnicity, religion, gender, sexual orientation, or disability. It manifests through policies, practices, and cultural norms that uphold inequities and perpetuate harm against marginalized communities.

### **Systemic Racism**

Systemic racism (also known as institutional racism) is a concept whereby social structures produce inequalities based on racial discrimination. Racialized people thus face challenges due to racism from both individuals and institutions (health, education, penal system, etc.). Systemic racism is a concept different from that of individual racism.<sup>88</sup>

### **Trauma**

Trauma refers to the psychological, emotional, and social impact of deeply distressing or harmful experiences that overwhelm an individual's ability to cope. Trauma can result from a single event, prolonged exposure to adversity, or systemic oppression, such as racism, poverty, or colonialism. It may also have intergenerational effects, influencing families and communities over time.

### **Trauma Approach and Trauma Informed Practice**

A strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma. It emphasizes physical, psychological, and emotional safety for everyone and creates opportunities for survivors to rebuild a sense of control and empowerment.<sup>89</sup>

### **Transference and Counter Transference**

Transference occurs when a service user unconsciously redirects or transfers feelings, emotions, or behaviours they have developed in past relationships onto the social worker.

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<sup>88</sup> Souissi, T., "Systemic Racism in Canada", in The Canadian Encyclopedia, 2022, <https://www.thecanadianencyclopedia.ca/en/article/systemic-racism>

<sup>89</sup> British Columbia Ministry of Children and Family Development, *Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families* (2017), [https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed\\_practice\\_guide.pdf](https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf).

These feelings often stem from unresolved experiences or dynamics with significant individuals in their lives, such as family members or caregivers. In social work practice, recognizing transference is essential, as it can impact the therapeutic relationship and the effectiveness of interventions. Social workers must be attuned to these dynamics to maintain objectivity and ensure appropriate professional boundaries.

Counter-transference refers to the emotional reactions, thoughts, or behaviours that a social worker may unconsciously develop toward a service user, often influenced by the social worker's own past experiences or personal triggers. This can include both positive and negative feelings, which, if not acknowledged and managed, can cloud judgement and interfere with professional boundaries or decision-making. Social workers need to remain self-aware and reflective to identify counter-transference and address it through supervision or professional consultation to maintain ethical and effective practice

### **Vicarious Trauma**

Describes the transformation of a social worker's view of the world due to the cumulative exposure to traumatic images, stories, and experiences. Social workers experience intrusive thoughts, imagery, and difficulty ridding themselves of the traumatic experiences recounted by Service Users.