



## School Social Work Association of America Position Paper

### Supplemental Ethical Standards for School Social Work Practice

#### Introduction

The National Association of Social Workers (NASW) *Code of Ethics* is the primary ethical guidance for social workers, including school social workers, but social workers may use ethical standards from other related professions for ethical guidance (NASW Code of Ethics, p.3). Additional guidance is provided in the NASW *Standards for School Social Work Services*.

These supplemental ethical standards build on the values, principles, and ethical standards articulated in the NASW *Code of Ethics*. They 1) specifically address issues critical to school social work practice but not addressed in the NASW *Code of Ethics*, and 2) are in addition to and do not in any way supplant the NASW *Code of Ethics*. Issues addressed include responsibilities to clients and stakeholders, parent rights and participation, collaborative decision-making, sharing and protecting confidential information, differential treatment of minor students, consent for services, advocacy, knowledge of laws and school district policies, assessment for school-based services, contributions to the profession, and ethical decision making. Definitions are included to provide a common understanding of terms used.

#### Beliefs

1. When children are young, their parents exercise control over decisions that affect their lives. As they grow older, youth begin to exercise more independent judgment and to make choices and decisions separate from their parents.
2. Parents have rights, roles and responsibilities in relationship to their children. Their ability to exercise and fulfill these rights, roles and responsibilities are enhanced by knowledge and understanding of their children's activities and needs. School social workers, absent information to the contrary, believe parents seek to act in the best interests of their children.
3. Minor students have the right to indicate assent or dissent to specific school-based services and activities, consistent with their respective age, development, decision-making ability, and understanding of the proposed services and activities.
4. Children and adolescents vary widely in their maturity and skills related to decision-making, coping, and problem-solving. Some may be affected by substance abuse or disabilities or may struggle with challenges to their mental health. Mindful consideration of these and other factors is necessary to achieve outcomes that are in the best interests of students and other stakeholders.
5. School district employees and officials have a responsibility to act in the best interests of students (both individually and collectively) while they are entrusted into their care.

6. A fundamental responsibility of schools and other educational programs is to help prepare children and youth for their adult lives following graduation. Schools are structured and protected environments in which students gradually develop more autonomy as they move through preschool, elementary, middle, and high school. A student's developing autonomy is supported and enhanced in the social worker-client relationship when the NASW Ethical Standards of Self-Determination (1.02), Informed Consent (1.03), and Privacy and Confidentiality (1.07) are honored by the school social worker.
7. School social workers are educators, as well as social workers. School social work interventions provide both social-emotional-behavioral and educational benefits to students.

## **Supplemental Ethical Standards for School Social Work**

### *Ethical Responsibilities*

1. School social workers have a primary ethical responsibility to students and secondary ethical responsibilities to other stakeholders.

### *Student Autonomy and Parent Involvement*

2. School social workers encourage the participation of parents in decisions that affect their children and strive to empower parents with the knowledge and skills to act in the best interests of their children.
3. School social workers support the developing autonomy of students as they mature from childhood to adolescence to adulthood and utilize a collaborative decision-making process, consistent with students' age, development and mental health.
4. School social workers seek to balance 1) the legal and ethical rights of students to privacy, confidentiality and self-determination; 2) school social workers' primary responsibility to promote the well-being of clients; and 3) the rights of parents to be informed of and provide consent for activities in which their minor children are involved. School social workers share the limits of privacy, confidentiality, and self-determination with students and parents initially and, as needed, throughout the social worker-client relationship.

### *Confidentiality*

5. School social workers take appropriate and necessary proactive and reactive measures to protect the confidentiality of students and families, including, but not limited to, in individual and student group social-emotional-behavioral interventions.
6. School social workers share information about students and families only with professional colleagues who need this information to provide instruction or services, consistent with state and federal statutes and local school district policy. See definition of "legitimate educational interest."

### *Consent for Services*

7. School social workers obtain active or passive consent to provide services to students consistent with state and federal statutes and local school district policy and practice. However, some services may not require prior consent, including, but not limited to, building team services (e.g., consultation, progress monitoring, and classroom

observations) and immediate interventions to address health and safety emergencies. School social workers may provide services to mature minor students without active consent from parents where legally permissible and consistent with local school district policy and practice. Age, development, mental health, disabilities and the presenting issue(s) are all considered when determining if a student has the capacity to assent to services without prior active consent from a parent.

#### *Advocacy*

8. School social workers advocate for the rights of students and families in school and community settings.

#### *Knowledge of Laws and Policy*

9. School social workers are knowledgeable about 1) state and federal laws and local school district policies related to the delivery of school social work services and 2) authoritative sources from which to obtain additional information when questions arise.

#### *Evidence-Based Practice*

10. School social workers utilize reliable and valid screening and assessment instruments and strategies that 1) they are competent to utilize, 2) are appropriate for the student(s), and 3) achieve the purpose(s) of the screening or assessment.
11. School social workers 1) utilize available evidence-based strategies and programs, 2) analyze available data to guide their practice, and 3) regularly evaluate their practice to improve services.

#### *Contributions to the Profession*

12. School social workers contribute to the profession in a variety of ways. Examples include 1) educating others about how school social work services contribute to student success, 2) mentoring practicum students and school social workers new to the profession, and 3) joining and actively supporting state and national school social work professional associations.

#### *Ethical Decision Making*

13. School social workers utilize ethical decision-making processes to help manage ethical predicaments in the best interests of clients and stakeholders, such as proposed by Raines and Dibble (2011).
  1. Know yourself and your professional responsibilities.
  2. Analyze the predicament.
  3. Seek consultation.
  4. Identify courses of action.
  5. Manage clinical concerns.
  6. Implement the decision.
  7. Reflect on the process.

*\*This document was developed through the Midwest School Social Work Council with the leadership of Nic Dibble. Special gratitude is extended to the hundreds of school social workers who reviewed the beliefs and supplemental ethical standards in small groups and offered consensus feedback to shape them to reflect the reality of school social work practice.*

## Definitions

Definitions designated with an asterisk below are in whole or part from *Ethical Decision Making in School Mental Health* by Raines & Dibble (2011) published by Oxford University Press.

Assent \* – A minor’s affirmative agreement to participate in an activity or service. This is usually accompanied by the express permission of parents.

Autonomy – The ability and freedom to select and take responsibility for one’s own actions.

Active consent (school context) – The practice of providing a school-based program, service, or activity only after parents have been notified and given prior written consent.

Belief – Something one accepts as true or real; a firmly held opinion or conviction (Oxford Dictionary).

Client \* – The person who knowingly enters into a fiduciary relationship with a professional. Clients may be voluntary or involuntary, but they should normally be aware that they are the recipients of professional services unless they have some type of cognitive disability resulting in loss of awareness (e.g., traumatic brain injury).

Confidentiality \* – Information that is communicated to another with the understanding that the disclosure is not meant to be shared with others.

Legitimate educational interest – Public school districts and other educational agencies receiving funds from the U.S. Department of Education are to ensure that only employees and other school officials with a legitimate educational interest obtain information from a student’s education records (34 CFR 99.31(a)(1)(ii)). While this term is not defined in statute or regulation, a common standard applied to determine if a school district employee or other official has a legitimate educational interest in information from a student’s education records is: Does the person need the information in order to fulfill her or his professional responsibilities? In conjunction with NASW Ethical Standard 1.07 Privacy and Confidentiality, the same standard can be applied to information school social workers possess that is not part of a student’s education records.

Mature minor – A young person who has not reached majority age but whose maturity is such that he/she demonstrates the ability to interact on an adult level for the purposes of understanding and consenting to services that do not necessarily require parental consent.

Minor \* – Someone who has not yet reached legal maturity, either through the age of majority or emancipation.

Parent – A parent of a student and includes a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian (34 CFR 99.3).

Passive consent (school context) – The practice of notifying parents of the availability of a school-based program, service, or activity that is available to students with direction to parents regarding whom to contact at school if they have any questions or wish to opt their children out of the program, service, or activity.

Privacy \* – The right or value to maintain personal control of one’s belongings, body, decisions, information, and thoughts against unauthorized intrusions by others.

School district official – A contractor, consultant, volunteer, or other party to whom an agency or institution has outsourced institutional services or functions (34 CFR 99.31(a)(1)(i)(B)).

Self-determination \* – The autonomy to make decisions and choose a course of action so long as there is no infringement on the rights of others to do the same.

Stakeholders \* – Parties with a vested interest in a decision because they are affected by the outcome. The client is the primary stakeholder, but there are many others that have a stake in the conclusion (e.g., parents and other family members, school administrators, teachers and other professional colleagues, and community-based professionals, including child welfare or juvenile justice workers and community-based mental health therapists).

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