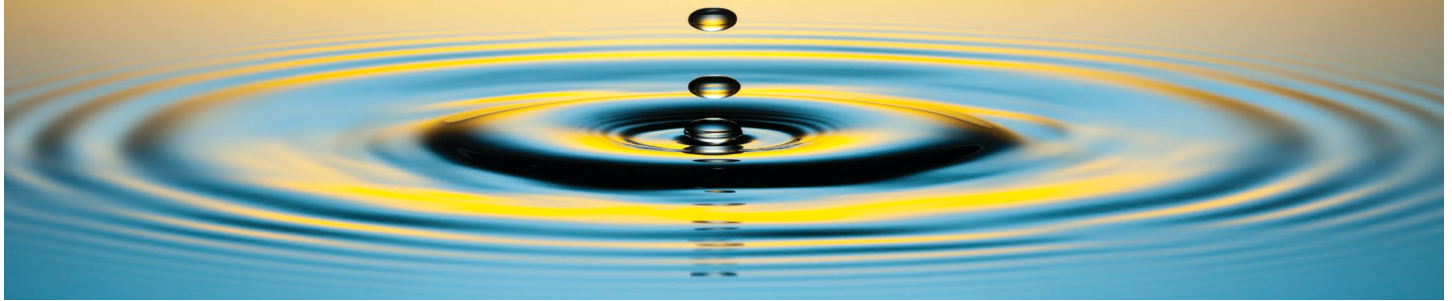


Practice Matters



Practice Matters was created as an educational resource for social workers in Newfoundland and Labrador. It is intended that this resource will generate ethical dialogue and enhance critical thinking on issues that impact social work practice. Practice Matters is provided for general information.

Documentation & Ethical Considerations

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Social workers must maintain records of social work interventions, bottom line. As a regulated profession, social workers have a high degree of legal and ethical accountability, and must adhere to a code of ethics, standards of practice, legislative mandates, and organizational policies in their work. Documentation practices are imperative to meeting those ethical and legal obligations.

The Newfoundland and Labrador College of Social Workers (NLCSW) (2024) Standards of Practice defines a social work record as “a written or electronic record that contains client information, professional observations, clinical decisions, intervention strategies, and outcomes generated throughout the delivery of social work services” (p. 24).

Documentation is an integral part of clinical and ethical practice and should not be considered as merely an administrative task to be buried under competing priorities. Documentation is also a key area of ethical risk.

This edition of Practice Matters will explore documentation best practices, delve into some documentation case scenarios, highlight important ethical guidelines and standards in keeping with the Canadian Association of Social Workers (CASW) (2024) Code of Ethics and NLCSW (2024) Standards of Practice, and provide links to important resources for continued learning and reflection.

Best Practices

While social work documentation involves lifelong learning, practice areas evolve and shift. It is therefore important that social workers are aware of the best practices in relation to social work documentation regardless of service area or client base. These best practices include:

1. Documentation in social work practice is grounded in the ethics, values, and principles of the social work profession.
2. Social workers maintain records of social work intervention(s).
3. Social workers ensure records are in a format that facilitates monitoring and evaluation of the social work intervention(s).
4. Social work documentation shall include a clear assessment, intervention strategy, and termination plan.
5. Social workers protect client confidentiality and ensure that clients are aware of the limits of the confidentiality of social work documentation before initiating the social work relationship and throughout the relationship as needed.
6. Social workers ensure electronic communications are documented in keeping with best practice guidelines, standards, and policies.
7. Social workers engage in continuing professional education to strengthen documentation competencies.

(NLCSW, 2022, p. 1).

Case Scenarios

Case Scenario 1: Informed consent

Jennifer, RSW works with a multidisciplinary team in a community-based clinic. Upon intake, client consent is discussed and obtained by the intake facilitator. The team discusses whether this consent addresses all aspects of service provision that the team is providing within the circle of care. As Jennifer listens to and reflects on the conversation, she wonders if general program consent meets the social work standards pertaining to informed consent.

The documentation of informed consent is an important part of professional practice and client care. The NLCSW (2024) Standards of Practice notes that social workers must document informed consent in the client record at the beginning of the social work relationship and throughout the relationship as necessary. This is to ensure that clients have all the information they need to make an informed decision pertaining to a social work intervention or treatment plan, including risks and benefits. Informed consent is also a great risk management strategy, and many ethical and practice dilemmas can be ethically addressed through documented informed consent. Informed consent is not a 'one and done' activity, nor is static and rigid. Informed consent is relational and conversational, and not simply a signature on a form, and social workers must revisit informed consent with clients as needed.

As Jennifer reflects on the NLCSW (2024) Standards of Practice, she considers her ethical responsibility to engage clients in an informed consent conversation. Jennifer would discuss with clients how social work services are delivered, provide information on the risks and benefits of engaging in social work service delivery, discuss confidentiality and the sharing of client information, as well as any relevant policies (which can include one's social media policy for example). Jennifer also reviews the practice resources available on the NLCSW website on [Informed Consent](#). After reflecting on all the information, Jennifer reviews her professional standards with staff and shares how she will ensure informed consent in her practice, which extends beyond the general consent for services form.

Case Scenario 2: Termination of service

Shelly, RSW has been in private practice for 5 years. She recently decided to seek employment with a government organization and close her private practice. What might she need to consider with regards to documentation?

While it may seem counter intuitive, termination of the professional relationship should be discussed as part of the initial informed consent process and documented. Discussion of the ending of the social worker – client relationship helps the client to understand how things will proceed and assists in the creation of realistic expectations.

The CASW (2024) Code of Ethics notes that social workers respect the right to confidentiality of information shared and documented in a professional context. This consideration of confidentiality applies to the transferring or disposal of records in accordance with applicable legislation governing records and “employing reasonable precautions to protect confidential information in the event of the termination of practice, incapacity, or death” (CASW, 2024, p. 20).

The social worker would document all decisions and actions related to termination in the client record inclusive of reasons for the termination, summary of progress and any referrals or resources that were offered.

Case Scenario 3: Jot notes/ informal records

Brian, RSW works with a team of social workers providing social work services with a community organization. While the organization has implemented an electronic documentation system for client records, Brian has been maintaining his client notes, in jot form, in a locked filing cabinet in his office. Recently, one of Brian’s colleagues raised concern about his documentation practice. Brian reaches out to the NLCSW for information on documentation standards. What are the practice and ethical considerations?

Social workers have a professional responsibility to record social work interventions and ensure that client records are accurate, complete, and reflect the services provided. Social workers also ensure records are in a format that facilitates monitoring and evaluation of the social work intervention(s). For clarity, jot notes are distinguished from a paper client file. While jot notes may have a temporary purpose as a transitional record, it is important that social work interventions for each client are recorded in the client record (paper or electronic) in a timely manner, and provide a clear record of the social work assessment, intervention plan and professional decision-making. If the organization requires use of electronic documentation, that does constitute the client record.

Social work records should contain all information that is clinically relevant and significant to service delivery to ensure continuity of care and professional accountability. By maintaining jot notes only, Brian is not allowing for communication and collaboration with other team members as necessary. What happens if Brian is off for an extended period of time and one of Brian’s colleagues needs

access to the record to ensure continuity of care? What happens if a client requests access to their clinical record and there are only jot notes available? What happens if Brian's records are subpoenaed to court? Keeping client information, in the form of jot notes, can impact the integrity of the documentation and the services provided.

Case Scenario 4: Caseload/ workload concerns

Krista, RSW works with a large government organization. Recruitment and retention of social work positions has been difficult, and caseloads are being shared amongst team members. In trying to meet work demands, Krista began filling her day with client interactions, with the intent to block time to complete documentation each week. As the caseload continued to grow, Krista did not get to her documentation and is now concerned. What needs to be considered?

As a social worker, Krista is accountable to her clients, colleagues and employer, and to her code of ethics and standards of practice. The NLCSW (2024) Standards of Practice notes:

- Social workers maintain timely, accurate and legible records for social work intervention (s) for each client (p. 7).
- Social workers work towards the best possible standards of service and are accountable for their practice (p. 11).

Now that Krista has identified a practice concern, she should be honest and transparent with her employer about her lack of documentation and discuss a documentation plan with her supervisor/manager. This is in keeping with Krista's ethical responsibilities as noted in the NLCSW (2024) Standards of Practice:

- Social workers take steps to ensure that employers are aware of their professional and ethical responsibilities and obligations (p. 11).

While Krista may be tempted to write in a client file that her documentation is lacking due to a staffing shortage, the NLCSW (2024) Standards of Practice notes:

- Social workers differentiate between organizational and client issues ensuring that only those related to intervention with the client are recorded in the client file. Organizational issues relating to staffing challenges, disagreements with supervisors/managers, or opinions about the professional behavior of a colleague are not recorded in the client file (p. 8).

Case Scenario 5: Group work

Denise, RSW works with another professional in co-facilitating a grief support group. There are records that outline the format and stages of the group and attendance is taken at each meeting; no other recording is done for these groups and Denise wonders if there is anything else that needs to be considered. Denise reviews information outlined in a [Documentation Matters](#) publication produced by the NLCSW.

Social workers are to ensure that records reflect the service provided – in this case group work. A group record would outline the purpose of the group, any meeting logistics, the participants in the group and the social work interventions that were provided. A summary of each group session would capture who attended the session, the interventions that were provided, any issues or challenges that arose, as well as group progress and future planning. When the group ends, a termination summary that includes the goals and progress would be included.

Social workers can document information on client progress as needed in the client's individual record. In addition, if there are particular issues that arise within the context of the group that is specific to an individual client, clinically relevant, and may require additional follow-up, the social worker would also document this in the client's individual record.

When social workers provide services to more than one individual (such as with families, couples and groups), it is important that all parties are informed of each person's right to confidentiality and how records are maintained. It would be important to document in the group record that this information was shared with the group.

Case Scenario 6: Impairment

Jacob, RSW maintains an active caseload and client-facing appointments, but is struggling to complete documentation due to mental health issues. Jacob is worried how his manager and colleagues may react if he brings up challenges he is having with his documentation and how his ability to practice competently may be viewed. How should Jacob proceed and what are some of the things he needs to consider?

Jacob looks to the code of ethics and standards of practice for guidance. Jacob reviews the following:

- Social workers maintain professional documentation in accordance with the values and principles of the Code, and the ethical standards of their provincial or territorial regulatory body (CASW, 2024, p. 11).

- Social work documentation is an essential component of social work practice, and social workers maintain timely, accurate and legible records of social work intervention(s) for each client (NLCSW, 2024, p. 7).
- 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 (CASW, 2024, p. 16).
- Social workers work towards the best possible standards of service and are accountable for their practice (NLCSW, 2024, p. 11).
- Social workers continually develop self-awareness and practice self-reflection to guide their practice and personal well-being (CASW, 2024, p. 15).
- Social workers are responsible for ensuring their own fitness to practice and addressing impairments that may affect their ability to practice competently (psychological, emotional, cognitive, and/or physical factors) (NLCSW, 2024, p. 7).
- Social workers strengthen their practice and well-being by participating in supervision, consultation, or other relevant supports available to strengthen practice (CASW, 2024, p. 15).
- Social workers seek supervision and/or consultation to enhance competence in practice (NLCSW, 2024, p. 5).

There is an expectation that social workers have a reasonable level of self-awareness as to any issues or impairments that affect their ability to practice, and to take steps to resolve these issues in the best interests of clients. This may include limiting, suspending or terminating their practice accordingly. Jabob reflects on his ethical and professional responsibilities and requests a meeting with his manager to discuss the issues he has been having with his documentation.

Case Scenario 7: Integrity

Paula, RSW maintains a very high case load. As it is Paula's intention to complete the work as time allows, she considers writing case notes in advance of client sessions and reporting on the completion of tasks prior to the work being done in an effort to keep up on her documentation. What are some of the things that Paula must consider?

The code of ethics and standards of practice provides direction that Paula must consider, including the following:

- 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 (CASW, 2024, p. 16).
- Social workers maintain professional documentation in accordance with the values and principles of the Code, and the ethical standards of their provincial or territorial regulatory body (CASW, 2024, p. 20).
- Social workers advise service users of the right to access their official records according to the policies of the organization and provincial or territorial regulations (CASW, 2024, p. 20).
- Social workers offer the best possible standard of service provision and being accountable for their practice (CASW, 2024, p. 24).
- Social workers ensure that social work records reflect the service provided (NLCSW, 2024, p. 7).
- Social workers maintain timely, accurate and legible records of social work interventions(s) for each client (NLCSW, 2024, p. 7).
- Recordings should be completed following the intervention or as soon as reasonable possible thereafter (NLCSW, 2024, p. 7).

The overall purpose of social work documentation is to provide a “clear statement of social work assessment, intervention, and professional decision making” (NLCSW Standards of Practice, 2024, p. 7). Following her review of the ethical guidelines and standards, Paula now understands that recording client sessions in advance or reporting on tasks completed prior to them being completed is not in keeping with ethical practice or the best interest of clients. Recording or reporting prior to occurrence can negatively impact the integrity of the services provided. While social workers and organizations maintain client records, clients own the information, and social workers have an ethical duty to ensure that the client information they document is accurate and truthful.

Reflection on Documentation

Given the critical importance of documentation in the provision of competent and high-quality social work services, social workers are encouraged to reflect on their documentation practices on an ongoing basis to ensure that their practice is in keeping with the CASW (2024) Code of Ethics and NLCSW (2024) Standards of Practice. The following questions can be used for professional self-reflection, to foster collegial dialogue on social work documentation, to engage in conversations with one's manager or supervisor about their continuing education needs as it relates to documentation, and in conversations with BSW students to enhance their knowledge and understanding of the importance of documentation in social work practice.

- 1) How do I view documentation in my social work practice? How would I explain its' purpose? Does my view and understanding of documentation impact on how I document the provision of social work services and interventions in my practice?
- 2) How would I describe the link between social work assessment and documentation?
- 3) How familiar am I with the professional standards for documentation?
- 4) How do I make decisions on what to include on my documentation?
- 5) What areas do I need to improve on in my documentation? What do I need to further my skills and competencies in documentation?
- 6) What gets in the way of my documentation and what strategies can I use in addressing these barriers?

Conclusion

Documentation is of course about recording relevant information based on social work service provision and interactions with and on behalf of clients. It is important that social workers treat social work records as if clients can and will have access to them, and to be diligent about client confidentiality and informed consent as part of their documentation practice. Documentation also demonstrates how social workers are meeting their ethical and professional responsibilities in keeping with the CASW (2024) Code of Ethics and NLCSW (2024) Standards of Practice.

Additional resources

[Documentation Matters Series](#)

[Practice Matters – Social Work Documentation](#)

[Quality Assurance Matters – Documentation](#)

[Ethical Compass – Ethical Decision-Making and Documentation](#)

[Self-Assessment Tools for Informed Consent and Documentation](#)

References

Canadian Association of Social Workers (CASW). (2024). *Code of ethics, values and guiding principles*. <https://nlcsw.ca/wp-content/uploads/2024/06/CASW-code-of-ethics-values-guiding-principles.pdf>

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