

A SOCIAL WORKER'S GUIDE
TO PROFESSIONAL PRACTICE
IN HOSPITALS

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FOREWORD

The first social worker's guide to professional practice in hospitals was published in 1994, following the complete reform of the *Act respecting health services and social services* in 1991.

The enactment of this law, as well as the decrees accompanying it, gave rise to many sweeping changes that threw the hospital system off balance. Among other areas, such changes involved organizational structure (e.g. institutional mergers and the implementation of management by program); services (e.g. the shift towards ambulatory care and partnership with community organizations); and internal operations (a shift towards an interdisciplinary approach). These changes, and a number of others, were so sweeping that they affected social workers' functions and work context. It therefore became necessary to revise the Guide, since the primary purpose of this type of documentation is to **maintain, develop and promote the quality of social services provided to hospital users.**

In addition, the dismantling of hospital Social Work departments made conditions difficult for social workers, who must affirm their specificity even more forcefully than before. Given that these difficulties have not been resolved, the purpose of this Guide is to promote social workers' specificity, reinforce their professional identity and stimulate fruitful interaction between social workers and the other health professionals with whom they work on a daily basis.

The following individuals contributed to the first edition of this Guide, i.e. the *Guide for the Professional Practice of Social Workers in Hospitals* (1994):

Marc Boily, S.W.
Robert Clément, S.W.
Sylvie Dorval, S.W.
Jean-Luc Jacques, S.W.
Joan Keebler, S.W.
Francine Laurendeau, S.W.
Huguette Ouellet, S.W.
Jean Richard, S.W.

The following individuals participated in the 1999 revision of the Guide:

Louise Beauregard, S.W.
Robert Clément, S.W.
Sylvie Dorval, S.W.
Chantal Duguay, S.W.
Joan Keebler, S.W.
Isidore Neron, S.W.

Resource Persons:

Louise Boulanger, S.W., Professional Affairs Consultant
Huguette Houle, Professional Services Secretary

CHAPTER I

PROFESSIONAL IDENTITY AND SPECIFICITY OF THE SOCIAL WORKER'S PROFESSIONAL ACT

THE SOCIAL WORKER

A social worker is a university-educated professional who holds a Bachelor's or Master's degree in Social Work and is a member in good standing of the Ordre professionnel des travailleurs sociaux du Québec.

THE ORDRE PROFESSIONNEL DES TRAVAILLEURS SOCIAUX DU QUÉBEC

The Ordre professionnel des travailleurs sociaux du Québec (hereinafter called "the Ordre") is a reserved-title professional order, governed by the *Professional Code* (R.S.Q. c. C-26), whose primary mission is to **protect the public**. Members must adhere to a Code of Ethics and comply with a number of regulations, including the *Regulation respecting the keeping of records and consulting offices by social workers*. As the body responsible for the discipline, professional inspection and ongoing training of its members, the Ordre publishes documents, including this Guide, as well as professional practice standards. These documents are updated periodically.

THE PROFESSIONAL ACT

The *Professional Code* defines the professional activity of social workers as follows:

s. 37, d): *to intervene with individuals, families, groups or communities in order to improve their social functioning*

In August 1989, the Ordre Bureau adopted a definition of the Professional Act that clarifies the legal definition as follows:

*"To intervene in the social functioning process, that is, in interactions between individuals, families, groups and communities and their environment, to promote the mutual objective of human and social development."*¹

In a hospital setting, the professional act involves the **interaction between the psychosocial behaviour of individuals and the social and emotional causes and consequences of their health problems**. The role of the social worker is to restore balance in an individual's personal, family and social life, in order to help that person maintain or recover his/her health and strengthen his/her ability to adapt and reintegrate into society.

PROFESSIONAL VALUES

¹ Note: This definition is currently being revised, as part of the proposed reform of the professional system.

The basic values of the profession are respect for the individual; respect for an individual's dignity, individuality and right to self-determination; and the promotion of social justice. Social workers acknowledge the necessity to perceive and understand the individual as an element of interdependent systems that are subject to change; they make certain that the fundamental rights of individuals, groups and communities are respected and recognize the right of anyone in danger to receive assistance and protection according to his/her needs.

These values underlie social workers' actions. Social workers ensure that the psychosocial needs of clients are determined and considered when hospital care programs are developed; they promote clients' right to information and services; they help develop appropriate measures to assist individuals in need of protection.

PROFESSIONAL PRACTICE STANDARDS

The *Standards of Professional Practice for Social Workers*, adopted by the Ordre Bureau, provide a framework for social work practice, regardless of the particular practice setting in question. These standards focus on the following ten aspects:

- the values and principles of the profession;
- thorough knowledge of what constitutes a Professional Act;
- knowledge of and adherence to the Code of Ethics;
- attainment of an independent, advanced level of practice;
- establishment of constructive, appropriate relationships with clients;
- upgrading of intervention skills;
- record-keeping;
- making clients' needs known to public institutions;
- the essential principles of professional responsibility;
- professional development.

CHAPTER II

ORGANIZATIONAL CONTEXT OF PRACTICE

A number of factors affect the role played by the hospital social worker. Some of these are systemic in nature, some arise from the way in which work is organized in the institution in question, while others stem from the very nature of the professional act.

The factors related to the organization and operation of the hospital system include:

- the primary mission to provide care. This means that social workers provide specialized psychosocial services to individuals who are primarily seeking health services dispensed by an institution with a range of vocations, programs and services. Some hospitals also play a role in teaching, research and the development of new technology;
- the interdisciplinary nature of the work setting, in which relationships between professionals are governed by various methods of collaboration;
- the need for hospitals to act in partnership with the various parties involved in providing health care and services, e.g. CLSCs, chronic and long-term care facilities (CHSLDs), youth centres, and community organizations;
- the use of specific management methods, such as program management; this type of management structure advocates the grouping of professionals within an interdisciplinary context, with or without a supervisor from each discipline, in order to provide services to a specific clientele.

Factors related to the way in which work is organized within a specific institution are:

- the duplication of job titles, which obliges social workers to practice their profession under another title, such as Human Relations Agent or Social Intervention Agent. In these cases, they must still use their professional titles and present themselves as such to their colleagues and clients;
- the fact that social workers are civil servants, and in that capacity, must deal with two types of imperatives: their responsibilities towards their clients and their obligation to be loyal to their employer;
- the fact that specialized psychosocial services are dispensed primarily via referrals, since the mission of a hospital is to provide medical care and services.¹

The principal factors stemming from the nature of the professional act are:

- social workers' responsibility to intervene in the client's living environment as required, in order to restore balance in his/her personal, family or social life;
- the obligation to obey certain laws, including the *Public Health Protection Act*, *Youth Protection Act*, *Public Curator Act*, and the *Act respecting the protection of persons whose mental state presents a danger to themselves or others*;

¹ See Sections 81, 101, 105, 108 and 347 of the Act respecting health services and social services

- social workers' obligation to consider both the user's and his/her family's right to receive specialized social services from the hospital, and to make certain that they receive such services.¹

The unavoidable overlap of these factors is clear proof of the unique nature of practice in hospitals. In addition, most of the time, social workers are associated with a department, program, or one or several specific clinics, with hierarchical superiors often specializing in a discipline other than social work. Regardless of the department—emergency, outpatient, surgical, intensive care, geriatrics or psychiatry—in which a social worker is based, the clients to be referred to him/her for specialized services must be accurately targeted.

Although social workers are able to intervene with any individual experiencing **social functioning** difficulties related to health problems, they intervene more specifically with clients exhibiting social or psychosocial characteristics that may hinder their recovery or provoke a relapse of their illness or recurrence of symptoms after they receive care. A "**high-risk client identification form**"² has been developed to help determine when to refer clients displaying **social vulnerability** to social services.

¹ See Sections 81, 100 and 101 of the Act respecting health services and social services

² See Appendix II

CHAPTER III

Duties of the Hospital Social Worker

Through their training and the specificity of their professional act, social workers are situated at the interface between the individual client and his/her family, his/her social environment, and community resources. In a hospital setting, social workers may deal with the client, his/her family, members of the treatment team and administrative authorities, all at the same time, depending on the impact of the illness, and in order to help the client recover or maintain his/her health.

Along with the other professionals in the institution, social workers may exercise various functions, which are briefly explained below.

- Clinical Function

This function involves several components, all of which relate to serving the client:

Psychosocial Assessment

- determination of the needs and resources of both the client and his/her environment;
- analysis of the interaction between the client and the various systems involved, i.e. family, other significant persons, social network;
- assessment of the impact of the client's illness on him/herself and his/her family and other significant persons, as well as the client's ability to adapt;
- production of a detailed professional opinion identifying the psychosocial problems involved;
- development of an individualized intervention plan.

Psychosocial Treatment

- interviews with individuals, couples, families or groups, in order to mobilize the ability of the client and his/her environment to change or adapt, in accordance with the impact of his/her illness;
- reinforcement of the social protection measures stipulated in various laws;
- support for the client as he/she seeks to exercise his/her rights and freedoms.

Case Management¹

- as a result of a psychosocial assessment or during the course of treatment, planning the services required by the client and referral to or mobilization of appropriate resources;

¹ See Appendix I

- establishment of partnerships with other organizations in the system , depending on their missions or established protocols.

Prevention

- Informing the client of the means available to him/her to prevent recurrence of psychosocial problems that may compromise his/her health, and supporting his/her ability to change or adapt.
- Consultation

The interdisciplinary context of work in a hospital setting highlights a major asset of social workers' training, i.e. their ability to analyse and influence the interaction between various systems. Social workers can contribute significantly to clinical discussion by:

- sensitizing other interdisciplinary team members to the client's social environment;
- sensitizing team members to the psychosocial aspects related to the client's illness;
- pointing out the possibility of applying certain social legislation, e.g. laws regarding income security, tutorship or curatorship, youth protection, automobile insurance, victims of criminal acts, drug insurance, etc.
- taking stock of existing community resources in relation to the client's illness.
- Resource Supervision

In some institutions, social workers are responsible for non-institutional housing resources. In such cases they:

- recruit candidates who run intermediate or family-type housing resources;
- assess and select responsible candidates;
- recommend recognition of selected candidates to appropriate authorities;
- match housing resources with individuals requiring housing;
- reassess housing resources on a regular basis;
- provide those who run housing resources with training or information, as required.
- Research and Teaching

Social workers help fulfill the teaching and research missions of hospitals by:

- training and supervising social work trainees;
- instructing those working in other disciplines in the psychosocial effects of the client's illness;
- providing ongoing training to other social workers via supervision or consultation;
- developing or participating in research projects related to the psychosocial aspects of illness, assessment of findings, etc.

- Representation / Management

Social workers may assume various responsibilities related to representation or management by:

- participating in various bodies within the institution, e.g. the Multidisciplinary Committee, Users' Committee, Ethics Committee;
- representing the institution to regional or national authorities;
- coordinating social workers and representing them within the organizational structure;
- making certain that social workers receive the ongoing training, supervision and consultation services they require;
- running a program or service.

There are a number of administrative tasks connected with the exercise of these functions; these include carrying out the necessary formalities to obtain or use services or resources, and keeping operational statistics.

CHAPTER IV

STANDARDS FOR PRACTICE IN AN INTERDISCIPLINARY CONTEXT

Professional Autonomy and the Interdisciplinary Approach

One of the purposes of working in an interdisciplinary context is to ensure that the services the institution provides are consistent and of high quality. **Every professional remains autonomous and responsible for his/her own professional acts.** Social workers must exercise their autonomy while seeking ways to complement the work of other professionals, in the best interests of the client. They must also respect other professionals' fields of expertise, and be aware of the limits of their own specific fields of expertise.

Social workers exercise their professional autonomy in the performance of all their duties, especially by rendering the following services:

- performing psychosocial assessments;
- issuing professional opinions on the nature of clients' problems and intervention plans;
- choosing intervention models, approaches and techniques in relation to clients' needs and abilities and the mission of the hospital;
- adopting appropriate attitudes towards clients;
- promoting clients' right to receive the services to which they are entitled;
- suggest and direct certain activities specific to their professional discipline;
- write evaluation reports and various types of documentation produced for information purposes;
- issue opinions on the development and implementation of social policy and programs;
- structure their work in accordance with client needs and hospital resources.

Confidentiality in an Interdisciplinary Context

When individuals require hospital services, they must disclose information on their private lives. Some of this information will be written down in a record that may be accessed by various professionals, who are bound by rules of confidentiality. The user should know that the social worker to whom he/she confides information of a private nature is working in an interdisciplinary context, i.e. always as a complement to and in collaboration with other professionals, in order to provide quality service. Insofar as the client is aware of this mode of operation, he/she implicitly consents to have certain information concerning him/her shared among the professionals who are part of the treatment team. However, this does not mean that the client has given up the right to respect for his/her private life; this fundamental right still applies, even when services are dispensed in an interdisciplinary context. In addition, social workers must bear the following rules of conduct in mind:

- they are obliged to maintain confidentiality, under the Law and the *Code of Ethics of Social Workers*;

- they must make certain that their clients are informed of the fact that services are being provided in an interdisciplinary context and that information concerning them may be shared with other professionals within the institution in question;
- they must obtain appropriate authorization from their clients in order to obtain or transmit information about them outside the institution, and note down such authorization in the client's record;
- they must share information with colleagues judiciously and with discretion;
- they must disclose only the information related to the quality of services required;
- among other facts, they must note down in the client's record the information necessary to understand the situation and quality of services to be provided.

Record Keeping

According to the *Regulation respecting the keeping of records and consulting offices by social workers* (R.S.Q., c. C-26, r. 189.1, social workers **must**:

- keep a record for each client;
- enter required information into such records;
- ensure that such records are kept confidential;
- follow the rules regarding the storage of records;
- allow clients access to their own files, at their request.

Hospital social workers must comply with the rules set out in the *Ordre* document entitled *Record Keeping Standards for Social Workers*, which elaborates on some of the rules specified above.

Since hospital social workers often work with people other than the user him/herself, and the single record system imposes requirements on them, it is important to clarify the concepts of **client**, **user**, **significant person**, and **collateral**, as well as the circumstances under which records must be opened.

The **client** is a person, group, community or organization that benefits from a social worker's services.

The **user** is any person receiving services provided by an institution within the health and social services system. More specifically, in a hospital, there are three categories of users for which records must be opened: "admitted" users, "registered" users and users "under diagnostic registration" (as stipulated in the *Organization and Management of Establishments Regulation*). This means that someone who is not receiving **medical services** from the institution may not be considered a user. Furthermore, social workers frequently provide services to both the actual user, who is receiving medical services, and the significant persons around him/her, e.g. children, parents or a spouse. Therefore, individuals receiving medical care are both **the clients of the social worker and users of the hospital**.

A **significant person** receiving services from a social worker also becomes the **client** of this social worker.

A **collateral** is any person or group of persons with whom the social worker must collaborate in order to provide services to a client, e.g. a volunteer, foster family or housing resource. Records are not opened on collaterals, but social workers must keep records:

- a) under the name of the client / admitted or registered user;
- b) under the name of the person significant to the user for whom the social worker is setting up an intervention plan. We recommend that the record under this person's name be inserted into the user's record and removed when he/she wishes to examine it, or when the user requests access to his/her own record.

Social workers must also:

- inform the individuals concerned that a file on them has been opened;
- record only information related to the services provided;
- include a section entitled "Information Regarding Third Parties", in which to record all nominative information regarding or originating from a third party, as the case may be;
- determine a formal procedure for those concerned to access their records.

Rules Regarding Confidentiality with Respect to Consulting Offices

The *Regulation respecting the keeping of records and consulting offices by social workers* sets out the standards to which social workers must adhere, regardless of whether they practice in a hospital or elsewhere.

Basically, this regulation stipulates that the room in which the social worker meets with clients and makes telephone calls must be so designed as to guarantee confidentiality and not disclose the identity of anyone inside. This office must be separate from the area in which the social worker may collaborate with other professionals in order to perform certain tasks. In a hospital setting, social workers must often meet with users in their hospital rooms or in a public place. Under these circumstances, they must make certain to take proper measures to maintain confidentiality.

Social workers must also be sure to display their permits where they can be seen by the public.

Obligation to Update Knowledge and Skills

With the rapid development of knowledge in the health sector, the appearance of new diseases, the implementation of new technologies, the increasing complexity of social problems and new challenges arising from work in an interdisciplinary context, it is imperative that social workers concern themselves with professional development and ongoing training.

Supervision and consultation must be accessible to all hospital social workers, beginners and more experienced alike. Such supervision or consultation services must be provided by a social worker recognized for his/her competence, not by a professional from another discipline.

Social workers must have access to ongoing training on a regular basis, both within and outside their workplaces. In particular, social workers may attend ongoing training sessions offered by the Ordre. Such training is intended to maintain and develop professional identity, consolidate skills and update knowledge in various fields of activity. The annual convention, regional training activities and participation in committee work also provide opportunities for social workers to renew their energy. In addition to offering its members consultation services and summary judgements on ethical issues, the Ordre publishes a scientific journal and practice guides.

Professional Inspection

To fulfill its mandate to protect the public, the Ordre regularly inspects members practicing in hospitals, in order to ensure that they are complying with the standards set by the professional system and practice their profession competently. Institutions must cooperate with professional inspections, as they are obliged to do by law, and establish mechanisms that allow social workers to comply with professional practice standards.

APPENDIX I

LEXICON

- **Social Functioning**

Fulfilling one's roles in society in general to those in the immediate environment and to oneself. These functions include meeting one's own *basic needs* and those of one's dependants and making positive contributions to society. Human needs include physical aspects (food, shelter, safety, *health care*, and protection), personal fulfillment (education, recreation, *values*, esthetics, religion, and accomplishment), emotional needs (a sense of belonging, mutual caring, and companionship), and an adequate self-concept (self-confidence, *self-esteem*, and identity). Social workers consider one of their major roles to be that of helping individuals, groups, or communities enhance or restore their capacity for social functioning.¹

- **Case Management**

A procedure to plan, seek and monitor services from different social agencies and staff on behalf of a client. (..) Case management may involve monitoring the progress of a client whose needs require the services of several professionals, agencies, health care facilities and human services programs.²

Case management is a method of providing services through which the social worker assesses the needs of the client and those around him/her, as the case may be, and plans, coordinates, monitors, and promotes the client's right to a range of services, which must be able to meet needs that are, at times, complex. Case management in social work assumes concrete form with respect to the client's biopsychosocial needs as well as the system in which the social worker intervenes. Case management in the field of social work is characterized by an approach that is both micro and macro, i.e. via intervention with both the client and the systems involved.³

¹ Barker, Robert L., *The Social Work Dictionary*, 3rd ed., NASW Press: 1995, p. 352.

² *Ibid*, p. 47

³ This is not an official translation. The title and text of the original version of this 1992 NASW document could not be found.

APPENDIX II

HIGH-RISK CLIENT IDENTIFICATION FORM¹

SOCIAL WORK DEPARTMENT

Note: Clients exhibiting two or more of the following indicators require psychosocial assessment.

- signs of disturbance or distress in the individual or family configuration
- signs of abuse or violence
- signs of neglect or malnutrition
- signs of burnout in family members or other significant persons
- signs of dependency on alcohol, medication or drugs
- social isolation, lack of support system
- serious, chronic or degenerative disease
- prognosis of life expectancy uncertain
- repeated hospitalizations over the past 12 months
- child between 0 and 18 years of age ➤ more vulnerable
- individual aged 75 or over ➤ populations

· **immediate referral to Social Work Dept.**

Origin of request: _____

Signature of person requesting referral

Date/Time

¹ In order to help social workers navigate more efficiently within an interdisciplinary context, this is a sample form intended to quickly identify clients in the hospital who are high risk. This sample form is not necessarily intended to be used as is, but to enable social workers to use it as a basis to develop a form appropriate for their specific work setting and clientele.

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