

ETHICS AUDIT of FIELD PLACEMENT AGENCY

Due November 2

This assignment requires students to complete an ethics audit, examining and evaluating agency policies related to a number of ethical standards outlined in the NASW Code of Ethics. The form used for the ethics audit has been adapted from Frederic Reamer's Audit Instrument, found in: Reamer, Frederic G., The Social Work Ethics Audit: A Risk Management Tool, Washington, D.C.: NASW Press, 2001. Please note that this instrument is not comprehensive of ALL of the ethical standards outlined in the NASW Code of Ethics, but focuses on several key ethical areas.

This audit is designed to be a learning activity to increase students' knowledge of social work values and ethics, as they relate to the particular context of the agency in which they are placed. Through completion of the checklist, students will be able to identify their field agency's strengths and weaknesses, in terms of ethical policies and practice. In addition to submitting a written assignment, students will be expected to present a verbal summary of their ethics audit in their Field Instruction Seminar.

Students should first examine this instrument closely and complete as much information as they can on their own, using documents, agency manuals, etc. that are readily available to them. They may also rely on their own observations. Students will likely need to seek assistance from a range of agency staff and administrators to locate agency policy manuals, existing forms, etc. They should then discuss with their field instructors the areas that they are not able to evaluate on their own, areas where they could not readily locate existing agency policy, or areas in which existing policy seems confusing or unclear to them. If the field instructor is unable to provide the student information himself or herself, he/she may need to refer the student to other members of the agency staff or administration. The student is expected to follow through with these referrals/recommendations.

The structured outline/list below includes a range of ethics-related policies and procedures that students should examine, with the support and assistance of their Field Instructor. Students should follow the following steps:

- 1. Gather the information necessary to assess the agency's level of risk associated with each topic** (for example, agency documents, laws, regulations, NASW Code of Ethics, data gathered from interviews with agency staff).
- 2. Review** all available information. Discuss any questions or areas needing clarification with the Field Instructor or other relevant agency staff.
- 3. After evaluating the existing agency policies, assign one of four risk scores** to each topic below:
 - 1 point = no risk:** *current practices are acceptable (in congruence with the NASW Code of Ethics) and do not require any modification*
 - 2 points = minimal risk:** *current practices are reasonably adequate; minor modifications would be useful to bring the agency's policies and practices into congruence with the NASW Code of Ethics)*
 - 3 points = moderate risk:** *current practices are problematic; modifications are necessary to minimize risk*
 - 4 points = high risk:** *current practices are seriously flawed; significant modifications are necessary to minimize risk*

Topics that are not applicable to the particular field agency receive a score of 0.
- 4. Answer the questions at the end of each group of policies as applicable.**
- 5. Identify** all topics/areas where you noted that the agency scored at **"moderate risk"** or **"high risk."**
- 6. For each area of "moderate" or "high" risk, develop an Action Plan, using the format below.**

Part I: Assessing Ethical Risks

Client rights: The agency has appropriate policies and procedures concerning clients' rights.

- 1 point** **no risk:** *comprehensive policies exist concerning clients' rights consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning clients' rights exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning clients' rights exist, but require significant revision; policies concerning some clients' rights need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of clients' rights*

- __2__ Confidentiality and privacy
- __1__ Informed consent and release of information
- __1__ Options for services and referrals
- __1__ Access to records
- __1__ Right to participate in development/formulation of service plans
- __1__ Right to refuse services
- __1__ Termination of services
- __2__ Grievance procedures
- __1__ Protection of evaluation and research participants

What procedures are used to inform clients of their rights regarding the above? Who informs clients of their rights? How/when does it happen?

The Children's Study Homes has very clear procedures when it comes to client rights. The client does not have the right to their records, or the right to develop the service plan, however, they do have the right to refuse services and terminate the services. Also, the client has the right to confidentiality and privacy, and also may have somewhat of an option on referral services depending on the situation.

The CSH worker informs their clients about their rights as a client during the intake. The informed consent form informs the client that CSH are funded by the Department of Children and Families, it informs the client which program they are in which is either parent education or reunification, and it states that CSH will release information to DCF. Also CSH has a release of information form that states: I, clients name, hereby authorize The Children's Study Home to release to or obtain from (blank) all relevant and appropriate information concerning (blank) for the purpose of (blank). Lastly, the client signs a procedures/rules of parent education/reunification depending on which program the client is involved with. The client is given a copy of these forms and a copy is kept for their file, so if they have any questions or concerns they can look back at their copies.

Every time a client's program is changed, the rules/procedures and informed consent are presented again. For example, when a client moves from reunification to parent education the informed consent and rules/procedures are resigned and discussed again.

I. Confidentiality and privacy: The agency has appropriate policies and procedures concerning confidentiality and privacy.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning client confidentiality and privacy in each of the following areas, consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning client confidentiality and privacy exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning client confidentiality and privacy exist, but require significant revision; policies concerning some confidentiality and privacy issues need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of confidentiality and privacy issues*

- __3__ Laws, ethical standards, and regulations pertaining to confidentiality (relevant federal, state, and local laws and regulations; ethical standards in social work)
- __2__ Specific measures that the worker will take to protect clients' confidentiality (storing records in a secure location, limiting colleagues' and outside parties' access to records)
- __1__ Procedures that will be used to obtain clients' informed consent for the release of confidential information and any exceptions to this
- __1__ Procedures for sharing information with colleagues for consultation, supervision, and coordination of services and why confidential information might be shared
- __1__ Solicitation of private information from clients
- __1__ Disclosure of confidential information to protect clients from self-harm and to protect third parties from harm
- __1__ Release of confidential information pertaining to alcohol and substance abuse treatment and services
- __1__ Disclosure of confidential information about deceased clients
- __1__ Release of confidential information to minor clients' parents or guardians
- __N/A__ Sharing of confidential information among parties in family, couples, marital, and group counseling
- __1__ Disclosure of confidential information to media representatives, law enforcement officials, protective services agencies, other social services agencies, and collection agencies
- __1__ Protection of confidential written and electronic records, information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology
- __3__ Transfer and disposal of clients' records
- __1__ Protection of client confidentiality in the event of the social worker's death, disability, or employment termination
- __3__ Precautions to prevent discussion of confidential information in public or semipublic areas
- __1__ Disclosure of confidential information to third-party payers
- __1__ Disclosure of confidential information to consultants
- __4__ Disclosure of confidential information when discussing clients for teaching or training purposes
- __1__ Protection of client confidentiality during legal proceedings
- __1__ Protection of client confidentiality during research and evaluation
- __4__ Providing staff with appropriate office space and meeting areas to ensure confidentiality and privacy
- __1__ Providing staff with appropriate office equipment and technology to ensure confidentiality and privacy (for example, secure file cabinets, wireless telephones, computer files, and facsimile machines)

Looking at the above list, it's obvious that there are many procedures necessary to make sure that client confidentiality is protected. What methods does your agency use to make sure that staff are aware of all the issues that relate to confidentiality? Who trains/orients staff members to policies related to confidentiality? When/how does this happen? How are non-social work staff trained in the need to ensure confidentiality (e.g. receptionists, other professionals, volunteers, etc.)?

CSH agency does not have any formal education about issues related to confidentiality. In the new hire orientation they briefly touched upon confidentiality, but not nearly enough. At orientation, the head of human resources talked about ethical issues, but not specifically about confidentiality. Also, there is never a social worker training about social work ethics or confidentiality. It is expected everyone understands confidentiality and how to act accordingly. However, that is not the case because there has been many times that I have witnessed violations of confidentiality.

Action Plan

(complete for each area labeled as high or moderate risk)

- 1 Risk area: Laws, ethical standards, and regulations pertaining to confidentiality (relevant federal, state, and local laws and regulations; ethical standards in social work)
- 2 Risk level:
☐ High risk ☐ Moderate risk
- 3 What are the steps that would need to be taken to reduce the risk?
I would set up a week long training for new hires that teaches laws, social work ethical standards, and federal and state regulations. I would bring in a professional to teach the class, and have them administer a test at the end of the training and any new hire that does not pass would have to retake the training.
- 4 What is the agency resources required to reduce the risk? (for example, personnel, publications, appointment of committee or task force, legal consultation, ethics consultation, staff development time)
The agency will have to either hire or educate a person that is fully competent to teach laws, social work ethical standards, and federal and state regulations that relate to the work done at CSH.
- 5 How would you know when you've made progress toward minimizing risk in this area? (What would successful reduction of risk involve?)
I would be able to measure if the risk is minimized by the talk around the office and the staff's ability to talk and communicate in a confidential and ethical manner. Also, from the test scores I would know which staff members are ethically competent and which staff members are not ethically competent and need more training. These areas would give me more insight on ethical issues.

Action Plan

(complete for each area labeled as high or moderate risk)

- 1 Risk area: Precautions to prevent discussion of confidential information in public or semipublic areas/ providing staff with appropriate office space and meeting areas to ensure confidentiality and privacy
- 2 Risk level:

☐ High risk ☐ Moderate risk

- 3 What are the steps that would need to be taken to reduce the risk?
Many of the issues of confidentiality at CSH relate to minimal and inadequate office space. The office is located next to a visitation room and the door is always open to the hallway where clients constantly walk by. To change this behavior (on top of the new training from above), it is critical for the workers to move the office into another office space.
- 4 What are the agency resources required to reduce the risk? (for example, personnel, publications, appointment of committee or task force, legal consultation, ethics consultation, staff development time)
To reduce this risk CSH has to rearrange the building and make the current office space a visitation room and make the back room another office. The large back room is more private and has minimal chances for clients to hear confidential information because of its location.
- 5 How would you know when you've made progress toward minimizing risk in this area? (What would successful reduction of risk involve?)
You can measure to see if this behavior progresses by observing whether the staff is discussing clients when other clients are present or having discussions with the office door open.

Action Plan

(complete for each area labeled as high or moderate risk)

- 1 Risk area: Disclosure of confidential information when discussing clients for teaching or training purposes
- 2 Risk level:
☐ High risk ☐ Moderate risk
- 3 What are the steps that would need to be taken to reduce the risk?
To change this behavior you have to educate the staff to not use full names during staff meetings or in conversation. For example, during staff meetings or when sharing a story, staff members should use initials instead of full names when referring to their clients.
- 4 What are the agency resources required to reduce the risk? (for example, personnel, publications, appointment of committee or task force, legal consultation, ethics consultation, staff development time)
This is an important issue that can be changed by addressing it at a staff development meeting, and continued reinforcement of the new policy.
- 5 How would you know when you've made progress toward minimizing risk in this area? (What would successful reduction of risk involve?)
Again, progress in this risk area can be measured by observation, at the staff meetings and throughout the day.

Action Plan

(complete for each area labeled as high or moderate risk)

- 1 Risk area: Transfer and disposal of clients' records
- 2 Risk level:
☐ High risk ☐ Moderate risk

- 3** What are the steps that would need to be taken to reduce the risk?
This is also a simple fix; all you need to do is create an organized system of filing terminated files. For example, after a client is terminated, remove their file from the current client file cabinet and transfer it to the terminated client file cabinet.
- 4** What are the agency resources required to reduce the risk? (for example, personnel, publications, appointment of committee or task force, legal consultation, ethics consultation, staff development time)
To complete these steps there are no need for any additional resources other than education to those in charge, and emphasizing the importance of keeping organized files, even after termination.
- 5** How would you know when you've made progress toward minimizing risk in this area? (What would successful reduction of risk involve?)
If CSH ever got audited and the supervisors could find all needed files, current and terminated, then I would be able to say that progress has been made towards minimizing risk in this area.

II. Informed consent: The agency has appropriate policies and procedures in place to ensure proper informed consent.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning the following key aspects of informed consent, consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning informed consent exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning informed consent exist, but require significant revision; policies concerning informed consent need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of informed consent issues*

- __1__ Absence of coercion and undue influence
- __2__ Assessment of client competence (for example, mental, language)
- __1__ Validity of consent forms (sufficient detail concerning purpose of consent, possible benefits, risks, costs, alternatives, and clients' right to refuse or withdraw consent; use of clear terminology; signature; and expiration dates)
- __1__ Proper verbal explanation of consent procedure
- __2__ Periodic renewal of clients' consent
- __2__ Appropriate use of translators and interpreters
- __1__ Exceptions to informed consent requirement

What procedures do workers use to obtain informed consent from their clients? Is informed consent obtained in writing? If so, to what extent is this informed consent paperwork written in language that is clear and understandable and at an appropriate level for clients the agency serves?

First, DCF has their own informed consent form. In the informed consent form it states the client's right to change their mind at any time and take back the permission they have given, and it states that once DCF discloses the information, the information may not be protected in the same manner under federal or state privacy laws or regulations. Also, the client signs a release of any medical records containing information about alcohol or drug treatment, as well as many records containing information about HIV or AIDs.

After the client is referred to CSH through the family network, there is an intake meeting held where the CSH worker obtains another informed consent from the client stating that the client understands their rights as a client of the Children's Study Home. This informed consent form informs the client that CSH are funded by the Department of Children and Families, it informs the client of which program they are in which can be either parent education or reunification, and it states that CSH will release information to DCF.

Both informed consent forms are obtained from the client in writing, and placed into the client's files. However, much of the time the CSH worker will have to read through the consent form with the client, or at times read the entire consent form due to low literacy or no literacy, or it is in English and they do not speak English.

Boundary issues and conflicts of interest: The agency has appropriate policies and procedures in place concerning employees' handling of boundary issues and conflicts of interest.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning practitioners' handling of the following potential boundary issues and conflicts of interest, consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning practitioners' handling of potential boundary issues and conflicts of interest exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning practitioners' handling of potential boundary issues and conflicts of interest exist, but require significant revision; policies concerning aspects of practitioners' handling of boundary issues and conflicts of interest need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of issues related to practitioners' handling of boundary issues and conflicts of interest*

- ☐ Sexual relationships with current clients
- ☐ Sexual relationships with former clients
- ☐ Counseling of former sexual partners
- ☐ Sexual relationships with clients' relatives or acquaintances
- ☐ Sexual relationships with supervisees, trainees, students, and colleagues
- ☐ Physical contact with clients
- ☐ Friendships with current clients
- ☐ Friendships with former clients
- ☐ Encounters with clients in public settings
- ☐ Attendance at clients' social, religious, or lifecycle events
- ☐ Gifts from clients
- ☐ Gifts to clients
- ☐ Favors for clients
- ☐ Delivery of services in clients' homes
- ☐ Financial conflicts of interest
- ☐ Delivery of services to two or more people who have a relationship w/each other
- ☐ Barter with clients for goods and services
- ☐ Relationships with clients in small or rural communities
- ☐ Self-disclosure to clients
- ☐ Collegial relationships with a former client
- ☐ Hiring of former clients
- ☐ Financial conflicts of interest for agency administrators or staff
- ☐ Financial conflicts of interest for members of agency governing bodies

How are staff educated about boundary issues in your agency? How are staff supposed to handle boundary issues when they arise? What is the procedure for handling boundary violations committed by agency staff?

CSH does not have a policy for many of the questions above; however, the policies that address boundary issues are followed and enforced. However, the boundary issues that are not addressed with policies are handled appropriately at most times. Yet, when a boundary is crossed the violation is handled by the supervisor and if severe enough, then it is transferred and handled by human resources. When a boundary issue arises, the staff member should talk to their supervisor to handle the issue, possibly being removed from the case if it is a conflict of interest or violation of a boundary.

Action Plan
(complete for each area labeled as high or moderate risk)

- 1 Risk area: Self-disclosure to clients
- 2 Risk level:
☐ High risk ☐ Moderate risk
- 3 What are the steps that would need to be taken to reduce the risk?
I feel that if there was a training about social work code of ethics, at the start of the job, then this would not happen. Like, the action plan above, if I brought in a professional that taught social work code of ethics then the staff would be educated on self disclosure to clients.
- 4 What are the agency resources required to reduce the risk? (for example, personnel, publications, appointment of committee or task force, legal consultation, ethics consultation, staff development time)
The agency will have to either hire or educate a person that is fully competent to social work ethical standards and be able to talk about the importance not to talk to clients about personal information.
- 5 How would you know when you've made progress toward minimizing risk in this area? (What would successful reduction of risk involve?)
It would be hard to measure progress in this area because staff is in visits and parent education alone, but you could ask staff members and hope they tell the truth.

III. Client records: The agency has policies and procedures in place to ensure proper handling of client records.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning practitioners' handling of client records, consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning practitioners' handling of client records exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning practitioners' handling of client records exist, but require significant revision; policies concerning aspects of practitioners' handling of client records need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of issues related to practitioners' handling of client records*

- 3 Secure storage of records
- 2 Proper retention of records
- 2 Maintenance of records in the event of social worker's disability, incapacitation, termination of practice, or death

What are the procedures in place regarding storage of client records? What happens to client records after a client is terminated? What happens to client records after a social worker leaves the agency?

The procedures in place for storage of clients' records are not very appropriate. The file cabinet should be locked at all times and every time a file is taken out it should be signed out, however neither of these procedures is in place. After a client is terminated from the program their file is removed from the file cabinet and placed into who-knows-where, and not easily found again. Lastly, after the worker leaves the agency their client is transferred to another worker, so the file remains in the system.

Action Plan

(complete for each area labeled as high or moderate risk)

- 1** Risk area: Secure storage of records
- 2** Risk level:
☐ High risk ☐ Moderate risk
- 3** What are the steps that would need to be taken to reduce the risk?
If the policies at CSH were enforced then this would not be an issue, but because they are not enforced it is a huge problem. I feel that the supervisor should be in control of the file cabinet key, and it should be locked at all times.
- 4** What are the agency resources required to reduce the risk? (for example, personnel, publications, appointment of committee or task force, legal consultation, ethics consultation, staff development time)
Supervisors have to be educated on the issues surrounding secure storage. To teach them the importance, it may be beneficial to send them out to a training.
- 5** How would you know when you've made progress toward minimizing risk in this area? (What would successful reduction of risk involve?)
I would be able measure if this area of risk begins to progress by observing the security of the file cabinet.

IV. Client referral: The agency has appropriate policies and procedures in place to ensure that staff members refer clients to other service providers when necessary.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning referral of clients to other service providers, consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning referral of clients to other service providers exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning referral of clients to other service providers exist but require significant revision; policies concerning aspects of client referral need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of issues related to client referral*

- __1__ Staff refer clients to specialists when necessary
- __2__ Staff screen specialists for client referral to ensure competence
- __2__ Staff monitor referrals (follow-up)

What are the procedures in your agency for social workers making referrals? What sort of follow-up exists after a referral is made?

The CSH worker refers the client to possible agencies that may be helpful. Many times the CSH worker refers the client to agencies that they have referred other clients to and have a working knowledge of what the agency provides. The Children Study Homes often refer clients to other non-profit agencies, such as BHN and Gandara. After a client is referred to an additional service, a report is sent to the agency with the name of the CSH worker. However, depending on the worker, there may not be a follow up on either end, but there often is.

Termination of services and client abandonment: The agency has policies and procedures in place to ensure proper termination of services.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning termination of services to clients, consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning termination of services exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning termination of services exist, but require significant revision; policies concerning aspects of service termination need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of issues related to termination of services*

- __1__ Termination of services as a result of employee departure
- __N/A__ Termination of services as a result of client nonpayment of an outstanding balance
- __1__ Termination of services as a result of client noncompliance
- __1__ Notification of terminated clients
- __1__ Documentation of decisions and actions concerning termination of services
- __1__ Delivery of services in emergency circumstances

Practitioner impairment: The agency has appropriate policies and procedures in place to address practitioner impairment.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning practitioner impairment, consistent with relevant laws, regulations, and ethical standards*
- 2 points** **minimal risk:** *policies concerning practitioner impairment exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning practitioner impairment exist, but require significant revision; policies concerning aspects of practitioner impairment need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of issues related to practitioner impairment*

- 2 Staff familiarity with the nature, causes, and signs of impairment
- 2 Staff use of strategies to address colleagues' impairment
- 2 Staff use of strategies to address practitioners' own impairment

What are you supposed to do if you become aware of a staff member's impairment? What are you supposed to do if you become aware that a staff member is behaving in an unethical manner?

According to the social worker code of ethics, if there is a staff member with an impairment that affects their ability to complete their job, you should first discuss your concerns with the staff member. If the behavior continues you should then discuss your concerns with your supervisor, and then you should discuss your concerns with the agency's human resources department. However, at CSH the policy is to go straight to the supervisor, instead of first communicating with the colleague.

I believe that the same procedure would be appropriate for a staff member behaving in an unethical manner. However, the one change I would make is to involve my supervisor immediately, but still discuss the issue with the staff member.

Ethical decision making: The agency has appropriate policies and procedures in place to ensure sound ethical decisions.

- 1 point** **no risk:** *clear, comprehensive policies exist concerning staff use of ethical decision-making protocols, consistent with current knowledge and relevant ethical standards*
- 2 points** **minimal risk:** *policies concerning staff use of ethical decision-making protocols exist, but require minor revision*
- 3 points** **moderate risk:** *policies concerning staff use of ethical decision-making protocols exist, but require significant revision; policies concerning aspects of ethical decision making need to be created*
- 4 points** **high risk:** *existing policies are inadequate or are seriously flawed; policies need to be created to address a significant number of issues related to ethical decision making*

- __3__ Staff ability to recognize ethical dilemmas
- __2__ Staff familiarity with and ability to use ethical decision-making protocols
- __3__ Staff familiarity with and ability to use:
- Ethical theory, principles, and guidelines
- Codes of ethics (especially the NASW Code of Ethics)
- Legal principles (including relevant laws, regulations, and court decisions)
- Ethics consultation (agency staff, supervisors, administrators, ethics experts, ethics committees)
- __2__ Documentation of ethical decisions
- __3__ Monitoring and evaluation of ethical decisions

What is the process that a staff member should use to resolve an ethical dilemma? How are they informed about this process?

If a CSH worker witnessed an unethical issue of any kind they should first talk with their supervisor then file a report with human resources. The CSH workers are informed about how to handle ethical dilemmas during the new hire orientation, and then discussed minimally, if ever, after orientation. For example, there may be a random staff meeting concerning ethical dilemmas, but might not be reinforced on a constant basis. Also, many of the staff members at CSH family center are not social workers, so they are not educated on the social work code of ethics.

Action Plan

(complete for each area labeled as high or moderate risk)

- 1** Risk area: Staff ability to recognize ethical dilemmas/ Staff familiarity with and ability to use.../ Monitoring and evaluation of ethical decisions
- 2** Risk level:
☐ High risk ☐ Moderate risk
- 3** What are the steps that would need to be taken to reduce the risk?
Same steps as Laws, ethical standards, and regulations pertaining to confidentiality (relevant federal, state, and local laws and regulations; ethical standards in social work) action plan
- 4** What are the agency resources required to reduce the risk? (for example, personnel, publications, appointment of committee or task force, legal consultation, ethics consultation, staff development time)
Same agency resources required as Laws, ethical standards, and regulations pertaining to confidentiality (relevant federal, state, and local laws and regulations; ethical standards in social work) action plan

- 5 How would you know when you've made progress toward minimizing risk in this area? (What would successful reduction of risk involve?)
Same measurement of progress as laws, ethical standards, and regulations pertaining to confidentiality (relevant federal, state, and local laws and regulations; ethical standards in social work) action

*The reason why this action plan is the same is because if I brought a professional in to teach laws, ethical standards, and regulations pertaining to confidentiality then staff would be able to recognize ethical issues and practice ethical behaviors.