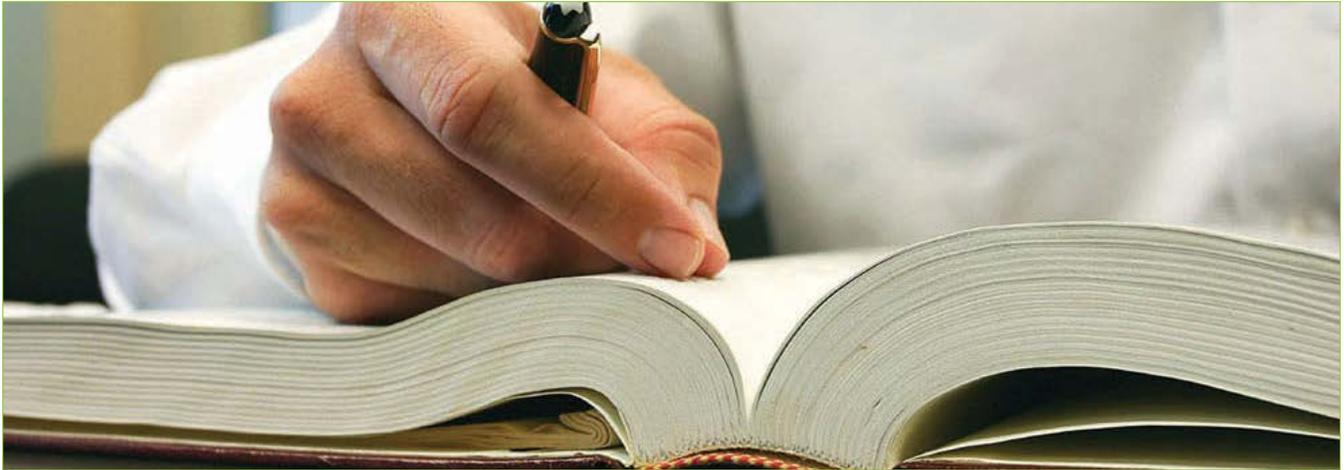

PRACTICE NOTES

ETHICAL AND COMPETENT RESPONSES TO ANTI-BLACK RACISM



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Practice Notes is an educational tool designed to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the Professional Practice Department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and College members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

These Practice Notes have been developed in collaboration with Keith Adamson, MSW, PhD, RSW, who is currently an Assistant Professor, Teaching Stream, at the Factor Inwentash Faculty of Social Work, University of Toronto. Prior to that, Keith was the Senior Director, Collaborative Practice at Holland Bloorview Kids Rehabilitation Hospital. Keith has more than 20 years of experience in clinical, senior management and professional practice leadership roles. He is frequently consulted on issues of anti-Black racism and crisis de-escalation. In this article,

Keith has provided practical considerations as to how College members can apply the Standards of Practice when responding to anti-Black racism and other forms of systemic oppression.

Editorial note: content written by Christina Van Sickle, MSW, RSW is preceded by her initials, “CVS”; content written by Keith Adamson, MSW, PhD, RSW is preceded by his initials, “KA”.

CVS: While the world has been gripped by the unprecedented impact of COVID-19, another insidious and long-standing pandemic has penetrated our global consciousness: anti-Black racism and other forms of systemic oppression are the cause of a global movement to acknowledge and address these forms of subjugation. These issues are at the foundation of modern society; they are not only central to our past but continue in the present. It is both essential and long overdue to engage in dialogue, confront the inherent beliefs and biases that underpin these issues, and take action.

As discussed in the Practice Notes, “[Cultural Humility: A Commitment to Life-Long Learning](#),” equity-seeking individuals may view the professions of social work and social service work as being connected to historical and current forms of systemic oppression. This legacy shapes current practice realities, and

ongoing efforts must be made to recognise, undo and repair some of our past practices.

In light of recent events, members have contacted the College's Professional Practice Department to discuss the roles and obligations of professionals in advocating against anti-Black racism and other forms of systemic oppression. This issue of Practice Notes is intended to advance these conversations.

The Code of Ethics and Standards of Practice Handbook sets out the minimum requirements of professional and ethical practice and conduct for all College members. The Standards of Practice are written to be broadly applicable to the breadth and scope of social work and social service work practice.

While many interpretations in the Standards of Practice apply to members' practice with respect to advocacy against anti-Black racism and other forms of systemic oppression, the interpretations highlighted below have particular relevance. Keith Adamson will provide a practical lens as to how members can apply these interpretations within their own practice, while sharing his insights and expertise on anti-Black racism and systemic oppression.

THE CODE OF ETHICS

The Code of Ethics states that a "social worker or social service worker shall carry out her or his professional duties and obligations with integrity and objectivity."¹ There is clear evidence that systemic racism exists, yet members may have questions about how to address this issue in the context of their practice.

KA: As social workers and social service workers in an increasingly diverse society, we must continually learn from and about others' experiences in our care for clients, as we adhere to the Code of Ethics

and Standards of Practice. It is crucially important for College members to be aware of the ways in which people of colour experience racism, and the ways in which race-based oppression and discrimination impact people of colour's ability to participate fully in their lives.

And though a plethora of emerging advocacy initiatives address racism at the societal and organizational levels, it is important to recognize and acknowledge that addressing the topic of racism with Black clients, within the context of a therapeutic relationship, is also a form of anti-oppressive practice. As such, the social worker or social service worker must be a "broker of permission"² who gives voice to the previously silenced topic of racism. College members should always endeavour to initiate conversations about cultural diversity and race. Members must create the space within the therapeutic relationship where clients can "speak the unspeakable"³ and find the safety and comfort necessary to risk saying things that they have been unable to say. Topics such as racism have always been difficult to talk about openly and directly. It is an ethical imperative that social workers and social service workers invite dialogue about race as a more prominent dimension of their work with their Black clients.

CVS: The Code of Ethics also states that a College member "shall advocate for change in the best interest of the client, and for the overall benefit of society, the environment and the global community."⁴ Members may wonder what this looks like in practice: how can they prepare themselves for advocacy in relation to race-based anti-oppressive work?

KA: Scholars suggest that before social workers and social service workers advocate on behalf of,

¹ The Ontario College of Social Workers and Social Service Workers (OCSWSSW), *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Code of Ethics, Interpretation 3.

² Randall Wyatt, "Kenneth V. Hardy on Multiculturalism and Psychotherapy", psychotherapy.net, June 2008, www.psychotherapy.net/interview/kenneth-hardy

³ Kenneth V. Hardy and Toby Bobes, *Culturally Sensitive Supervision and Training: Diverse Perspectives and Practical Applications*, Google Books, Google, 2016, books.google.ca/books?id=Y7pTDAAAQBAJ.

⁴ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Code of Ethics, Interpretation 11.

or with, people of colour, they need to develop mastery in three interrelated developmental areas of “seeing,” “being” and “doing.”⁵ The process of *seeing* refers to developing a visual acuity to see the nuances and intricacies of race that are embedded in contemporary societal and institutional norms, actions and beliefs. When Canadian social workers and social service workers accept that people of colour experience discrimination in ways white Canadians do not, they improve their cultural competence. This is a change from identifying as someone “who does not see colour,” which research indicates is neither helpful nor realistic. The skill of *seeing* allows the member to engage in acts of self-examination, self-reflection and self-interrogation. In this phase, members may ask themselves, “[A]m I seeing this issue through a comprehensive lens, or through the partial lens of my own experiences as a (non-racialized) social worker?”

The process of *being* is dedicated to the exploration of how one has been racially socialized, and examines the internalized racial messages and implicit biases that one holds. The *being* phase paves the way to ask oneself a series of questions. Members may inquire of themselves:

- How do I explicitly or tacitly contribute to what I am seeing?
- Now that I see what I see and know what I know, what is my responsibility for action?
- What actions am I willing to take on behalf of self and others?

Through the processes of *seeing* and *being*, members can become more aware of their personal biases, allowing them to address the resulting actions and behaviours that cause undue harm to racialized clients. Furthermore, through accepting that race is an organizing principle in society, reflective social workers and social service workers develop

further consciousness of systemic biases, and work to counteract the policies and practices that cause undue harm to racialized clients.

The process of *doing* is the final phase devoted to taking action to support change. The *doing* phase paves the way for members to ask themselves, “[W]hat are the competencies and skills needed to carry out the plan of action, at either the micro or macro intervention levels?” Though not talked about very much, making change with respect to racism is a Herculean task, given the entrenched and pervasive nature of the phenomenon within Canada’s systems, policies and people. Members will require significant emotional and psychological resources to take definitive action to address issues of racism. Members will also require certain skills and knowledge to effect change, including the ability to engage effectively in substantive and progressive conversations about race.

THE STANDARDS OF PRACTICE

CVS: Principle I: Relationship with Clients, Interpretation 1.3 states that “College members respect and facilitate self-determination in a number of ways including acting as resources for clients and encouraging them to decide which problems they want to address as well as how to address them.”⁶

Supporting clients in addressing the problems they themselves identify is always essential, perhaps even more so in the context of anti-Black racism and other forms of systemic oppression. Members may wonder about the role they can play in supporting clients and assisting them in addressing problems that are at least in part the result of much broader, historical and insidious societal structures. When contemplating these issues, members may need to consider how they can:

- support clients in addressing problems which may seem insurmountable, given their origins and scale;

⁵ Shona Simkin, “Acclaimed Relationship Expert Kenneth V. Hardy Leads Workshop Series on Race for BCSSW Faculty, Staff, and Students”, School of Social Work - Boston College, 3 June 2019, www.bc.edu/bc-web/schools/ssw/bcssw-news/2019/kenneth-v-hardy-leads-workshop-series.html

⁶ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.3.

- make concrete, actionable plans with their clients in the face of policies, institutions and practices which may be fundamentally oppressive; and
- discuss situations in which they may be viewed by their clients as part of the identified problem.

Principle II: Competence and Integrity, Interpretation 2.2.9 in the Standards of Practice specifically addresses members' role in promoting and advocating for social justice and social change:

College members promote social justice and advocate for social change on behalf of their clients. College members are knowledgeable and sensitive to cultural and ethnic diversity and to forms of social injustice such as poverty, discrimination and imbalances of power that exist in the culture and that affect clients. College members strive to enhance the capacity of clients to address their own needs. College members assist clients to access necessary information, services and resources wherever possible. College members promote and facilitate client participation in decision making.⁷

This interpretation often resonates deeply with many members, speaking to why they chose the professions of social work or social service work. It is not always clear how this interpretation, and this commitment, should be applied in practice.

KA: Within the professions of social work and social service work, the advocacy movement against racism begins with individual members engaging in their own professional development. Given the increasing diversity in Canada, members will at some point in their professional careers interact with clients of colour. Social workers and social service workers should dedicate time to professional development around the issue of racism. Committing to continuous learning is one way to acquire the knowledge and skills necessary to be competent and effective in discussing issues of race and racism with clients.

Social workers and social service workers have always been inclined to assist others and strive for social justice. Schneider and Lester (2001) proposed a definition for social work advocacy, which also applies to social service work advocacy,⁸ stating that "the exclusive and mutual representation of a client(s) or a cause in a forum attempting to systematically influence decision making in an unjust or unresponsive system."⁹ They articulate that social workers act on behalf of others when fairness, equity, lawfulness, justice and righteousness are absent to some degree in an endeavour. As a result, there are injuries to certain persons whose rights may be violated or who may suffer a grievance due to inequity and a lack of justice.

The authors further provide a framework that delineates four different contexts and interconnected types of social work advocacy:

1. **Client advocacy** is built upon a philosophy that seeks to collaborate with clients to protect, enforce and ensure clients rights, entitlements, resources, services and benefits. When the social worker performs as a client advocate, they negotiate, argue and bargain on behalf of the client in order to secure benefits or services that the client is entitled to but for one reason or another unable to obtain.
2. **Cause advocacy** is built on the notion that when human rights violations, injustice or indignity transcend one client, social workers have an opportunity to advocate a remedy needed for several clients. When a social worker performs cause advocacy, they address problems affecting several of their clients who may belong to a particular group and have similar concerns. For example, several Black students referred to a school social worker for behavioural problems may have similar negative interactions with the same teacher.

⁷ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, Interpretation 2.2.9.

⁸ While the authors refer to social work alone, these concepts are equally applicable to social service work practice.

⁹ R. Schneider & L. Lester (2001), *Social Work Advocacy: A New Framework for Action*, Brooks/Cole, Belmont California.

3. **Legislative advocacy** consists of social workers influencing social policy and legislation at the municipal, provincial and federal levels. Social workers who know how to address social problems, seek support and resources for disadvantaged persons, and who raise public awareness about the rights and needs of all citizens, are legislative advocates.

Without the determined and constant involvement of social work advocates representing on behalf of and with clients in legislative arenas, responsive and progressive policies may not be formulated. For example, social workers who support or work with organizations that seek to change policies that authorize the excessive use of force by law enforcement agencies, given the disproportionate number of people of colour who suffer the consequences of such policies.

4. **Administrative advocacy** is built on the notion that social workers will promote change from within their agencies. This is also known as internal advocacy. Social workers perform administrative advocacy when they address agency policies or procedures that may be harmful to certain groups of clients or clients in general, evaluating incidents that affect clients and staff and call attention to violations of their clients' rights. For example, a social service agency may decide to address institutional racism through a review of their programming, hiring, training, supervision and other organizational processes.

CVS: Principle II: Competence and Integrity, footnote 9 makes an important distinction relevant to members' role in advocacy, stating that "[w]here the client is competent and able to give instruction, advocacy should be on direction of the client."¹⁰ While this requirement may seem obvious at first glance, it becomes quite challenging when a client does not have the capacity to give instruction.

One such example is when members are faced with the difficult decision about whether or not to call the police to conduct a wellness check on a client, or to assist a client in a mental health crisis. Members may have differing opinions about the appropriateness and the need to contact the police in these situations, particularly in light of recent public scrutiny and debate. Some members support calling the police, while others do not; some members have made crisis plans with clients identifying who to contact in the event of a crisis, whereas other members report that they have no other option but to contact the police.

There have been tragic consequences when police have responded to mental health crises or performed wellness checks. These consequences are exacerbated for individuals who are Black, Indigenous or people of colour. Understandably, members may feel very conflicted when confronted with these scenarios.

The Standards of Practice neither require nor prohibit members from contacting the police in these situations. Members must use their professional judgment on a case-by-case basis to determine the most appropriate course of action. Ethical grey areas are always difficult to navigate; they are intensified when the stakes are high, disparate opinions abound and quick decisions are required.

KA: Crisis situations in which clients have reduced decision-making capacity are particularly complex. Social workers and social service workers can be proactive and choose to support clients in several ways:

1. Developing safety plans within the context of a risk assessment that helps the client recognize warning signs, employ internal coping strategies, use social contacts as a means of distraction from suicidal thoughts, contact family members or friends who can help resolve the crisis, contact mental health professionals and reduce the potential of lethal means.¹¹

¹⁰ OCSWSSW, *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle II: Competence and Integrity, footnote 9.

¹¹ B. Stanley & G. Brown (2012), *Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk*, *Cognitive Behavioral Practice*, 19 pages 256-264.

2. Helping clients develop “social safety networks” of people who have a strong relationship with the client and who the client sees as particularly helpful during a crisis. These are usually individuals who can attend to the client in times of crisis and help resolve the issue and/or encourage the client to seek emergency mental health services.¹²
3. Being knowledgeable about, and providing a list of, useful distress line resources so that the client or the client’s family or support people can initiate for the client if the client needs someone to talk to.
4. Be knowledgeable about, and providing a list of, mobile crisis response teams within the client’s residential area or region. Some mobile crisis teams respond without police (the Gerstein mobile crisis team in Toronto, for example).
5. The member could also call 911 and insist on having the mobile crisis intervention team (a collaborative partnership between a mental health professional and a trained police officer) respond to situations involving individuals experiencing a mental health- and/or addictions-related crisis. Members should ensure that they are knowledgeable about the existence of this type of service in the client’s residential area.

Members should recognize that first responders who attend to their clients in times of crisis may not necessarily consider culture or cultural identity in their response. For this reason, members are encouraged to consider opportunities to engage in ongoing work with their municipal and provincial decision-makers to ensure that comprehensive changes are initiated with respect to community mental health crisis responses. These changes must consider the views, expectations and contributions of the community in determining culturally sensitive and appropriate responses to mental health emergencies in the future.

It is important that members also consider opportunities within their own organizations: as part of their efforts, they are also encouraged to engage in administrative advocacy both within their own organizations and with other mental health services in order to improve the accessibility and the quality of mental health care and services for people of colour.

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CONCLUSION

CVS: As a society, we are currently facing a moral and ethical imperative to respond to anti-Black racism and other forms of systemic oppression. These complex issues have touched every facet of our daily lives. In their professional roles, social workers and social service workers are well positioned to be at the forefront of developing and delivering solutions to these challenges.

When considering whether and how to advocate against anti-Black racism and other forms of systemic oppression, members should reflect upon their practice, carefully considering how to:

- centre the topic of racism within the context of a therapeutic relationship, giving voice to experiences that may be unexpressed;
- do the work of *seeing, being* and *doing* – recognizing the nuances and intricacies of race that are embedded across societal structures and systems, exploring how they have been racially socialized, and determining they can take action for change;
- commit to ongoing learning and development to ensure that they are knowledgeable about, and competent with respect to, issues of racism and how to discuss these issues with clients;

¹² Sandra Walker, Anne Kennedy et al. (2018), “How do people with long-term mental health problems negotiate relationships with network members at times of crisis?”, *Health Expectations*, 21, 336-346.

¹³ Charmaine C. Williams (2002), “A Rationale for an Anti-Racist Entry Point to Anti-Oppressive Social Work in Mental Health Services”, *Critical Social Work* 3 (1), 26-31.

¹⁴ Tiyondah Fante-Coleman & Fatimah Jackson-Best (2020), “Barriers and Facilitators to Accessing Mental Healthcare in Canada for Black Youth: A Scoping Review”, *Adolescent Research Review*, 5: 115-136.

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- reflect upon client, cause, legislative and administrative advocacy, so that they can determine how and where to focus their efforts, and address issues that are prevalent within the context of their own practice.

The pandemic and the global movement to address anti-Black racism and other forms of systemic

oppression have highlighted an urgent need for social change. Advocacy is an essential competency within social work and social service work practice; by applying their skills, knowledge and judgment, members are uniquely equipped to contribute to lasting, meaningful and systemic change.