

Code of Ethics

Australian Society of
Rehabilitation Counsellors



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Contents

Preamble	3
Definition and Goal of Rehabilitation Counselling	3
Objective of the Code	3
Breach of the Code and Disciplinary Action	3
1. General Ethical Standards	4
2. Client	4
3. Client’s Employer or Prospective Employer	7
4. Profession/Peer Conduct	7
5. Other Professionals	8
6. Employer, Agency, Supervisor	8
7. Community	8
8. Maintenance of Professional Competency	9
Appendix A - Recommended Procedures for Persons Considering Invoking any Section of the Code of Ethics	10
1. Source of Complaints	10
2. Action Required by a Member of ASORC	10
3. Assisting a Member of the Public	10
4. Cooperation in Processing Complaints	10
Appendix B - Definitions	11
Index	12

Preamble

This Code of Ethics outlines and advances ethical principles and establishes defined standards to direct members of the Australian Society of Rehabilitation Counsellors Ltd (**Member** and **ASORC** respectively) in their professional practice and inform the public.

This Code of Ethics will continue in operation subject to any amendment made from time to time by the ASORC Board, until formal review in 2024.

Definition and Goal of Rehabilitation Counselling

All Members should be committed to facilitating the personal, social and economic independence of people with whom they work.

The Code of Ethics, referred to as the **Code**, is designed to guide Members in the accomplishment of these goals. All Members must demonstrate adherence to professional ethical standards and must ensure that the standards set out in the Code are enforced.

Members may be called upon to provide counselling; collate social, medical, vocational or biopsychosocial information; coordinate individual client rehabilitation programs, job placement and job development services; or other rehabilitation services.

The primary responsibility of Members is to their clients, defined in this Code as people who are accessing the services provided by or arranged by Members.

Objective of the Code

The basic objective of the Code is to set out the ethical behaviour expected of Members. The Code consists of two parts:

1. Standards; and
2. Rules of professional conduct.

The Standards:

- Are general principles reflecting the fundamental spirit of caring and respect which Members must share;
- Are models of exemplary professional conduct;
- Express general concepts and principles from which more specific Rules are derived.

The Rules are more exacting, in that they provide guidance to Members in specific circumstances.

Breach of the Code and Disciplinary Action

ASORC reserves the right and power to self-regulate and to reprimand, suspend or revoke membership in response to any complaint or circumstances that identifies and evidences a breach of the Code.

There is a documented procedure for members and third parties to complain about a Member's conduct as constituting a breach of the Code. Circumstances (which are by no means exclusive) which may lead to such consideration is set out in **Appendix A**.

The review process (and any resulting disciplinary action) once the procedure is invoked, is undertaken solely by and on the recommendation of the ASORC Complaints and Ethics Sub-Committee (as constituted by the ASORC Board of Directors).

Where there is reason to consider a Member's conduct under ASORC's complaints and disciplinary process, the Member should refrain from engaging in such behaviour until the conduct has been considered by the ASORC Complaints and Ethics Sub-Committee.

Members who require assistance in interpreting and understanding the Code should request a written opinion from the ASORC Complaints and Ethics Sub-Committee (contactable through the ASORC National office).

1. General Ethical Standards

Standard:

Members, in their professional practice, should:

- (a) Act lawfully and in accordance with all applicable legislation and regulations;
- (b) Act in an ethical and moral manner, in line with general community norms; and
- (c) Avoid actions which cause, or could reasonably cause, harm to others or bring the profession of rehabilitation counselling into disrepute.

Members remain personally responsible and liable for their professional conduct. The welfare of a Member's client takes precedence over any self-interest or the interests of their colleagues, employers or any other third party.

Rules:

1.1 Members will obey the statutes and regulations (**Laws**) in the jurisdiction in which they practice. This Code is to be interpreted with reference to these Laws.

1.2 Members will not engage in any act or omission that is dishonest, deceitful or fraudulent in nature during the conduct of their professional activities.

1.3 Members shall not allow the pursuit of financial gain or other personal benefit to interfere with the exercising of sound professional judgement and skills.

1.4 Members will not abuse their relationships with clients to promote personal or financial gain or the financial gain of their employers; and shall avoid conflicts of interest which could impair their professional judgement or increase the risk of exploitation.

1.5 Members shall refrain from offering or undertaking work or advice beyond their professional competence as a Rehabilitation Counsellor.

1.6 Members will be thoroughly familiar with, observe, and discuss with their clients the limitations of the professional rehabilitation counselling services or benefits available to clients so as to facilitate honest and open communication and realistic expectations.

1.7 Members will avoid public actions which will compromise the fulfilment of their professional responsibilities or reduce the public trust in or image of Rehabilitation Counsellors and ASORC.

2. Client

Standard:

The relationship between Member and client is central to the Member's professional activity. This requires that a Member, when working with a client, cultivates an atmosphere of trust, confidentiality and honesty. The wishes and needs of a client should be at the forefront of consideration and within the accepted boundaries of an effective and productive rehabilitation counselling relationship with a Member.

Rules:

2.1 Members will, at all times, have regard for the safety, welfare and security of a client.

2.2 Members will maintain respect for every client's dignity, values, lifestyle, attitudes, culture or beliefs; and provide services that are appropriate to that client.

2.3 In accordance with anti-discrimination legislation, Members will not discriminate against any client in any legislated respect, including, but not limited to age, sex, race or religion.

2.4 Members will make clear to each client and other involved parties the purposes, goals and parameters of the rehabilitation counselling relationship and extent of professional rehabilitation services available.

2.5 Members will not misrepresent their role or expertise.

2.6 Members respect the autonomy of every client and the client's right to participate in decisions. Members will involve the client at all times in the development of their rehabilitation plan, which is consistent with the abilities and circumstances of that client.

- 2.7 Members will not continue to provide professional services beyond those services that are necessary or effective for adequately meeting a client's needs.
- 2.8 Members will inform clients at the beginning of the working relationship of the limits to confidentiality applying to the relationship and the information shared as a result. Members will only collect and release information relevant to delivery of the rehabilitation services contracted to be provided. At the commencement of the relationship, Members will obtain the Informed Consent of a client to release information.
- 2.9 Members may assist a client in understanding information obtained from assessments carried out by the Member or other professionals. The Member will not interpret any findings to the client in such a way that will detract from the integrity of or will damage the relationship between the Member and the client.
- 2.10 Members must make and keep adequate records which present only relevant data and make every effort to avoid undue invasion of privacy.
- 2.11 Members will safeguard the maintenance and storage of all client records in accordance with required legislation or for a minimum of seven years (whichever is the lesser period). Members will safeguard and dispose of information so that unauthorised persons shall not have access to any information. All persons who have access to these records should be briefed concerning the confidentiality standards and obligations to be observed in line with applicable legislation.
- 2.12 Members may have a legal obligation to report alleged or potential criminal acts of, or committed on, a client. If the Member believes that information provided to them may constitute a crime, and the information may be required to avoid or minimise serious or imminent harm, Members are obliged to report the matter to their employer. If self-employed, Members should seek guidance from the ASORC Complaints and Ethics Sub-Committee.
- 2.13 Members should refer clients who require services beyond the Member's area of professional expertise, or scope of practice, to other suitably qualified professionals.
- 2.14 Members who provide services at the request of a third party will clarify to a client the nature and limits of the relationships of all parties involved. This is particularly pertinent to limits of confidentiality and Informed Consent.
- 2.15 Members have an obligation to provide unbiased, objective opinions based on their professional education, training, experience and evidence based best practice.
- 2.16 With a client's Informed Consent, the Member may enlist the involvement of the client's family or significant others to exert an impact on the rehabilitation plan or services provided. Communication should be in line with limits of privacy or confidentiality (see also 2.8).
- 2.17 Members will not solicit fees, favour or gratuity directly from clients for services which a client is eligible to receive through the Member's service agreement.
- 2.18 Members are to abide with their employer's policies and procedures in relation to the recording of professional services to clients. If the Member has any concerns about the extent to which their employer's policies and procedures comply (or do not comply) with legal requirements, Members are encouraged to engage with their employer through any available internal mechanisms for review.

In the absence of the member's employer having a relevant recording policy and procedure, then the following protocols are recommended for the Members to adopt to the extent that they are reasonably able in the circumstances.

Members will obtain a client's consent (written, verbal or implied) prior to recording any professional services.

Verbal consent will only be acceptable if obtaining written consent is not possible or an option available to the Member when consent was sought.

In the absence of the ASORC member's employer having an Informed Consent recording requirement in compliance with the following:

- Crimes Act 1914
- Privacy Act 1988
- Freedom of Information Act 1982
- Archive Act 1983
- Copyright Act 1968

- Electronic Transactions Act 1999
- Public Service Act 1999 (APS Code of Conduct)
- Fair Work Act 2009

the Member is to obtain the client's verbal Informed Consent in two parts:

- a) A verbal notification from the ASORC member to the client that a verbal consent is required to proceed with recording, to which the client may either give consent or decline consent (and if declined, the client is then called on a line that is not recorded); and
- b) Having given provisional verbal consent to be recorded, the recording is commenced and a template consent authority is read with a prompt to the client to again confirm their informed verbal consent.

Verbal consent should form part of the call recording and documented on the clients record.

- 2.19 Members will not engage in personal relationships (including any form of intimacy or sexual interaction) with clients. Members should take all possible action to avoid such situations which potentially compromise the Member, the client, the Member's employer, any involved government agency and the profession of rehabilitation counselling in general. If a Member, engaged in a professional role with a client, identifies personal feelings towards the client of such magnitude, the Member should terminate their professional relationship and take steps to refer the client elsewhere immediately (see also 6.3). A Member should not participate in any personal relationship with any former client in under 2 years from the date the Member ceased providing rehabilitation counselling services.
- 2.20 Members will not provide services when (a) the Member is under the influence of drugs or alcohol or (b) when the Member's judgement or decision-making is impaired for any reason.

3. Client's Employer or Prospective Employer

Standard:

Members are obligated to:

- a. promote the welfare of a client by adequately assessing the client's capabilities and limitations; and
- b. provide employers or prospective employers with accurate information concerning the client's ability to perform a specific job.

Rules:

- 3.1 Members will refrain from recommending a client to an employer for work which:
 - a. the client is not competent to perform,
 - b. is or may be illegal (such as working for cash in the black economy, working in an unlicensed business etc.), or
 - c. would be detrimental to the health and safety of the client or fellow workers.
- 3.2 If a client finds a job without the intervention of the Member, the Member, with the client's Informed Consent, may give an employer information in relation to the client's suitability for the job under consideration (see also 2.8).

4. Profession/Peer Conduct

Standard:

Members will support and encourage others in the rehabilitation counselling profession to abide by the Code.

Rules:

- 4.1 Members are to encourage and support professional colleagues in rehabilitation counselling to observe the Standards and Rules in the Code.
- 4.2 Members will share information with other Rehabilitation Counsellors which may enhance their effectiveness and contribute towards their continuing professional development.
- 4.3 Members will not disseminate information or participate in activities which will or have the potential to erode the occupational status or reputational damage of the rehabilitation counselling profession.
- 4.4 When transferring a client to another Rehabilitation Counsellor, the following should occur:
 - a. Member consultation with the client to ensure safety, welfare and continuity of service.
 - b. Member handover with the receiving/ incoming Rehabilitation Counsellor, including any existing management/ rehabilitation plan.
 - c. Manage withdrawal from involvement in the case once a client has been transferred.
- 4.5 When transferring a client, a Member will not disparage the other Rehabilitation Counsellor's capabilities or methods, or the quality of the client's rehabilitation plan (see also 4.2).

5. Other Professionals

Standard:

A multi-disciplinary approach is usually used in the development and implementation of a client's plan. In the development of the plan, the Member should seek to facilitate the contribution of all parties involved for the maximum benefit of the client.

Rules:

- 5.1 Members will report findings and conclusions in a timely manner to other relevant parties to enable them to cooperate effectively in implementing a client's plan.
- 5.2 Members will ensure any plan is developed and understood by all parties involved.
- 5.3 Members will attempt to resolve any concerns between relevant parties where there is disagreement with a client's plan.
- 5.4 Members are free to express their expert view to other professionals on rehabilitation counselling or client services.

6. Employer, Agency, Supervisor

Standard:

Members will adhere to the work conditions set down by their employing agencies and supervisors.

Rules:

- 6.1 Members will endeavour to secure the deletion or amendment of any conditions on their employment that require them to act in an unethical or unprofessional manner, erode the effectiveness of the Member's professional functioning or to breach this Code.
- 6.2 Members upon resignation or separation from their employment will leave their work in such condition that their successor can continue effective rehabilitation counselling services to clients (see also 4.4).
- 6.3 Members will promptly inform their workplace supervisors of any situations in their work that may breach the Code.

7. Community

Standard:

Members will:

- a. Use their specialised knowledge to promote understanding of disability and the general welfare of people with disability in the community;
- b. Support the rights of people with disability; and
- c. Promote acceptance of the principles of rehabilitation and of rehabilitation counselling.

Rules:

- 7.1 Members will not be a party to any arrangements or operations that will result in exploitation of their clients by an individual, a business or by other interests.
- 7.2 Members will avoid situations where their relationships with an individual, business or other entity might be interpreted in the community as being a conflict of interest.

8. Maintenance of Professional Competency

Standard:

Members will achieve and satisfy the ASORC Core Competencies.

Members will establish and maintain professional competencies at such a level that their clients receive the benefit of the highest quality of services the Member is capable of offering.

Rules:

- 8.1 Members will strive, through continuing professional development (**CPD**), to keep abreast of new developments and evidence-based best practice and embed these into service provision where appropriate.
- 8.2 Members must maintain, record and evidence the level of CPD that is required to maintain their level of ASORC membership.
- 8.3 Members will take the initiative to arrange for in-service training and instruction adequate for them to perform their assigned duties competently and efficiently.
- 8.4 Members will not permit themselves to be placed in a situation where they must carry out duties outside of their professional competency.
- 8.5 Wherever possible, Members will contribute to the development of the profession by supporting and/or formally supervising trainee Rehabilitation Counsellors.
- 8.6 Members engaged in the direct supervision of trainee Rehabilitation Counsellors will not enter into any arrangement which may exploit the trainee nor use that situation for their own personal gain, financially or otherwise. Members should not enter into a supervisory relationship which could potentially compromise the impartiality of the supervision.
- 8.7 Non-compliance with the Recency of Practice policy and associated policies and procedures may attract disciplinary action including suspension or cancellation of ASORC membership.
- 8.8 Non-compliance with the Return to Practice policy will result in ASORC membership being withheld until the requirements set out in table 1 of the policy are completed.

Appendix A - Recommended Procedures for Persons Considering Invoking any Section of the Code of Ethics

1. Source of Complaints

The information leading a Member to consider invoking the Code may come from a variety of sources. For example:

- (a) A consumer of rehabilitation counselling services approaching a Member, asking for advice or information on procedures for redress for what they perceive as unprofessional or unethical behaviour by a Member.
- (b) A Member of another professional body expressing concern about interdisciplinary ethics or practice involving a Member.
- (c) A Member personally observing, or otherwise becoming aware of, behaviour by another Member which appears to contravene the Code.
- (d) An employer requiring a Member to perform professional duties or to handle data in a way which may contravene the Code.
- (e) Self-disclosure by a Member.

2. Action Required by a Member of ASORC

In circumstances where a Member has factual knowledge of, or reasonable grounds for believing that, a provision of the Code has been or is being violated, it is the Member's professional responsibility to contact ASORC for advice on applying the Code and what further action by the Member may be appropriate in the circumstance.

After advice from ASORC, it may be appropriate, depending on the circumstance, for the Member to:

- (a) Approach the Member in a professional manner, drawing attention to the actions thought to be in breach and quoting a section(s) of the Code which apply; and
- (b) Submit the matter in writing to the ASORC Complaints and Ethics Sub-committee

Depending on the circumstances, if the Member admits to behaviour which contravenes the Code and agrees to cease such violation, the matter may still be referred to the ASORC Complaints and Ethics Sub-committee for review.

3. Assisting a Member of the Public

Where a client of rehabilitation counselling services asks for advice or action to obtain redress (a **Complainant**), rather than enquiring into the circumstances and becoming a party to the complaint, a Member, should:

- 3.1 Advise the Complainant to contact ASORC to confirm that the person providing the rehabilitation counselling services is a member of ASORC. If it is confirmed that the person is an ASORC member, the Complainant can complain in writing directly to ASORC.
- 3.2 Advise the Complainant to the best of one's ability and within the confines of legislation of their rights of complaint through appropriate government departments. For example, Office of the Guardian, Police, workers' compensation regulators etc.

4. Cooperation in Processing Complaints

It should be recognised that it is in the interest of clients, Members and the profession of rehabilitation counselling services that complaints be dealt with promptly.

Members are advised that long delays or failure to respond to requests from ASORC could be considered unprofessional conduct.

Appendix B - Definitions

Conflict of interest means a situation in which the concerns or aims of Member and any other party is incompatible.

Informed Consent means permission that is granted in full knowledge of the possible consequences and the possible risks or benefits.

Jurisdiction means the Commonwealth of Australia or the state or territory in which a Rehabilitation Counsellor is providing service.

Legal rights means rights protected under laws and statutes of the Commonwealth of Australia, or of the state or territory in which a Rehabilitation Counsellor is rendering a service.

Member means a member, of any grade, of ASORC.

Rehabilitation program/Rehabilitation Plan means any plan or program designed in collaboration with the client which outlines stages, tasks, outcomes and timeframes for rehabilitation service delivery.

Rights means the universal human rights as defined by the United Nations Universal Declaration of Human Rights. This incorporates rights that may or may not be fully protected by existing laws.

Rehabilitation counselling means any service provided by a Member to a client including but not limited to counselling; evaluation of social, medical, vocational or biopsychosocial information; coordination of individual client rehabilitation programs, job placement and job development services; or other services.

Rehabilitation Counsellor means any ASORC Member irrespective of the level of membership.

Index

alcohol, 5
ASORC Core Competencies, 8
Client, 3
client records, 5
competence, 4
Complaints, 9
confidentiality, 4
continuing professional development, 8
disciplinary action, 3
discriminate, 4
dishonest, 4
drugs, 5
exploitation, 7
family, 5
fees, 5
financial gain, 4
fraudulent, 4
in sexual relationships, 5
informed consent, 5
laws and statutes, 4
limitations, 4
Maintenance of Professional Competency, 8
misrepresent, 4
Objective of the Code, 3
opinions, 5
privacy, 5
professional competency, 8
Public, 9
public actions, 4
Rehabilitation Counsellors, 3
rehabilitation plan, 4, 5, 6
reports, 5
Rules, 3
safety and security, 4
Standards, 3
supervision, 8
third party, 4, 5
transfer of a client, 6
work conditions, 7



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Rehabilitation Counsellors