



BC ASSOCIATION *of*
SOCIAL WORKERS

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January 10, 2020

Steering Committee on Modernization of Health Professional Regulation
Ministry of Health
Victoria, BC

E: PROREGADMIN@gov.bc.ca

Dear Steering Committee;

Re: Modernizing the provincial health profession regulatory framework: A paper for consultation

Introduction:

The BC Association of Social Workers (BCASW) appreciates the work completed by the Steering Committee on Modernization of Health Professional Regulation. We are pleased to provide comment on Modernizing the provincial health profession regulatory framework: A paper for consultation.

Our Association has a lengthy history of advocating for the inclusion of social work in healthcare legislation (Appendix A & B). Social workers are employed in health settings across BC and ground their practice in a deep understanding of the social determinants of health.

Our Request:

We reviewed your committee's November 2019 report, and consulted with our members, staff, directors, and allied health and social care stakeholders. We also reviewed our Association's nearly six-decade long history of advocating for stronger protection of the public interest through strengthening professional social work (Appendix A & B).

We believe that our Association's goals of strengthening professional social work through clear protection of title, mandatory registration with our professional college, statutory scope of practice, and accredited social work education will lead to greater protection of the public interest and can best be achieved with the inclusion of the profession of social work under a revised Health Professions Act.

Following mention of social work in your report, you state that "In the future, the oversight body could assess and recommend whether the public interest could be better served if certain existing professions were to be regulated under the Health Professions Act and, if so, by which regulator" (p 15). We look forward to discussing how and when social work will be considered for inclusion in the Health Professions Act.

Who We Are:

The BC Association of Social Workers is a voluntary, not-for-profit membership association that supports and promotes the profession of social work and advocates for social justice. BCASW currently has nine branches and members in every region of the province. Our members work in many different and overlapping sectors. The greatest number of members work in medical settings, mental health, and substance use services, and in private counselling practices.

BCASW is one of nine provincial and territorial social work associations in partnership with the Canadian Association of Social Workers.

Our Association is led by a voluntary provincial Board made up of executive members, regional representatives, and a student representative. Members serve on various committees and communities of practice including Health Advocacy, Multicultural and Anti-Racism, Indigenous Social Work Practice, Child Welfare, and Seniors Issues. Our members are also active on non-profit agency boards and with various province-wide initiatives including the government's poverty reduction strategy.

The BCASW's goals are:

- Promotion of the profession and practice of social work - Promote the knowledge, skills, and abilities of professional social workers and the diversity of social work practice to public, government, and nongovernmental organizations.
- Service to members – Provide valuable, supportive, and accessible resources and services that meet the needs and interests of members
- Advocacy, social justice – Promote health, social, and economic policy consistent with social work values, to ensure a just and compassionate society

Our Association works closely with the BC College of Social Workers, always recognizing our different mandates and responsibilities.

What We Do:

Social work is a profession concerned with helping individuals, families, groups, and communities to enhance individual and collective health and well-being. It aims to help people develop their skills and ability to use their own resources and those of the community to prevent and resolve problems. Social work is concerned with individual and personal problems broader social issues, the protection of fundamental rights, and social justice.

Social work practice is based upon the [profession's code of ethics, values, and principles](#). Using knowledge of human behaviour and social systems, social workers assist people in all stages of life to build strength and capacity. With knowledge of the interaction between human development and social, economic, and cultural factors; social workers work with people to manage life's challenges. Social workers' skills and interventions include assessment, problem-solving, counselling, teaching, skill building, conflict resolution, the creation and use of resources and treatment and support programs, advocacy, and research. We invite you to review two of our publications prepared for distribution to health professionals and to members of the public.

- *The Role of Social Workers on the Health Care Team* (Appendix C)
- *Social Work Skills and Knowledge in Health Care* (Appendix D)

A Brief History of the Social Work Profession in British Columbia:

The BCASW has been involved in repeated efforts, alone and with other stakeholders, to modernize legislation to strengthen the profession and extend protection of the public interest. A record of the some of the initiatives BCASW was directly involved in or has supported are found in Appendix A and B.

In the fall of 2018, BCASW met with MCFD Minister Katrine Conroy to discuss the recently broadened educational qualifications for child protection social workers which now allow MCFD to hire workers with no social work education. Consistent with the findings of Judges Thomas Gove (Report of the Gove Inquiry into Child Protection in British Columbia, 1995) and Ted Hughes (BC Children and Youth Review, 2006), this broadening of credentials puts the public at unnecessary risk.

Throughout 2019, a joint working group was established with MCFD and tasked with protection of title, mandatory registration, scope of practice, and other matters. Other members of the working group are directors of BC's accredited schools of social work, the BC College of Social Workers, and the BC Government Service Employees' Union. These talks continue; however, no progress has been made with regard to increasing protection of the public interest through protection of title, scope of practice, and mandatory registration to ensure accountability in accordance with our professional standards and code of ethics.

Through the Social Workers Act, the BCCSW controls the title, "Registered Social Worker" and "Registered Clinical Social Worker". Persons describing themselves as social workers generally must register with the College however the Act provides very little specific protection of the title "social worker". Significantly, regulations of the Act provide exemptions such that almost anyone engaged in the human service field may refer to themselves as a social worker. Those who work for public organizations such as the provincial and federal governments, and First Nations are not legally required to register with the BCCSW and may refer to themselves as social workers. Fortunately, some choose to register with the College making themselves publicly accountable. Notably, a few years ago, the exemption for social workers in BC's health authorities was removed making registration with the BC College of Social Workers a requirement of employment.

In sum, our attempts to ensure high quality social work services through protection of title and mandatory registration for all social workers have met with limited success through the Ministry of Children and Family Development.

Professional Goals and Principles:

Social work associations form one of the three Canadian intersectoral pillars of the profession; the other two being the regulatory colleges and the schools of social work. All three groups have a memorandum of understanding to collaborate on the following principles:

- The social work profession is committed to the fundamental goal of advancing human rights and social justice.
- All service users have the right to receive skilled and ethical social work services from a qualified social worker.
- The three sectors support registration for social workers in Canada.
- All three sectors support accredited social work education programmes.

Response to Specific Proposals:

1. Improved governance, Q1a - We support an equal number of public and professional members on regulatory college boards and prefer to see professional members elected by college registrants. Professional members are fully capable of maintaining a single focus on public interest. British Columbia's social workers understand the difference between the BCASW's role to promote the profession and the BC College of Social Workers' regulatory mandate. We support a merit-based appointment process for public members of the board.

1. Improved governance, Q1b - We understand that some colleges have vacant public member positions on their boards and that a merit-based process will slow appointments further. The current appointment process, through the Crown Agencies and Board Resourcing Office, may require additional resources to improve their ability to make timely appointments. Having the oversight body take on this responsibility is likely to increase efficiency given a reduction in the number of colleges however raises other concerns (see Q3b).

1. Improved governance, Q1c - We support a board size of eight to 12.

1. Improved governance, Q1e - We believe that service on regulatory boards and committees should be voluntary and without monetary compensation where possible. Providing such service on a pro bono basis is the responsibility

of a professional. Where workload and time commitments exceed what can normally be expected of a person serving as a volunteer, compensation should be available.

2. Reduction in the number of regulatory colleges, Q2a - We support a reduction in the number of regulatory colleges.

2. Reduction in the number of regulatory colleges, Q2b - We are concerned by the number of professions to be included in the proposed College of Health and Care Professions given the range of services delivered by the professions. We also express concern regarding diverse and potentially conflicting values, ethics, and standards of practice. We encourage the Steering Committee to consider more colleges with fewer compatible professions in each. As a profession likely to be assigned to this college, we suggest that the title be broadened to the College of Health and Social Care Professions.

2. Reduction in the number of regulatory colleges, Q2c - We see no need for a moratorium on the creation of new regulatory colleges and express concern that the number of colleges needs to be determined through the process of assigning professions to appropriate colleges. A flexible and accommodating approach to the creation of new regulatory colleges is superior to setting a limit on their number at the start of the restructuring process.

2. Reduction in the number of regulatory colleges, Q2e - We support the creation of sub-committees comprised of members, who are registrants but not board members, to ensure that the board has ready access to profession-specific knowledge. Such sub-committees would hold responsibilities such as the creation of practice standards and codes of ethics. In order to ensure the public understands that colleges regulate separate and distinct professions, and to better reflect the group's responsibility, each profession should have a clear title such as Council (e.g. Council of Social Workers within the College of ...).

3. Strengthening the oversight of regulatory colleges, Q3a - We support the creation of the oversight body.

3. Strengthening the oversight of regulatory colleges, Q3b - We have concerns about the oversight body appointing members to the college boards and disciplinary committees. Considerable profession-specific knowledge is required to properly perform the functions of these bodies and this must be taken into account in the development of a merit-based appointment system.

3. Strengthening the oversight of regulatory colleges, Q3d - Given the oversight body's responsibility to provide guidance and accountability to the colleges, we see no need for the colleges to report directly to the BC Legislature through the Minister of Health.

3. Strengthening the oversight of regulatory colleges, Q3e - We support the proposal that the oversight body provide an annual report to the BC Legislature through the Minister of Health.

4. Complaints and adjudication, Q4a - We support the separation of investigation of complaints and adjudication or discipline within the college and overseen by the oversight body. We do not believe this requires the establishment of an adjudication body outside the college.

4. Complaints and adjudication, Q4c - We are concerned about the lack of profession-specific knowledge at the adjudication panel. Although your report states "One health professional with clinical competence in the same health profession as the registrant facing the complaint" (p. 17), we believe this is inadequate. As the complaint moves forward through the investigation and adjudication phases, there is increased risk that the complaint is removed from the profession-specific practice context.

4. Complaints and adjudication, Q4d - We support regulatory colleges continuing to investigate complaints regarding health professionals.

4. Complaints and adjudication, Q4e - We support regular training for inquiry committee members.

4. Complaints and adjudication, Q4f - We support greater transparency with respect to publishing actions taken to resolve complaints however we support publishing identifying information of health professionals only where complaints are founded and adjudication has occurred.

4. Complaints and adjudication, Q4g - See Q4f.

4. Complaints and adjudication, Q4h, I, & j - We support allowing colleges to publicly disclose receipt of a complaint (date received) and a brief description of which standards/code of ethics were allegedly breached; standard policy and procedure for processing such a complaint; and an up to date status of the complaint. The published information of an open complaint should never contain any identifying information about any party. The information released will enhance public trust and serve as education on ethical practice for professionals.

4. Complaints and adjudication, Q4k - We support requiring colleges to consider past complaints and discipline when investigating and adjudicating current complaints.

4. Complaints and adjudication, Q4l - Awareness of past complaints and discipline allows for the identification of patterns as well as information about failed past corrective actions.

4. Complaints and adjudication, Q4m - Information about unfounded complaints should not be made available to investigation and discipline committees.

4. Complaints and adjudication, Q4n - We support the development of a consistent response to sexual abuse and sexual misconduct across all colleges.

5. Information sharing to improve patient safety and public trust, Q5a - We support legislative changes that allow for information sharing between colleges when a complaint refers to multiple professionals regulated under more than one college.

5. Information sharing to improve patient safety and public trust, Q5b - We recommend consultation with the Office of the Information and Privacy Commissioner for B.C.

5. Information sharing to improve patient safety and public trust, Q5c - Consideration should be given to permitting the colleges to share disciplinary committee findings with other relevant regulatory bodies across the country to broaden the public interest.

Thank you for considering our request for inclusion of the profession of social work in the Health Professions Act in furtherance of our aim to ensure high quality social work services and increased public interest protection.

Sincerely,



Michael Crawford, RSW
President, BC Association of Social Workers



Dianne Heath, RSW
Executive Director, BC Association of Social Workers

cc: Jim Campbell, President, BC College of Social Workers
Mark Hillenbrand, Registrar, BC College of Social Workers

Social Work Regulation in British Columbia: A Developmental History 1956 – 2008

WORDS **PHYLLIS NASH**, BSW, MSW, RSW, PAST PRESIDENT, BCASW

INTRODUCTION

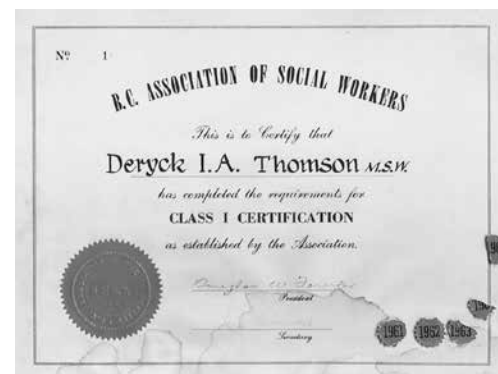
The history of social work regulation is one of competing interests both within the profession and externally. There have been many concerted efforts over the fifty years since the first Social Workers Act (1968) was proclaimed to improve inclusiveness, effectiveness, and usefulness of the Act. Several amendments were enacted but the Act still does not provide for mandatory registration of the profession, thus is not an effective tool for regulation of the profession. In this regard, BC is significantly behind the eastern provinces in Canada, including the Maritimes, Ontario, and Quebec as well as our neighbour Alberta. Many factors contributed to this state of affairs including a series of unsympathetic governments; tension between social workers in health and social workers in social agencies, tension between the British Columbia Association of Social Workers and the Board of Registration of Social Workers; the public image of the profession as portrayed by a sometimes sensationalist media; development of “new” professions such as clinical counselling, child and youth care, and human service worker who see themselves as having overlapping skills; and the opposition of unions that view their mandate as eroded by a professional alliance.

It is timely to look at this history. Not only is the Social Workers Act fifty years old in this province and the College ten years old, but once again BCASW is lobbying the provincial government to tighten credentials of child protection workers to a degree in social work. The following is a review of some of the initiatives taken to lobby for mandatory registration of social workers in British Columbia.

HISTORY

The first Social Workers Act was proclaimed in 1968 in British Columbia. A Board of Registration was created in 1969 by the British Columbia Association of Social Workers. There was recognition that it was not a particularly strong Act as it did not protect use of title or the practice of social work. However, a **government appointed** Board of Registration for those qualified for **voluntary registration** and a grandfather clause to enable unqualified practitioners to meet requirements was included.

It all officially began in 1956 with member number one.... Deryck Thomson.



In the late seventies and early eighties, BCASW worked with the Social Credit government and the Minister of Human Resources, Grace McCarthy on the Social Service Practitioners Act designed to regulate both social workers and social service workers. It was progressive legislation at that time and was expected to be adopted. BCGEU provided significant opposition and the Minister dropped support for the Act. Similar legislation, The Social Work and Social Service Work Act, was adopted in Ontario in 1998. BC was never able to achieve such progressive legislation.

At the same time in the late seventies, a “renegade” group (their definition) of social workers formed the Associated Professional Social Workers primarily to lobby for legislative change. Amendments in 1989 provided some protection of title and clarified the power of the Board of Registration to discipline registered social workers. It should be noted that a list of exemptions to the use of title was included in the Act. Those exemptions were broad and included social workers working for government and agencies funded by government. In reality, title was not actually protected.

In 1991, the Board of the BCASW identified work on extending the scope of the Social Workers Act as a major priority and appointed a task force to review issues and options. This group reviewed the legislation and sought legal advice. In the following year, the Social Workers Act was amended, further clarifying powers to discipline. None of the changes recommended by the task force were included.

In January of 1994, the Vancouver Island Branch proposed that clinical social work be licensed across private and public sectors at both a BSW level and a MSW level. Nothing came of this initiative either. The Act was amended twice in 1994, addressing “hearing panels” and secondly, the composition of the Board of Registration. The second amendment increased the size of the appointed Board and legislated that two members of the Board not be social workers. Throughout this year, the list of exemptions to the right to title continued to grow. At the same time, there was discussion on developing a Health Professions Council and a recommendation by the BC Labor Relations Board to transfer administration of the Social Workers Act to this body.

The BC Ombudsman of the day, Dulcie McCallum, was given expanded jurisdiction Her report in 1995 forced the separation of advocacy and regulatory organizations across BC. As a result, the Board of Registration severed its ties with BCASW at the provincial conference held in Prince George.

1995 was a tumultuous time for the profession of social work in BC. The BCASW separated from the Board of Registration, *The Gove Report* was delivered, and there was a concerted effort to have social workers regulated under the proposed Health Professions Act (1996).

The BC Ombudsman of the day, Dulcie McCallum, was given expanded jurisdiction over schools, hospitals, universities, self-governing professional bodies, and local governments in 1994. Her report in 1995 forced the separation of advocacy and regulatory organizations across BC. As a result, the Board of Registration severed its ties with BCASW at the provincial conference held in Prince George. Many social workers were angry about this division. Some became life-long resisters to registration and others dropped their membership with BCASW. Membership in the professional association was no longer a prerequisite for registration. It was feared that the Association would not be able to survive. In fact the Association did lose 432 members and has not regained membership to 1995 levels. The Ombudsmen’s position impacted other professions including nurses and teachers. The nurses’ professional association fees were collected by their college until this year.

A Commission of Inquiry into the adequacy of services, policies and practices of the Ministry of Social Services as they relate to the apparent neglect, abuse and death of Mathew John

Vaudreuil resulted in *The Gove Report* (1995). The profession of social work received a good deal of sensational and inaccurate media coverage although the report was extremely supportive of mandatory registration. The recommendations were clear. No. 44 stated “the province should assign primary responsibility for the professional integrity of social workers to the profession’s regulatory body.” No. 45 stated “social workers should be regulated by a self-governing professional body, the directors of which should include approximately one-third lay members. No. 46 was even more specific: “the professional body should: (a) have a legislative mandate; (b) be given authority over *all* social workers; (c) to be empowered to adjudicate allegations of unethical or incompetent practice, and take remedial or disciplinary action to protect the public and the profession’s reputation”. Again, government did not respond to these recommendations.

At almost the same time, *Protecting the Public: An Opportunity and a Risk* was presented to government as a joint initiative by members of the Board of Registration, BCASW and staff of the Ministry of Social Services, the Health Professions Council, the BCGEU and “other important parties in the field of social work in British Columbia”. This initiative proposed that the Social Workers Act be repealed and placed under the Health ministry as the “Health and Social Services Professions Act.” The paper argued for protection of title, specialty practice recognition, and a statutory scope of practice statement.

The only amendments to the Social Workers Act in 1995 increased the legal capacity of the Board to buy equipment, enter into agreements, and employ persons. A section permitted a criminal records review of applicants for membership. Most notable is that while other provinces (seven of ten) were requiring membership in the Association as a registration requirement and were working with their social service ministries to ensure tight legislation, BC social workers publicly presented a variety of positions rather than a unified front to government. It is unclear whether on-going tensions within the profession were significant or whether the political climate of the day promoted a “divide and conquer” environment that made steady progress to mandatory regulation impossible.

In April 1997, another joint submission was made to government by BCASW and the Board of Registration. The paper was entitled, *Establishing a College of Social Workers Under the Health Professions Act: Registration, Alternative Credentialing, Grandparenting, Maintaining Registration*.

It was consistent with Gove’s recommendation No. 47 “that the province broaden the mandate of the Health Professions Council to include Social Services, permitting the creation of a Professional College of Social Workers”. It should be noted that there were no amendments to the Social Workers Act between

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1995 and 1999. Those employed by Indian Bands were added to the exclusion list.

Significant changes were made to the Social Workers Act in 2008. The College of Social Workers was established and the list of exclusions to the title of social worker was moved from the Act to the Regulations...

The Ministry for Children and Families created a working group in 1998 to study what needed to happen to develop a regulatory framework for human and social service professionals in BC. The working group included 19 leaders in human services. Ten members were social workers. The result was *Report of the Working Group on Regulation of Social Service Professions* authored by Jeremy Berland in 1999. The recommendation was “that all human and social service professions be regulated within a single, inclusive framework under a Human and Social Service Professions Act”. Again, nothing resulted from this initiative. It seemed to me that this report was not well received by social workers who already had some legislation while other human service professions were pleased with the opportunity for regulation.


The Hughes’ *Report on Children and Youth* (2006) again recommended mandatory registration of social workers.

Significant changes were made to the Social Workers Act in 2008. The College of Social Workers was established and the list of exclusions to the title of social worker was moved from the Act to the Regulations, meaning that changes to these exclusions can be made by an order-in-council rather than a legislative change. BCASW played a significant role in advocating for this Act when it looked like it would fall off the order table as the legislature moved toward its summer break. Over 400 letters made the difference and the changes were made.

CONCLUDING THOUGHTS

The profession of social work in British Columbia struggled to achieve mandatory registration. Social workers in government, education, and First Nations agencies are exempt from registration. Therefore, there is limited protection from incompetent or unethical practice. The result is that we are often impotent in addressing quality of practice. People receiving services from social workers in British Columbia have no guarantee of standard qualifications, ethical commitment, or accountability to a standard of practice. If the welfare of children is within the scope of practice of professional social workers, we

need to continue to work with the BC College of Social Workers and schools of social work to achieve mandatory registration of all social workers.

The story continues. Liz Jones will provide a history of the BC College of Social Workers 2008–2018 for the next edition of *Perspectives*. 

Phyllis Nash was honoured at the BCCSW AGM 2019 as she has maintained registered social work designation for the most years of any social worker in BC.

We are your professional association

- BCASW supports professional practice
- BCASW advances the interests of social work
- BCASW provides practical support
- BCASW keeps members current and informed
- BCASW is advocacy in action

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 a benefit to your profession

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Consider listing your private practice services on BCASW’s online directory of Registered Social Workers, a valuable resource for members of the public, EAP companies searching for contractors, and colleagues wishing to refer to specialists.

Services described include:

- Counselling
- Peer supervision
- Consultation and training

Enter your information on the website, then call BCASW to process payment. Fees are \$100.00 to list, \$115.00 to list with an image, \$90.00 annual renewal.

Social Work Regulation in British Columbia: A Developmental History 2008 – 2015

WORDS | **ELIZABETH JONES**, MSW, Non-Practising

Phyllis Nash provided a thorough review of the history of social work regulation in British Columbia, 1956 – 2008 in the previous edition of *Perspectives*, 41 (2), 4-6. The article demonstrated that there have been many initiatives through approximately 50 years to achieve the goal of a full regulatory framework including mandatory registration for all social workers, the achievement of which still eludes us. It is my task here to complete the developmental history by reviewing ten years of progress for the BC College of Social Workers, 2008 – 2018.

Firstly, I would like to set the context. In 2008, the updated Social Workers Act was proclaimed, establishing the College of Social Workers (replacing the former Board of Registration), setting out clear objects for the College, as well as the functions of various committees and responsibilities. The updated duty and objects of the new College were:

- 1) In carrying out its objects, it is the duty of the college at all times
 - (a) to serve and protect the public, and
 - (b) to exercise its powers and discharge its responsibilities under this Act in the public interest.
- (2) The college has the following objects:
 - (a) to superintend the practice of social work;
 - (b) to govern registrants according to this Act;
 - (c) to establish the qualifications required for registration as a registrant;
 - (d) to establish and employ registration, inquiry and discipline practices which are transparent, objective, impartial and fair;
 - (e) to establish, monitor and enforce standards of practice and establish ethical standards to enhance the quality of practice;
 - (f) to establish and maintain a continuing competence program to promote high practice standards amongst registrants;



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- (g) to receive and investigate complaints against registrants and to deal with issues of discipline, professional misconduct, incompetence and incapacity;
- (h) to administer the affairs of the college and perform other duties through the exercise of the powers conferred under this Act.

The Board and Staff had to perform all their work through these lenses, and as the College came to fruition, there was much work to be done. Here are some of the stages of the development of the College.

2006 – 2008

In the two years before proclamation of the Act, many activities focused on preparation. The Act and regulations were developed by the Staff and Board of the Board of Registration (the precursor to the College of Social Workers), Ministry of Children and Family Development Staff and legal counsel, among others. Several changes of note were made in the drafting of the new Act: (1) The College would have four public members and eight elected registered social workers rather than all government appointed members; (2) It would be modelled after the BC Health Professions Act; and (3) The exemptions were removed from the Act and put into the Regulations in order to make removal of them legislatively easier.

2008–2009

Upon passage of the Act in 2008, the existing Board of Registration became the Transition Board for the College of Social Workers and consisted of all the previous Board of Registration members. This Board and its Staff developed the by-laws, established the election processes, and developed preliminary policy manuals for the College Board, Committees, and Staff.

Fall, 2009

In the fall of 2009, the first election was held for eight registered social workers to be on the new BC College of Social Work Board to start January 1, 2010. Four public members were appointed – several of them from the Board of Registration. The new College started effective January 1, 2010.

2010–2012

Building capacity was the theme these first years. If any of you reading this article have been in an organization that completely changed from one day to the next, you know that the first several years are very much trial and error, finding patterns of success, changing mid-stream, and also having the vision, the energy, and the will to learn new ways of being and doing, within the mandate. The BCCSW Board and Staff were no exception.

At the human resources level, The Board was new, there were transitions of Staff out and in, hiring policies had to be set, training was needed, job descriptions had to be drafted. The location of the office had to change as there was not enough room for the increase in staff numbers. BCCSW Board and Staff made a commitment to be as paperless as possible, exploring different technologies that could support not only work in the office, but facilitate registration processes, and allow wider input into Annual General Meetings.

The Board revisited priorities set by the Board of Registration, as well as the draft policy manuals and had to make decisions about its own foci and priorities. Most of the Board members were new to regulation. The mandated focus on public interest and protection of the public required much debate and learning. All members and Staff were trained in regulation by the Association of Social Work Boards, an international organization made up of social work regulators across North America.

The legislated committee work (inquiry, registration and registration appeals, discipline) required an exceptional level of knowledge, commitment, and skill, not to mention time to do the work. The Board members and Staff, as well as volunteer registrants, all stepped up to take on these difficult and demanding tasks.

2012–2015

As the Board and Staff mastered these “basic” underpinnings, they moved to a deeper understanding of regulation, and the next phase (approximately 2012–14), focused on completing critical, and more complicated, pieces of the regulatory framework. This phase was project-driven, managed by the Registrar and Staff with Board representation, registrant input and several consultants. These projects included:

- A public awareness campaign.
- An initiative to consult with Indigenous Communities (Towards Developing a Respectful Relationship - TDRR), and the development of an Indigenous Advisory Group.
- Removal of exemption from registration for social workers in health authorities.
- Development of policy and preparation for Continued Professional Development.
- Development of policy and preparation for the licensure exam.
- First Annual General Meeting and first elections using technology.
- Joint policy statement with BCASW about Reconciliation.

2016 – 2018

During 2016 - 2018, the College moved into a time of deepening sophistication. Some of the initiatives above ended, others started, and still others carried on. Here are some examples of work during the remaining years:

- Signed Declaration of Commitment to Cultural Safety and Humility in the Regulation of Health Care Professionals serving First Nation and Aboriginal People in BC.
- Made the TDRR Indigenous Advisory Group a standing Committee of the Board – the BCCSW Indigenous Committee.
- Strengthened various human resources policies including Board succession planning.
- Overhauled and initiated an ongoing review of the Standards of Practice.

As well as the highlights commented on here, the daily work of registration, quality assurance, and inquiry carried on. There were many committees and meetings locally, nationally, and internationally on various matters. Board and Staff met regularly with government to lobby for changes in the Social Workers Act. Strategic planning was implemented every two years to ensure outcomes. The Board maintained ongoing training in

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parliamentary procedures and regulation. All this work occurred within the context of Board and Staff changes.

Some Final Thoughts

BCASW and BCSSW continue to focus on a full regulatory framework and mandatory registration as the overriding goal of both organizations. One of the greatest barriers to full mandatory registration currently is the exemptions clauses. Formerly listed in the Act before 2008, they were moved to the Regulations, requiring an Order-in-Council rather than legislative change. This was a positive change in the sense that removal of the exemptions would be theoretically easier. The exemptions are:

The following persons are prescribed for the purpose of section 18 (2) of the Act:

(a) a person who is employed as a social worker by

- (i) Canada or the government or an agent of either,
- (ii) a board, other than a regional health board, commission or other body any member of which is appointed by Canada or the government,
- (iii) a municipality, regional district or board of education,
- (iv) an Indian band, a tribal council, a treaty first nation, the Nisga'a Nation or a Nisga'a Village, or
- (v) an agency, other than an adoption agency as defined in the Adoption Act, to whose staff is delegated any or all of a director's powers, duties or functions under the Child, Family and Community Service Act or the Adoption Act, or
- (vi) Repealed. [B.C. Reg. 211/2015, s. 34 (b).]

(b) a person who teaches or is engaged in research as a social worker under an academic appointment or program in a university, college or institute.

[am. B.C. Regs. 53/2009; 287/2012; 211/2015, s. 34.]

Lobbying government for removal of these exemptions has continued over the ten years of the College's existence. One removal was supported by government, and that was an initiative to focus on removal of the exemption for social workers in health care. As a result of the Committee's work (that included many stakeholders) all social workers in health care now must be registered.

Although College registration numbers have gone from 1150 registrants (2008) to 4800 (2018), and much work has been done by many people to bring us to this moment, the continued existence of the exemptions means the majority of professional social workers providing social work service in government in our province are excluded from mandatory registration. In other words, while there is legislation in place providing for the self-regulation of the profession of social work, regulation is totally dependent on the voluntary involvement of social workers except

in the case of social workers engaged in private or independent practice who wish to call themselves social workers, those who work in health care, and those whose employers voluntarily set registration as a standard for hiring. Therefore, the BC College of Social Work Board and Staff's ability to fulfill their mission of protecting the public is severely compromised.

The continued existence of the exemptions means that non-degreed social workers who work in "social work" positions can call themselves "social workers" despite the fact that their job classification is "social program officer".

In other words, the profession of social work in British Columbia is marginally regulated. This situation of course leads to lack of clarity for the public as to who social workers are, and misunderstandings which are represented in the media. Doctors, nurses, lawyers, engineers, midwives, and all the other regulated professions may engage in questions about how they might regulate their profession better, but the essential question of regulation itself (which remains for social work) is not at issue.

In the majority of the western world, in China, in parts of Africa, governments have decreed there is a risk of harm to individuals who are being served by professionals and one way to address that risk of harm is through a regulatory framework. Professions are given the privilege of self-regulation. In British Columbia, we have a "kind of" self-regulation for social workers. Until all the exemptions are removed, and every person with a BSW and/or MSW degree must be registered, the public interest is not fully served. That is what self-regulation should be about—professions, with public input, governing themselves to benefit the community at large.

At a time when the Cayton Report recommends a review of health regulation in the province, it is time once again to ask for a review of the exemptions in the Social Workers Act, and the issues they cause for self-regulation and public protection. This article is yet another call, one among many over the last fifty years, to government, to request a full regulatory framework and mandatory registration for social workers in the Province of British Columbia. [P](#)

Elizabeth Jones was the Past President, BCASW Sea to Sky Branch (1992 – 94); Past President, BCASW Board (1995 – 97); and First elected Chair, BC College of Social Workers (2010- 2015).

Health Care Social Workers

The Role of Social Workers on the Health Care Team

Constructive Solutions

By understanding the social determinants of health, social workers effectively work to address practical, emotional, and social barriers that prevent individuals from benefiting fully from the skilled care of other health care providers.

Effective Support

Social workers help clients/patients and their families to negotiate complex systems, build solid support networks, and strengthen their ability to advocate for themselves. They assist people to increase their independence and thus rely less on formal services.

Informed Advocacy

Social workers are accomplished at finding creative solutions within existing policy and practice frameworks. They are ambassadors for change, committed to ensuring that patients and their families have access to the resources they need for optimum health.

Social Workers are Essential to the Health Care Team

They are counsellors, facilitators, care coordinators, patient advocates, program managers, mediators, educators, and community development consultants.

They are experts in family dynamics, trained to address complex family issues that may interfere with progress and effective use of health care resources.

They use a strengths-based systems lens when working with individuals and families to address psycho-emotional and social issues that affect well-being.

They provide counselling and resources to support families through the toughest of times; dealing with illness, disability, and loss.

They help people navigate service delivery systems and facilitate access to personal and community resources.

They play key roles in conflict resolution and crisis response, including providing assessment, psychological first aid, and group interventions.

They advocate for and are trained in the application of relevant policy and legislation.

They facilitate communication that takes into account cultural, language, and literacy issues.

They contribute a person-centred perspective to ethical decision making.

As team builders, they take a lead role in facilitating a preventative and interprofessional approach to health.



Specialized Skills

Many social workers are designated responders to abuse or self-neglect concerns under Adult Guardianship legislation.

Many social workers are Qualified Health Care Providers, able to complete incapability assessments under the Adult Guardianship legislation.

Many social workers have the additional qualification of Registered Clinical Social Worker, allowing them to independently use the Diagnostic and Statistical Manual of Mental Disorders in the assessment, diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders and conditions.

Social Workers Make a Difference

Social Work is a helping profession dedicated to improving the health and well-being of individuals, families, and communities.

Utilizing their knowledge of human behavior and social systems, social workers help people realize their potential and assist them to enjoy full, active, and creative lives. They help people in every stage of life, ensuring they get the help they need from the best resources available.

With knowledge of human development and behavior, social, economic, and cultural factors, and the interaction between them, social workers help people manage life's most difficult challenges.

Their unique perspective is a vital component in the delivery of quality, cost-effective health care services.



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Social Workers
Help starts here.

The Power of Social Work*



Social Work is a helping profession dedicated to improving the health and well-being of individuals, families and communities. Social Work practice is based upon the profession's code of ethics, values and principles which frame an understanding of human behaviour.

Using knowledge of human behaviour and social systems, social workers help people realize their potential and assist them to enjoy full, active and creative lives. They help people in every stage of life, ensuring that they get the help they need from the best resources available.

With their knowledge of the interaction between human development and social, economic and cultural factors, social workers help people manage life's most difficult challenges.

Their perspective is a vital component in the delivery of quality, cost-effective health care services.

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Social Work Skills and Knowledge in Health Care



Creating a Just and Compassionate Society

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BC Association of Social Workers



SOCIAL WORK SKILLS & KNOWLEDGE IN HEALTH CARE

Social work skills represent the integration of theory and practice. Social work practice is based upon the profession's code of ethics, values and principles.

	<i>Social Work Skills & Knowledge</i>	<i>Indicators</i>
Person/Family Impact Working with strengths	1. Critical Thinking	<ul style="list-style-type: none"> • Draw upon multiple sources of knowledge/information to guide professional judgment and practice • Determine practices supported by research evidence that have the most positive impact
	2. Psychosocial Assessment	<ul style="list-style-type: none"> • Collect, organize and interpret client information • Assess strengths and limitations • Develop mutually agreed upon client-centred interventions, goals and objectives • Select appropriate intervention strategies based on the person and their circumstances/environment
	3. Intervention/Treatment	<ul style="list-style-type: none"> • Enhance capacity to cope • Help improve problem-solving skills • Foster coping skills to deal with changes in living circumstances, relationships, etc.
	4. Evaluation of Interventions	<ul style="list-style-type: none"> • Measure effectiveness and impact of actions taken
Organizational Impact Supporting quality, efficiency & effective care	5. Knowledge of Legislation and Community Resources	<ul style="list-style-type: none"> • Maintain current and comprehensive understanding of relevant legislation • Maintain current knowledge of community resources • Cut through barriers to facilitate access to services (systems navigation)
	6. Knowledge of Social Determinants of Health (SDH)	<ul style="list-style-type: none"> • Recognize the key link between SDH, health status and well-being • Collaborate with inter-professional groups addressing SDH
	7. Cultural Sensitivity/Awareness	<ul style="list-style-type: none"> • Tailor approaches/interventions and advocacy to needs of people from different cultures
	8. Conflict Resolution, Mediation, Negotiation	<ul style="list-style-type: none"> • Utilize high-level communications skills to build trust and resolve disagreements
System Impact Supporting efficient access and effective change	9. Advocacy for Human Rights and Equity	<ul style="list-style-type: none"> • Take action to protect basic human rights • Advocate for equal access to resources, services and opportunities • Generate choice and opportunity for all people, with special regard for vulnerable and disadvantaged populations
	10. Public Policy Knowledge and Advocacy	<ul style="list-style-type: none"> • Advocate for policies that advance social well-being
	11. Commitment to Education	<ul style="list-style-type: none"> • Demonstrate commitment to ongoing professional development • Demonstrate commitment to mentoring of students and peers • Demonstrate leadership: articulate in simple, clear language what social workers do and how this role contributes value to service provision, team work, impacts funding priorities, etc.
	12. Contribution to Social Work Research	<ul style="list-style-type: none"> • Contribute to practice research, utilize research-based interventions, evaluate practice • Utilize research findings to inform and improve practice, policy and social service delivery

Adapted from source: <http://msw.cs.umb.edu/msw-core-competencies-learning-outcomes>; The Ottawa Hospital Core Competencies, Revised 2010;

CASWE Accreditation Standards, Revised 2011; OCSWSSW Code of Ethics and Standards of Practice, 2008. BCASW thanks the OASW for permission to use and adapt their publication.