



Perspectives

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Seniors Care in a Post-COVID World: The Challenges and Opportunities

If we are to truly move forward and create a better future in which to grow old, nothing can be more important than establishing the basic foundation that allows us to choose where, how, and who we live with.

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President's Viewpoint

WORDS | MICHAEL CRAWFORD, MSW, RSW, PRESIDENT

Our campaign to strengthen professional social work in British Columbia continues and we will soon call on members to work together to achieve a stronger profession.

The Ministry of Children and Family Development launched a consultation with their partners, social workers, and the public on oversight of the social work profession including what is working well and opportunities for improvement. I believe this consultation was launched as a direct result of the intense lobbying for changes to the Social Workers Act done by our staff and Board of Directors. You can find the details of this consultation on the govTogetherBC website.

This latest round of advocacy began when MCFD changed the educational requirements for child welfare workers in 2019 to include Bachelor of Arts graduates in almost any program including anthropology and theology. After an initial engagement, MCFD refused to discuss the changes and argued that they were required to address their recruitment and retention issues.

BCASW pivoted, put together a coalition including the BCGEU, the BC College of Social Workers, and directors of BC schools of social work, and began a series of discussions with MCFD aimed at changing the Social Workers Act to require mandatory registration for all social workers, full protection of title, and a legislated scope of practice. These discussions continued through to the spring of 2022 however, nothing substantial was gained and we were frustrated by MCFD's inability or unwillingness to discuss our profession beyond the boundaries of their ministry. As with almost all previous iterations of the campaign, we concluded, following much study and member consultation, that the regulation of our profession for the protection of the public interest would be best accomplished under the Ministry of Health. The Minister of Health oversees the regulation of more than two dozen health professions through the Health Professions Act.

The Minister of Health has advised that revisions to the Health Professions Act, following a review by Harry Cayton, will be introduced shortly after the BC Legislature resumes sitting in early October. The revisions create an oversight committee and we have been advised that the committee will be charged with the responsibility of determining where best to locate social work to best protect the public. They may choose to leave social work under MCFD or move our profession to Health.



MCFD has proven itself to be a poor steward of the Social Workers Act and the Minister, responsible for the administration of the act, maintains an exemption from the act for her own staff. In fact, MCFD is moving from a passive ignoring of the act to actively excluding the use of *social work* and *social worker* within their ranks.

Social work is much more than child welfare and health, is much more inclusive of the work we do. Our familiarity with the social determinants of health and their application to all areas of social work practice, make the

move to the Health Professions Act a logical one. The Ministry of Health, over the past year, has reached out to BCASW asking for our expertise and involvement with the Publicly Funded Counselling Advisory Committee (expanding services), Employment and Labour Marketing Services (the role of social work in healthcare), the Select Standing Committee on Health (toxic illicit drug overdoses), Provincial Health Care Social Work Working Group (competencies for BSW and MSW). The Doctors of BC also recently asked us to review their draft policy paper on reducing burdens.

This fall, you will hear directly from Advocacy Circle chair, Barb Keith and me, with an invitation to get involved in this campaign. We look forward to working with you to strengthen our profession.

Me7 xpem-kt re sellts' u7úwi-kt ("We will stitch our moccasins together" in Secwepemctsin, the language of the Indigenous people within Secwepemcúlcw where I live). **P**

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From the Editor

WORDS | **HEATHER LAMB**, MSW, RSW, EDITOR

I think by now everyone in BC knows that we're in the midst of a drawn out and painful housing crisis. It likely affects some social workers directly and I know that we all have family members, friends, and especially clients who are living in uncomfortable, dangerous, unhealthy, or untenable situations across the province.

As bad as the situation is for many people, I am particularly concerned about the lack of wheelchair accessible housing. Ten years ago, when clients came to me for help with housing, I had at least a chance of helping them find a suitable place. That has become much more difficult over the years because the demand for accessible housing has gone up and we are not building enough affordable accessible housing to keep up with the demand. Even for people who have reasonable employment income, the situation is more challenging than for their able-bodied peers.

This dire situation means more people with disabilities who can and should be, and most importantly, want to be, living in the community are forced onto the waitlists for long-term care. This is simply because they have no options. It means more wheelchair users are accessing shelters or living on the street. It means seniors who want to downsize are doing so into homes where they cannot hope to age in place if their physical function changes. Precarious or inadequate housing often results in increased health and other costs to the individual and the system.


I find myself feeling helpless to assist people who would otherwise be learning to live good lives with a disability. I know the system well but there are virtually no options. People are "lucky" to get any type of housing, never mind whether that housing is properly accessible or meets any of their other needs. Without housing, it is difficult to do anything else and I know that lack of proper housing sets people up for many other problems.



Wheelchair accessible housing is not mandated in BC. I know that will surprise some people. BC Housing and other government funded projects have a mandate for a percentage of new units to be accessible. However, the current required percentages don't keep up with the number of people who apply for housing each year, not to mention the lengthy existing waitlists. Strict rules limit who can access these subsidized units. Facilities funded through the health

authorities are the most accessible, but don't address the needs of the many people who do not want or need facility care. On-campus housing for students must have a few accessible units but private off-campus housing for students does not. A few municipalities encourage voluntary requirements for accessibility but these rely on the goodwill and knowledge of developers. Some developers are building *adaptable* housing, which means, in theory, that it can be adapted later to meet people's changing needs. This is a solid plan for real estate but doesn't work well in rental housing. Who pays if a potential tenant requires these adaptations to be made? Most likely, another prospective tenant will be chosen for that unit because demand for units is high.

There are multiple ways of addressing our housing crisis, but as our governments contemplate these options and voters urge them to do more, let's remember that we need to be building the right kind of housing. We need housing in urban and rural areas, for families and single people, for younger and older people, for the able bodied and the disabled, and for the many other groups that require better access to affordable housing.

We already advocate for housing in all its forms; let's make sure our advocacy efforts include these often-forgotten aspects of housing. Our clients can't afford to wait any longer. Social workers will need homes in which to age in place at some point too. 

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BC ASSOCIATION OF
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Seniors Care in a Post-COVID World: The Challenges and Opportunities

WORDS | **ISOBEL MACKENZIE**, BA, MSc, MBA, SENIORS ADVOCATE BC

If anyone thought that British Columbians were indifferent to the needs of seniors, they were quickly disabused of that notion in the response we saw to the COVID-19 pandemic. In the early months of 2020, the catastrophic images from Italy were telling us that, while we knew very little about what was coming our way, we knew it was really, really bad for older people.

Our response to this was both swift and decisive. We did whatever it took to protect our seniors. We shuttered the doors of care homes to almost everyone except the staff and we spent tens of millions of dollars on increasing infection control and ensuring staff worked in only one care home, limiting the potential for the virus to spread.

We mobilized the good will of tens of thousands of British Columbians who volunteered to ensure seniors living in the community received food, medications, and virtual social connections without needing to venture from their homes and expose themselves to the virus. When the vaccines arrived in limited quantities, we ensured the elderly received their doses first as they were most at risk while the rest of the public patiently waited until it was their turn to get the jab.

In retrospect, these actions tell us that British Columbians care very much for the seniors in our province. However, like many things we value, our tangible expressions of how much we care only becomes obvious when the value is under threat. Then, when the threat has passed, all appears to return to normal and we assume that the people and things we love will always be there for us.

As we look at caring for seniors in a post-COVID world, the challenge is to harness the goodwill we know exists and mobilize it to move forward on much-needed reforms. This will be critical, because many of the reforms required will not be without costs, both financially and to some extent professionally as health care providers struggle with issues of the agency and autonomy of patients/residents as they age.

The first step we need to take on the journey of reform is to find the necessary humility to reflect on the pandemic and

recognize that while we may have done everything for the right reasons, we did not always do the right thing when it came to seniors. This is probably most apparent when we look at the restrictions we placed on family members to visit and care for their loved ones in long-term care. The results of this prolonged separation had a profound detrimental effect on residents and their loved ones that lingers to this day. The general theme of unintended consequences could also be extended to include prolonged closures of libraries, seniors' centres, and the overall impact on our health care system, not from COVID-19 per se, but from our response to it.

Embedded in our retrospective learnings must be a wider discussion on the rights of older people to make their own risk calculation and act accordingly. The ability and desire of seniors to care for themselves and their loved ones is not as widely embraced in practice as it is in theory – in part because we often overlook stereotyping when it results in the protection rather than the endangerment of individuals. However, if we are to truly move forward and create a better future in which to grow old, nothing can be more important than establishing the basic foundation that allows us to choose where, how, and who we live with.

The choices we have in life are often dictated by our circumstances. Where we live, how much money we have, how good our health is, how close we live to family, the type of occupation we have chosen...these all influence the choices that are available to us and this is no less true at 90 than it was at 30. People come to their senior years from all walks of life. Seniors bring not only different experiences and resources to their so-called “golden years” but also different wants, hopes, dreams, and aspirations for how they will live out their retirement years. It is important to recognize this diversity as we look at the challenges facing elderly British Columbians.

The first thing we need to recognize is the different resources that people bring to their retirement years. Income is only one measure of financial need. The other side of the balance sheet,

expenses, is equally important. Where a senior lives and their health status can make a big difference on the amount of money they need to live safely and with dignity.

Currently in BC, the median income for seniors is \$32,000. This means that half of BC seniors are living on an income that is equal to or slightly less than minimum wage. Almost one-third of seniors are on the Guaranteed Income Supplement (GIS), meaning their incomes are below \$28,000. While the majority of seniors are homeowners, the 20% who are renters are disproportionately poorer, with most living below the GIS maximum income.

For seniors who rent, the ability to live in their own home as they age is only partly influenced by the health and social supports available to them. Fixing our home care program and improving social isolation does not help pay the rent. When rent gets too high, the solution of moving to long-term care, even if care needs could be met in the community, is a financially attractive option. The only relief currently offered to seniors who rent is the Shelter Aid for Elderly Renters (SAFER) program that offers a rent subsidy or a BC Housing Seniors Housing unit, where rent is a fixed percentage of income (generally 30%). Both programs need major reforms to meet the future needs of seniors.

In the case of SAFER, the basic formula requires a significant upgrade to reflect the current rental reality. The income-to-rent ratio needs adjusting and both the income and rent ceiling need a lift. Without this we are left with the situation today where a senior on an income of \$28,000 a year with a rent of \$1,500 per month receives only \$49.77 a month in rental subsidy. In the case of BC Housing, we simply need to build more, many more, units. The number of subsidized units per 1000 of the target population has actually decreased 14% in the last five years.

Health status makes a significant difference to the income a person requires. Canada prides itself on its public health care system. Most Canadians never need to think abouts health care costs as their care needs are generally restricted to a trip to the emergency room, a visit to the doctor, and maybe a prescription for antibiotics that will likely be covered by a workplace benefit plan. Seniors, on the other hand, are less likely to have a benefit plan to cover their drug, dental, and extended health costs and

they are far more likely to need assistance in the activities of daily living, which are not, strictly speaking, defined as health care costs covered by the Canada Health Act.

BC offers no program to effectively cover seniors for dental care, mobility aids, eyeglasses, hearing aids, physiotherapy, or podiatry, to name just a few. Our home support program, while free of charge to any senior receiving GIS, is very costly to low-income seniors who are just over the GIS cut off. To put this in perspective, a senior with an annual income of \$28,000 a year who needs a one-hour daily visit of home support will be charged \$8,000 a year for their publicly subsidized home support services. The more they earn, the more the cost rises, and it quickly becomes apparent that moving to long-term care is the better financial option. This may in part explain why BC has much higher rates of seniors with low care needs living in long-term care than provinces where there is no charge for home support services.

Paying for home care services, mobility/safety equipment, hearing aids, podiatrists, and medications can be significant. These are without a doubt health care costs, yet our public



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health care system does not recognize them as such. The current debate about private health care is amusing to many of us in geriatric care as seniors have effectively been left to the vagaries of private health care for decades. Simply raising the incomes of everyone does not address the expenses gap between those who enjoy good robust health well into their senior years and those who

develop significant frailty and/or diseases. We need to focus on ensuring that costs related to health care needs are met with a commitment to some form of universality similar to what we see under the Canada Health Act.

We also need to ensure the services are meeting the needs of seniors. If we look at our current home support program for example, simply making it free of charge to everyone does not fix the systemic issues in the service itself. The staffing challenge is linked to wages and benefits. Throughout health care, but particularly in those occupations that have historically been paid the least, such as care aides in facilities and home care, we find staff shortages. Addressing this will require a fundamental shift in how we view the value of the work as recognized in the wages we pay. The accolades and pot banging are all very nice, but at

continued on next page

the end of the day we need to shift from the perception that jobs caring for the elderly are low skilled and low paid.

The size of the workforce is only half of the problem. A true fix requires that we shift our parsimonious view of home support. Over the last 30 years, we have chipped away piece by piece from a program that was designed to assist people to stay in their homes, to one where we focus only on core care needs from a very narrow definition. Over my time in home care, I have seen us strip out housekeeping, eliminate respite, shift from preparing meals to heating prepackaged foods, require clients to have their medication needs met by family, exclude washing dishes and cleaning bathrooms, shifting to rinse and mop up only. We developed time task tools that calculated the exact time it would take to perform each task, leaving no room for the extra time it might take to bathe someone who is not feeling particularly spry on their one day of the week allocated to a bathing assist. In some hospitals the home support brochure devotes an entire panel to describing what home support does not do.


In our move to specialization, we have created the unintended consequence of fragmentation. Each care professional, the occupational therapist, physiotherapist, social worker, and dietitian will all come through the client's home offering advice on what the client needs, but the crucial piece of meeting that need often goes missing. While it is helpful for the senior to know where to place the grab bars, it is of little use if they cannot get someone to install them, a service we do not offer in home and community care.

Supporting seniors as they age requires both bringing things and people to them in their homes, but we now recognize we also need to get them out of their homes and take them to places and people. We do have an Adult Day Program in BC that was beginning to show improvements before COVID hit. While it serves a certain population, it is not the answer for the vast majority of seniors who can still engage in a fairly active manner, albeit with some possible limitations. There are examples of active thriving seniors' centres in many parts of BC, but sadly not in all parts. There is no formal system of seniors' centres in BC and we need to look at how to create a reliable network of seniors' centres in all communities. These are places where seniors can go and have meals, play card games, have programs of activities, and receive information and referral for all services available to seniors. There is existing infrastructure to work with, but we are maybe halfway to where we need to be.

The other reality of ageing that we need to address is the fact that at some point approximately half of BC seniors will become a caregiver to their spouse, and for younger seniors sometimes to their parents. Supporting family caregivers is crucial. The highest rates of caregiver distress are found prior to admissions to long-term care. We find that most of these distressed caregivers

received no support in caring for their loved one, likely leading to their decision to admit them. Supporting caregivers can take many forms but the most tangible is to provide relief from the duty of caregiving and we can do that with better respite care in its many forms.

Finally, the big bow to wrap around all of this is to tackle ageism in its many forms. Arguably if we are successful in that, solutions to the other problems will fall into place. As it stands today seniors are very much a minority and will continue to be so into the foreseeable future. Four out of five British Columbians are under the age of 65 and we need to remember this when we think of the public policy decisions that will shape the future of ageing.

We have demonstrated we want to "take care" of our seniors; however, what seniors want most is to be able to take care of themselves and their spouse as much as possible. This is where the field of social work shines, building the capacity for people and families to cope and care for themselves. We know what is needed. What is missing is the assurance that seniors will be equipped with the right tools and supports to allow them to build on their abilities and compensate for their deficits as much as possible. There is a strong foundation to build on and a tremendous desire to act. These facts combine to give me optimism that seniors' care in a post-COVID world will improve, perhaps one slow step at a time, but always (hopefully) forward. 

Isobel Mackenzie has been the Seniors Advocate in BC since 2014. She has many years of experience working with seniors in all aspects of home care, long-term care, and community services.

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From the Offices (and Home)



Dianne Heath (she/her),
MSW, RSW, Executive Director

Our team at the BCASW office now consists of three staff! I am pleased to introduce my colleagues, Darren Usher and Jess Holtslander.

I am familiar to many of you by now. I began with BCASW in November, 2011, upon return from a stay in London, England, where my husband worked in a child safe-guarding position and I volunteered with a team that worked with youth pleading guilty to a first-time offense. Prior to overseas adventures, my partner and I lived in Victoria, Vancouver Island with our daughter. The past eleven years with BCASW (minus a year leave to spend time with family seniors in Ontario), provided incredible opportunities to meet social workers across Canada, learn new skills, and contribute to the voice of BC social workers.

Today finds me working mainly from a home office in unceded territory of the Squamish and Tsleil-Waututh Nations (North Vancouver). You are always welcome to email me at dheath@bcasw.org.

Hello fellow BCASW members! I'm Jess Holtslander, the new Communications Coordinator & Administrative Assistant for the BC Association of Social Workers. I have been in this role, working with Michael Crawford and Dianne Heath, since May of this year, and you may have already seen me hosting some of the Continuing Professional Development webinars over Zoom.

Here's a little bit about me: I live and work in the ancestral, traditional, and unceded territory of the Syilx Okanagan Peoples (Kelowna) with my partner and our 4-year-old son. Recently graduating in April of 2022 with my MSW from UBC Okanagan, I am grateful and honoured to be supporting social workers across the province with the BCASW.

When I'm not working, I'm usually spending time with my partner, son, and many other family members who fortunately live nearby. I also enjoy socializing with friends (extrovert alert), aerial fitness (hoop, silks, and hammock), eating quality plant-based food, singing in my minivan, creative writing, watching *The Office* repeatedly, and Disney/Pixar movies.

You can email me at admin@bcasw.org, and I look forward to seeing you on Zoom during the BCASW's CPD webinars and supporting you all as part of the BCASW team!



Jess Holtslander (she/her), MSW,
RSW pending
Communications Coordinator
& Administrative Assistant



Darren Usher (he/his),
MSW, RSW
Member Services Coordinator

Hi Everyone, I'm Darren Usher, the Member Services Coordinator for the BC Association of Social Workers. I have been in this role for almost three years now and have connected with many of you over that time. Others may have had contact with me during my time at the BC College of Social Workers where I was Director of Professional Practice and Interim Registrar.

Here's a little bit about me: I am a settler in Vancouver for the past 15 years, grateful to be working and playing on the unceded territory of the Coast Salish Peoples with my partner of 22 years. I graduated with my MSW from UBC in 2010 and have a background in mental health and Gestalt psychotherapy. I am usually found in the BCASW office Monday to Thursday in the mornings, and am always happy to take your call and attend to your email questions.

When I'm not working, I enjoy socializing with my 'logical' family; cooking, eating, and playing card games. I love to travel and experience new cultures, and have been privileged to live in several countries during my short time in this world.

You can email me at bcasw@bcasw.org, and I encourage all members to get the most out of their membership by using our services and exploring all the benefits of membership: www.bcasw.org/benefits-of-membership

Reform of BC Long-Term Care: Submission to Mable Elmore, Parliamentary Secretary for Seniors Services and Long-Term Care

WORDS | **TRACY LEROUX**, BSW, RSW

Presented in part for the submission from Action for Reform of Residential Care (ARRC) to Mable Elmore, Parliamentary Secretary for Seniors Services and Long-Term Care, June 15, 2022. The Action for Reform of Residential Care (ARRC) Association is dedicated to promoting quality of life in long-term care facilities in British Columbia through education and advocacy. BCASW is a member of this network and supports its advocacy.

Thank you for this privilege to share with you on behalf of the BC Association of Social Workers and our Seniors Community of Practice.

As a social worker in long-term care, I am deeply connected to, and passionate about, reforming our system for older adults and those who require long-term care services. There are many good things that are happening in long-term care, but there are also gaps and inequities that need to be addressed now. We cannot wait. This affects too many people's lives and at such a critical juncture point when people are at their most vulnerable.

It is important to note that people are moving to long-term care with much higher care needs than previously. Their health issues are more complex and chronic. Our resources and systems, however, have hardly changed.

Over two years into the COVID-19 pandemic, the issues in long-term care continue to be unsettling. Thankfully families are able to visit, but we deeply miss them in our common areas and as part of our long-term care communities. Staffing shortages and burnout are rampant. I am grateful that we are past the worst of the pandemic, but we are not out of the woods yet or back to normal.

I would like to share with you the unique role that social work has in long-term care. As we shift our focus towards quality of life and quality of care in a person-centred relational model,

social workers are uniquely positioned to play a key role in leading these changes. I'm sure that if you ask people who live and work in long-term care sites that have a social worker, they would tell you that the social worker is indispensable, critical, and an essential part of their team. Currently, social work is not a

mandated position in long-term care and we believe that needs to change.

Take a moment to consider what an individual and their family may be going through when they move to long-term care. Perhaps you can imagine the turmoil and emotional roller coaster that people go through. Clearly, mental and emotional health must be a priority. Social workers provide direct support and brief counselling to individuals and their

families. This can be related to the transition to long-term care or to any other issues that arise, including discussions related to end of life. Social workers provide education and support to other staff so that they also have the skills to support residents' emotional wellness.

Ensuring that all individuals and their families have access to a professional social worker is critical. A social worker needs to be available at all long-term care homes, whether they are health authority owned and operated, contracted not-for profit, or contracted for-profit sites. From my experience, having a social worker as a first point of contact and to assist in navigating the transition to long-term care is ideal. It enhances an individual



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and family's experience, builds connection, and mitigates issues that arise in a new setting.

A key part of a person-centred and relational model is family. Social workers are poised to lead in building and strengthening ties between the care team and a resident and their family as they are versed in family dynamics and family systems.

Our commitment to social justice, diversity, and inclusion makes social workers ideal leaders in creating long-term care homes that are diverse, inclusive, and eliminate systemic and cultural barriers.

We need to relook at how we provide long-term care services. We need to ensure that long-term care gives people opportunities to grow, thrive, and live to the best of their abilities in a caring and a truly home-like environment. I work in a site that offers a unique cottage-like setting with gardens and a smaller living setting for people who have some form of dementia. Ideally, this type of long-term care setting would be an option to many more people across our province. It does not have to be so unique.

Consider whether you would want to live in a long-term care home. In addition to a range of other high-quality care options, we need to create long-term care homes that are part of our communities and places that people and families feel comfortable with and trust. We need to invest in renovating and building homes that people truly want to live in. Quality of life and quality of care need to be at the forefront.



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To make this paradigm shift in long-term care a reality, we need to begin with a multi-stakeholder task force that will provide many different perspectives, much wisdom, innovative ideas, and experiential knowledge. We need to do something different. Social workers, with their unique lens, need to be part of this. [P](#)

Tracy Leroux is a social worker in a long-term care home in the Lower Mainland and an active member of BCASW's Seniors Community of Practice.

BCASW AGM 2022



Friday October 28, 3:00-5:00 PM

Attend in person at the BC Health Sciences Association headquarters, 180 E Columbia St., New Westminster, or online by signing up through the BCASW website.

Hear from three inspiring social workers who will share their stories during the free event prior to the AGM. Then stay for the year's review of the work of the BCASW.

Post SSRI Sexual Dysfunction: Ethical Practice in Healthcare

WORDS | **YASSIE PIRANI (she/her)**, MSW, RSW, RCC

Post-SSRI/SNRI Sexual Dysfunction (PSSD) is a highly stigmatized disorder that reduces sexual functioning despite stopping treatment with selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) medications.

Symptoms of sexual dysfunction are common side-effects of SSRI and SNRI antidepressants but some people report ongoing or worsened sexual dysfunction despite stopping medication. For some, the symptoms start when they stop taking medication. Due to lack of research and awareness, PSSD is an understudied and underreported sexual health condition. An online search for PSSD does provide further information as well as stories about how people are affected. The PSSD Canada site is particularly helpful.

In working with people with PSSD, I have come to understand that it is experienced by many as a profoundly disempowering injury. It can take time for people to define what the experience is for them, and using terms with which they self-define their experience is critical.

PSSD can shatter one's identity and self-worth, and can be an immense loss that includes a grieving process. For many, PSSD is catastrophic. Some are not impacted as profoundly, depending on the symptom profile. The emotional support people with PSSD need is often similar to the support people need after experiencing any other injury impacting a fundamental bodily function. For these individuals, their pain and depth of their sense of loss needs to be validated.

Unfortunately, it is common for people to experience minimization and dismissal of their PSSD symptoms as a valid healthcare concern, which compounds suffering. Often the greatest contributor to thoughts of suicide is not the injury itself,

but the experience of having their concerns dismissed. Denial of PSSD as a real and serious healthcare issue creates conditions in which too often people blame themselves. Self-blame can further disrupt relationships, self-worth, and identity, sending people into a spiral of shame, self-loathing, and suicidality.

Many people with sexual trauma from PSSD draw parallels with sexual assault to make sense of their experiences, as they

feel strongly that violence has been done to them. A sexual violence framework is useful to PSSD sufferers to understand their experience, particularly because of the power and authority differentials involved, the dynamics around consent, and the shame experienced when speaking out. People with PSSD, just as survivors of sexual assault, need to be reminded that their sexual trauma is not their fault and that they have a right to feel

rage, devastation, grief, confusion, and any other emotion related to their experience.

In addition to the sexual side effects, a significant number of people with PSSD also report distressing non-sexual side effects from SSRI and SNRI medications that present significant challenges and can persist despite stopping medication or that start when they stop the drug. Non-sexual side effects of PSSD include emotional numbing, cognitive impairment, depersonalization, and other sensory problems involving skin, smell, taste, or vision.

These side effects are often blamed on depression or other mental health issues rather than lasting harm from the medications. This intensifies feelings of helplessness and makes it more difficult for people with PSSD to advocate for themselves effectively.



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There is still little awareness about PSSD within healthcare. People are commonly misdiagnosed, with devastating consequences. This condition is incorrectly perceived to be somatic or psychological rather than iatrogenic. When people seek help and report their experiences of genital numbness for example (a core feature of PSSD), they are diagnosed with delusional or somatoform disorders and prescribed antipsychotic medications, rather than diagnosed with PSSD.

Some people seem to recover with time. When improvement occurs, it is often only partial. Many do not experience any improvement. I have spoken with people who haven't been able to feel any sexual sensation for two decades.

In clinical practice with this population, it is important to hold space for the experience and the related emotions. Therapeutic interventions should be aimed at helping people process their pain and cope with loss, rather than "fixing" symptoms. There is no evidence in the literature advising psychosomatic interventions to be effective treatment for PSSD; yet they are often suggested by healthcare professionals. This can be a distressing experience for many with PSSD because the message received is, "the problem is in your head" rather than "something unfair happened to you and it's not your fault". This message can contribute to feelings of isolation and self-blame intrinsic to PSSD.

Greater awareness and validation of PSSD is essential. There is no way to describe the toll this injury can take on someone's life, and the depth of loss that people experience. To have the ability to experience an intimate relationship, to feel at home in one's own body, and to have functioning emotions completely removed by a medication that was meant to alleviate emotional distress is a catastrophic thing to happen. To not be understood or believed by the people around them compounds the trauma of this injury.

We need to listen to this community and validate people's experiences so that we can better learn how to support them. It cannot be overstated how important and meaningful having people who truly listen and take the time to understand the experience can be for those with PSSD.

I recognize and appreciate that these drugs can be life-saving tools for some people with severe depression, but they are powerful drugs that come with real risks. We must recognize that they do cause harm to an unknown percentage of people, and that offering truly informed consent and transparency about the risks are central to reducing this harm. By not facing the reality that this can happen, we are robbing people of the right to make an informed risk-analysis about their healthcare decisions and keeping doctors and patients alike in the dark. 

Yassie Pirani (she/her) works with people experiencing a range of sexual and reproductive health concerns, amongst other areas of specialty. Yassie has years of experience in the areas of sexual and mental health, and works from a trauma-informed and anti-oppressive approach. Yassie is a guest on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō, and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations, also known as Vancouver.

Editor's Note: references available upon request.

Be a BCASW Mentor!

Share your wisdom and experience with other BCASW members, assisting with issues as varied as preparing a résumé, discussing practice challenges, exploring an ethical dilemma, assisting with career or relocation decisions, or providing guidance and support through the job-seeking process and adjusting to a new role.

Mentoring is a satisfying and mutually enriching experience. If you want to be a Mentor, download the Mentoring application form from the BCASW website (www.bcasw.org) or contact BCASW at bcasw@bcasw.org.

And if you are seeking a Mentor, download the request form from the BCASW website and we will match you up with a fellow member who is ready to help!



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Critical Review of the Abbotsford Flood: Impacts and Implications

WORDS | DR. RITA DHUNGEL, PhD, MSW, RSW & FRANCES BERARDINO

In November 2021, the city of Abbotsford was devastated by one of Canada's most impactful flood disasters. The flood event in Abbotsford was part of a series of extreme precipitation and subsequent 1 in 100-year flooding and landslide events that impacted the Pacific Northwest. Centrally, the event was caused by an *atmospheric river*, informally known as a *Pineapple Express*, which is a term to describe the flowing of warm and moist air from lower latitudes to the mid-latitudinal shores of North America. The event occurred when the Nooksack River overflowed due to heavy precipitation and bypassed the river's flood dyke, causing the floodwater to advance toward Abbotsford and the Sumas Prairie municipality.

Historically, the land that Abbotsford is situated on is familiar to change and flooding. Prior to European settlement, the Semá:th peoples, a band of the greater Stó:lō Nation, lived in higher elevation villages near Sumas Lake. In the 1920s, European settlers seeking farming opportunities drained Sumas Lake in hope that the drained lake soils would provide fertility. After four years of construction, structures such as dykes, canals, and a dam, worked together to reconstruct the landscape and create farmland.

Fast-forward over 100 years, the area is now known as the Sumas Prairie Valley and is used primarily for agricultural pursuits. Within European settlers' records there have been numerous major flood events. In other words, the Abbotsford floods of 2021 were not an unforeseen natural disaster to the land surrounding Abbotsford. However, a paper published by Gillet et al. (2022) did find the disaster to be intensified by global climate change.

IMPACTS OF THE FLOOD

Governments, industries, communities, and individuals experienced significant losses. More than 17,000 people were forced from their homes. Food supply and potential supplies sustained considerable damage, with around 1,100 farms and 15,000 hectares of farmland being impacted, alongside countless acres of crops, nurseries, and stored vegetables. 700,000 farm animals died in the floods. The loss of farmland resulted in the loss of work for many temporary migrant workers. Overall, an estimated 500 jobs were lost due to the floods. Severe infrastructure loss was seen—with major roads, highways and bridges washed out, severing the Lower Mainland from the Interior.

Psychological health was impacted by the floods. The losses and entire experience were highly traumatic and tragic for Abbotsford communities. Long-term, the B.C. Mental Health Support Line reported a 15-20% increase in calls primarily from farmers following the flood. Overall, many communities lost not only their homes, but their sense of security and livelihoods.

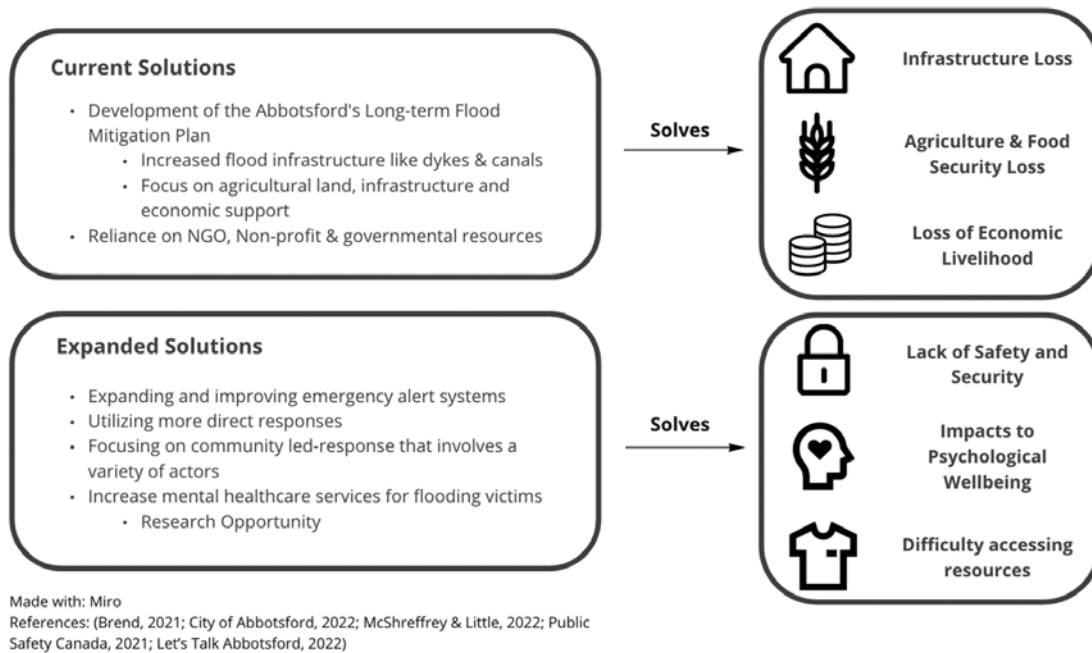
CURRENT SOLUTIONS AND GAPS IN RESPONSE

Governmental, non-profit, and non-governmental organizations (NGOs) were highly involved in the post-flood response. Immediately, post-flood organizations such as The Red Cross provided emergency financial assistance to over 7,500 households. The Canadian Federal Government stepped in to help with emergency evacuations, aiding provincial supply chains and supporting local authorities in flood mitigation.

As flood waters receded, Abbotsford entered a phase of post-flood recovery involving healing and rebuilding. Specifically, the City of Abbotsford with help of residents, business owners, and a local engineering firm, Kerr Wood Leidal, have been working to develop a long-term flood mitigation plan.

In June 2022, the Abbotsford City Council approved the multi-million-dollar preferred hybrid plan focused on expanding upon pre-existing flood mitigation methods. The plan situates agriculture and food security at the forefront of flood protection and aims to reduce damage to properties and agricultural land. The addition of multiple new pump stations and dykes across the Lower Fraser Valley region are planned in case of another extensive flooding event. In total, an analysis by the *Globe and Mail* estimated that solutions and rebuild costs post-flood could exceed \$9 billion.

Understanding the Solutions Landscape of the November 2021 Flooding in Abbotsford



As discussed earlier, there are many socio-economic and psychological impacts from the 2021 floods in Abbotsford and the Sumas Prairie Region. However, the plan at the forefront currently is focused on agricultural lands, rebuilding infrastructure, and providing economic support. Creating flood-resilient communities is vital. The recent collaboration between governments and communities throughout the process has been exceptional. But, immediately during and after the flooding, many individuals expressed cracks in flood response and a lack of contact for general support and basic needs. Many affected residents still live in precarious situations due to housing losses exacerbated by the pre-flood lack of affordable housing in Abbotsford. Many with secure housing experienced difficulties in obtaining household essentials or delays in home appliance grant approvals. More direct support has been taken by certain bodies, such as The NGO Flood Response and Resiliency Coordination group, through providing gas cards and food.

EXPANDED SOLUTIONS AND IMPLICATIONS

In general, the response and subsequent planning of future long and short-term solutions accurately addressed the severity of the situation. However, by recognizing some shortcomings in both pre- and post-flood responses, comprehensive strategy and planning have yet to be addressed.

Some residents felt as though the government and emergency alert systems inadequately informed them of the potential and scale of the flood event that occurred, especially given the known pre-flood forecasts and history of serious flooding in the Lower Fraser Valley region. News outlets, including Global News and CBC both provided a platform for frustrated Sumas Prairie Valley residents to voice their concerns. Similar sentiments regarding lack of knowledge or adequate preparedness provided by the government and emergency alert system services were expressed. Better informing residents of flooding, particularly in the case of previously impacted flood areas would be helpful. Including the opinions of residents could be beneficial to ensure their experience and needs are met.

Increased community-led response and empowerment could be valuable in saving lives, creating a more resilient response, and preventing such widespread catastrophe. Using a community development approach to develop current flood response and recovery transformative models through a collaboration of a wide range of stakeholders, including researchers, survivors, communities; along with government and local agency collaboration would be helpful to maximize community response. Such approaches could view flooding in this area as a “beyond borders” issue and involve communities in the United States and Canada.

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Psychological well-being and potential impacts of the flood on individuals, families, and communities aside from the affected farmers has yet to be considered in the available literature, suggesting a potential gap in the social sphere of flood response for the City of Abbotsford. Floods and other natural disasters can be a source of trauma and emotional issues for those affected. Mental health services have been difficult for individuals to access due to issues in providing appropriate care for victims that meets concerns on an individual level.

Based on the article *Long-term Flood Mitigation Options – Preferred Option* by the City of Abbotsford, the chosen hybrid flood plan did consider future climate change scenarios, including structures to protect against any prospective 1 in 200-year flood events. However, within the plan it was unclear what degree of climate change was considered. The *Intergovernmental Panel on Climate Change* report for 2022 outlined that society is seeing adverse effects of rising temperatures much faster than previously forecasted. This suggests that more research should be done before building new structures to ensure they are prepared for future precipitation events that may increase in frequency and intensity due to climate change.

The City of Abbotsford has much to reflect on in their responses to the flood event. They will need to initiate critical dialogues and needs assessments in partnership with researchers, community-based local agencies, and affected communities. This is the time for social workers to shine by engaging with policy makers, local agencies, affected communities, and communities at large to help develop a transformative community-led responses model through community-based participatory research, community development, and mutual aid. **P**

Rita Dhungel, Ph.D, MSW, RSW is an Assistant Professor in the School of Social Work and Human Services, Faculty of Education, Community, and Human Development at the University of the Fraser Valley in Abbotsford, BC. Frances Berardino is an undergraduate student pursuing a Bachelor of Science in Geography at the University of Calgary.

Editor's Note: references available upon request.



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A road sign is the only thing indicating there is a highway after major rain caused rivers to overflow their banks in the Fraser Valley. The photo was taken from the #3 road overpass looking West to Vancouver, Nov. 17, 2021.

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CASW Report

WORDS | **GLEN SCHMIDT, RCSW**

On June 11-12, the National Federation held an in-person meeting in St. Andrew's by the Sea. Joan Davis-Whelan was re-elected as President of the National Board of the CASW. The morning of the first day was taken up with partner organization reports, the International Federation of Social Workers (IFSW) report, National Social Work Week report, the annual CASW report, and financial report.

Joan Davis-Whelan now serves as President or Chair of the North American Region (Canada and the US rotate the leadership function). CASW Board Member Hazel Berg, from Saskatchewan, serves on the IFSW Indigenous Commission. Sally Guy reported on Social Work Month and said it was very successful. For the first time ever, the CASW was able to secure a video message from the Prime Minister recognizing social workers and Social Work Week. CASW and provincial partners hosted 18 online events during Social Work Month. The CASW also hosted two online events with Wanda Thomas Bernard and Nancy Hartling, both of whom are social workers serving in the Senate.

The fee rate was discussed and a committee made up of Executive Directors, Board members, and CASW staff was struck to review the fee structure. This is controversial but operations will be affected by the loss of Alberta revenue unless alternative sources of revenue are found. The Alberta Association will split into an association and a regulatory body this year. The current Alberta Association gave the newly formed Alberta Association \$250,000 to help in getting started as the Alberta group anticipates a significant drop in association memberships, much like we experienced in BC when the regulatory and association functions were separated.

Most of the afternoon of the first day was taken up with presentation, discussion, and small group consultation around the draft *Values and Guiding Principles of the Code of Ethics*. The draft was developed by Barnes Management Group after extensive consultation with groups and members.

The second day began with a discussion of the Anti-Racism statement and paper. Members worked in small groups to further

develop the statement and the revised Code of Ethics. The group decided to send the summary points of the statement to their respective members for feedback and further suggestions.

On the second day Fred Phelps, Executive Director, provided the operational update. A small group of social workers in Quebec are meeting to form an association. CASW has provided \$1500.00 in seed money. A number of members believed that this amount should be substantially increased. Miguel LeBlanc, the Registrar in New Brunswick, has been working with the group on a pro bono basis. It would be significant if Quebec were to rejoin CASW.

Fred noted a couple of other points: CASW has delivered 163 webinars during the past two years; CASW assesses internationally educated social workers and may be expanding its work to include BC and Alberta and it has recently started doing this work for OASW; Fred meets four times a year with the Intersectoral Committee (CASW, CCSWR, CASWE). There is a proposal to launch a new sector study.

There was discussion about the CASW Scholarship. Each Federation member receives \$1500.00 per year and the guidelines suggest not exceeding accumulated amounts of over \$3000.00. BCASW currently holds \$2495.00.

There was also discussion about whether to continue with the Distinguished Service Awards as only six were handed out this year. The consensus was to continue. The late Marion Bogo was the recipient of the Glenn Drover Award. Marion Bogo was a faculty member at the University of Toronto who had wide international recognition for her research and work in the area of field education.

The advantage of holding the first in-person meeting since 2019 is that there was opportunity to have discussion with members outside of the formal business. It is very difficult to have a fulsome discussion via Zoom so the change and opportunity to meet in-person was welcome. The next CASW Board meeting is planned for October 2022. [P](#)

Glen Schmidt

BCASW BRANCH REPORTS

NORTHERN BRANCH

The Northern Branch is located within a sparsely populated but large geographic area of British Columbia. Prince George is the biggest centre but the region also includes communities such as Quesnel, Fort St. John, Dawson Creek, Vanderhoof, and Burns Lake. There are 75 members in the Northern Branch.

In September, the Branch meets with incoming UNBC BSW students at the Prince George Campus during their orientation session. The Branch plans to host a pizza night in September for social work students at UNBC. The Branch tries to do this on an annual basis in order to promote the BCASW and encourage students to get involved in the professional association.

Beginning in September, the Branch will host monthly in-person meetings in Prince George and include a Zoom link for people who can't attend in-person. The Branch is hoping to increase attendance at its monthly meetings. The number of attendees fell dramatically when we shifted to Zoom during COVID. The in-person meeting is held at a local restaurant which gives members a chance to connect and socialize once the Branch business is concluded.

Glen Schmidt

NORTHWEST BRANCH

The Peer Consultation meetings continue to evolve and shift to meet the needs of social workers in the Northwest. Many of the regular attendees in the Terrace area are interested in meeting in person again. I am in the process of trying to find a location to host hybrid meetings, to continue to encourage participation from across the region. Due to conflicting BCASW Zoom meetings across the province, the Peer Consultation meeting has been moved to the 2nd Wednesday of the month during lunch time.

I am always looking for ideas, suggestions, or comments on how the Northwest Branch can connect and support social workers. You can reach us through the BCASW office.

Angela Boutilier



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OKANAGAN BRANCH

Greetings from Okanagan Branch. Membership continues to grow. Please feel free to send an email if you have any suggestions, ideas or comments. The OK Branch is seeking to fill Branch executive positions. Please contact us through the BCASW office for more information.

Cheryl Ash

THOMPSON NICOLA BRANCH

After a relaxing summer, the Thompson Nicola Branch is getting ready for a busy year ahead. We plan to resume monthly Lunch and Learn sessions and support student representatives in strengthening connections with Thompson Rivers University and Nicola Valley Institute of Technology. We plan to attend orientation events at Thompson Rivers University this fall.

We continue to share the *Thompson Nicola Connector* mailout full of interesting articles, links to webinars and career postings. We are hopeful that health conditions may permit some in-person social activities this upcoming year.

Branch Executive members include Lorry-Ann Austin, Michael Crawford, Meghan Dalglish, Jennifer Friend, Rachel Knuttila, and Meghan Selski.

Lorry-Ann Austin

COMMITTEES AND INTEREST GROUPS

THE ADVOCACY CIRCLE

The BCASW Quilts for Survivors Project

Goals:

- To complete at least one quilt, minimum 48" x 64" and send it to an identified survivor of residential school
- To acknowledge the harms of residential school and the need for healing and comfort for Indigenous Peoples
- To contribute to work already being done by the *Quilts for Survivors Facebook Group*
- To facilitate learning about and participating in quilt-making as a social justice vehicle

Greetings,

I am writing to invite you to participate in another quilt project (our third). This one is different as each quilt is being made to provide healing and comfort to one survivor of Residential School. I recognize that many of you have little experience in quilt-making, but I hope to encourage you to participate and feel a part of a project that was initiated in 2021 by Vanessa Génier in Timmins, Ontario, featured in *Quilts for Survivors Facebook Group*. She is delighted to receive a quilt from us for a survivor, and let me know that her mother who works with her on quilts is also a social worker.

Residential school survivors are invited to request a quilt and Vanessa matches the request with a finished quilt. She receives finished quilts, quilt tops, and various quilt blocks to make up a quilt. She finishes them and quilts them on her long arm quilting machine. The quilt must be at least 48" by 64"; include *no fabrics with school theme or religious items or Aboriginal design; fabric must be new 100% cotton*. It would be very good to include the colour orange if possible.

The pattern we have chosen is the Receipt Roll Scrap quilt from the SewSheCan website. Note: adding machine paper is 2.25" wide if you want to use regular printer paper instead.

I will collect the 48" rolls of sewn strips from members, add the stripes and borders, then I will put on the quilt batt, backing and stipple quilt it. When it is finished and labeled, we will receive the name of a residential school survivor who has requested a quilt and we will send it to them. If you are aware of a residential school survivor who would like a quilt, we can let Vanessa know that we are sending one out to a survivor that we know. We have already received the quilt labels from Vanessa that accompany every quilt in the project so that those

in later years can understand the importance of the quilt and the meaning behind it.

I posted instructions with pictures on our website on the Advocacy Circle Project page. If you have any questions or concerns, please contact me through the BCASW office. I look forward to hearing from you if you wish to participate. I will need to know how many 48" strips you will be making. We will need several strips for each quilt and how many quilts we make depends on the number of strips I receive.

Barb Keith

HEALTH ADVOCACY COMMITTEE

The Health Advocacy Committee continues to follow the issues concerning residential care in Canada. We sent submissions to the request for feedback on the *National Long-Term Care Services Standards*. We met and consulted with Penny McCourt to discuss her meetings on behalf of Action for Reform of Residential Care (ARRCBC) with Mable Elmore (Parliamentary Secretary for Seniors Services and Long-Term Care) and support the report by ARRCBC *Improving Quality of Life in Long Term Care*. In June, a meeting was held with Mable Elmore and community groups to discuss the creation of an Advisory Forum.

Earlier this year, we published an article in *Health and Social Work* based on our *Survey on Homelessness*, called "I have failed them and failed my duties": Experiences of hospital social workers discharging patients into homelessness. Contact the BCASW office for a link to this article.

Other issues that our committee has been involved with this year include reviewing the unintended consequences for seniors who received CERB or other social benefits, including GIS, on their per diems for home support services. Our committee created sample letters to be sent to MLAs about actions to take to mitigate the effects of the heat dome and request BCASW members to send letters to their respective MLAs.

Our group is getting small (now 5 people). We are interested in recruiting social workers to join us. We meet by phone every 4-6 weeks. The benefits of joining our committee include the chance to take action on important issues, a collegial group, network building, and the opportunity to log CPD hours for registered social workers. If you are interested in learning more, please contact us via the BCASW office.

Megan Saul

HOMAGE TO THE FOUNDING MEMBERS OF THE ANTI-RACISM AND CULTURAL ADVOCACY COMMITTEE (ARCA)

With great sadness we bid adieu to Marion Poliakoff (2022) and to Alice Lindenberger (2017), two of our Committee's founding members. In 1977, these two social work advocates had a vision. With the active support and participation of faculty members from UBC's School of Social Work, they created the BCASW's Multicultural Concerns Committee (MCC).



Marisa Tuzi (centre) with founders of original Multicultural Concerns Committee: Alice Lindenberger (left) and Marion Poliakoff (right).

Reprinted from *Perspectives Fall, 2004*

Marion was a community social worker with the North Health Unit and Alice was a staff training coordinator with the then Ministry of Human Resources and Family Services. The creation of the Committee arose from their recognition that effective social work practice with ethnically and religiously diverse clients was being hampered by a lack of good understanding of these clients' cultural and social characteristics. A concerted effort was made by the Committee to develop workshops to help social workers become aware of the how culture shapes the values, the beliefs, and the behaviours of their clients.

Over time, with the passage of the Federal Multicultural Act in 1988 and the BC Multicultural Act in 1993, the Committee expanded its focus to include anti-racism in recognition of the fact that legislation alone does not eradicate racism. The Committee's name change to the Multicultural and Anti-Racism Committee (MARC) reflected this shift.

Marion enjoyed a successful career as a journalist before going back to university at the age of 49 to study social work. Alice volunteered as editor of the Association of Multicultural Societies and Service Agencies of BC newsletter for many years. Both enjoyed writing on social justice issues and contributed articles to *Perspectives*. Marion's article on "How Should We Handle Hate Crimes" and Alice's "Racism Deconstructed - One False Idea at a Time", for example, were printed in the 2004 multiculturalism and anti-racism theme-specific issue of *Perspectives*.

Marion's and Alice's vision was for the Committee to help fellow social workers become more aware of the social and emotional impact of racism and religious intolerance on the clients we serve. Their vision was for social workers to promote the ideal that our increasingly diverse population can co-exist without hate promoted violence. Thank you to Alice and Marion for their unwavering dedication to anti-racism, cultural advocacy, and religious tolerance. Their legacy lives on with ARCA.

Marisa Tuzi



From the BCASW Archives, year unknown



Decriminalization of small amounts of drugs in BC a positive step – but falls short of changes needed to save lives

Vancouver, BC – June 1, 2022 – The British Columbia Association of Social Workers (BCASW) welcomes the decriminalization of small amounts of illicit substances in principle but warns that the change does not go far enough to have the intended outcome of reducing stigma and saving lives.

As federation Partners of the Canadian Association of Social Workers (CASW), BCASW has long supported the decriminalization of the personal use of substances to advance a public health approach to drug policy.

“Though we are so pleased the federal government has granted this exemption, it falls sorely short of what is needed,” said BCASW President, Michael Crawford. “As it stands, this change is not enough – it’s our hope that discussion on the exemption limit continues and that a higher, more practical limit is set quickly: the federal government cannot afford to be performative when it comes to people’s lives.”

In their application, the province asked for an exemption for 4.5 grams of illicit substances. This was based on extensive research and consultation with those with lived experience of substance use, who determined that this was an acceptable – though still very conservative – small supply for personal use over a few days. The federal government’s exemption has allowed for only 2.5 grams.

“The federal government is demonstrating they are ready to listen to the evidence on decriminalization – so why not listen to the evidence when it comes to the details?” added Crawford. “Now is the time to listen to experts, and, most importantly, the voices of lived and living experience.”

This announcement comes at an interesting time for Canada, as Bill C-216, a Private Member’s Bill that would federally decriminalize small amounts of drugs and bring forth other public health approaches to drug policy, is set to be debated in the House of Commons today.

“We strongly support Bill C-216 because it would affirm what experts, advocates, and those with lived experience of substance all know to be true: substance use is a health issue, and if we keep treating it like a criminal issue, we will never solve the opioid crisis and save lives,” said CASW President, Joan Davis-Whelan. “We are hopeful Members of Parliament will see this as the non-partisan, health issue that it is, and quickly pass the Bill to the Committee stage.”

Beyond the strong positive step of decriminalization, other resources are also needed to not only save lives, but foster dignity, health, and safety for all. Any change to criminalization must be accompanied by more robust supports: an increased safe supply and additional treatment and recovery spaces are profoundly necessary.

“There is no one silver bullet to solve the opioid crisis – it’s going to take a combination of elements working in concert – but decriminalization is an incredibly important one,” concluded Crawford, “we are hopeful this step in BC is the first of many.”

Michael Crawford | President
BC Association of Social Workers

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.

We acknowledge that our office is in the unceded territory of the Coast Salish Peoples, including the territories of the Musqueam, Squamish, and Tsleil-Waututh Nations and that our members live and work in unceded territories across British Columbia.

The Canadian Association of Social Workers (CASW) is the national professional association for social work in Canada. CASW is located in Ottawa on the traditional and unceded territory of the Algonquin people.

A STANDING OVATION

Kathleen Cashin and Laura Honey Receive the 2022 Inspiring Social Worker of the Year Award

The UBC School of Social Work and BCASW are proud to commemorate the contributions of outstanding social justice activist and social work leading-light, Paul Cheng. Paul was an extraordinary social worker who immigrated to Canada from Hong Kong and for over 40 years dedicated himself to serve refugees, new immigrants, youth in care, street-involved youth, people with addictions, and many others. It is widely recognized by his colleagues, clients, students, and friends that Paul's deep caring, enduring social justice ethics, strong professional practice, and tireless personal efforts touched and inspired many people in the social work and larger community. In memory of Paul, the **Inspiring Social Worker of the Year Award** was established to recognize BC social workers whose professional and personal efforts and dedication to people from marginalized communities inspired others to care and contribute to social justice.

The Award is co-sponsored by BCASW and the University of British Columbia, School of Social Work. Recipients share their experience at the Paul Cheng Memorial Lecture early in September at UBC, Paul Cheng's Alma Mater. The presentation is recorded, uploaded to UBC's website, and linked to BCASW's website.

Congratulations Kathleen and Laura!

Hear Kathleen and Laura tell their stories at the BCASW Annual General Meeting, October 28, beginning at 3:00 pm, prior to the AGM. Sign up for online attendance on the BCASW website or attend in person at the Health Sciences Association headquarters, 180 East Columbia St., New Westminster.



Kathleen Cashin, MSW, RSW, is the Anti-Human Trafficking Coordinator for Covenant House Vancouver where she takes a systems approach to supporting youth. Kathleen completed her Bachelor of Social Work at the University of Calgary and her Master of Social Work at the University of British Columbia with a concentration on social



and international development. Kathleen has been engaged with housing, homelessness, and youth in Vancouver since 2015 with roles spanning support work, social work, and coordination.

Laura Honey, BSW, RSW, MA graduated with a BSW from UBC Okanagan in 2010. Three years in child protection led to a happenstance career change to youth justice and residential care for high-risk youth. She completed a Masters in Counselling Psychology from UVic in 2016. With an adventurous white schnauzer and supportive husband, Laura set forth for a northern experience. Fort St. John is where Laura stumbled across a network of fellow wide-eyed movers and shakers in the social work and helping professions; people who inspired big changes in lives, including Laura's. They influenced her passion to fill the gaps in mental health services for children and youth. Currently, Laura works in private practice and is the co-director of Saplings Mental Health Services.



L-R: Dan, Laura, and Dr. Karl Brown (Karl)

A Summary of the Differences Between Membership with the BCASW and Registration with the BCCSW

	<p>BC Association of Social Workers (BCASW)</p>  <p>The Member Services Association</p>	<p>BC College of Social Workers (BCCSW)</p>  <p>The Regulatory Body</p>
Mandate	To support members, strengthen the profession, and advocate for social justice.	Protect the public interest by establishing and supporting high standards for RSWs.
Activities	Communications with governments, media and members; advocacy for social justice; promotion of the profession; research; professional development activities; the provision of member benefits, publications, promotional resources; peer support	Establishes, monitors, and supports standards of practice and a code of ethics. Superintends the practice of social work through Entry to Practice Standards and an Exam, Regulation, a Continuing Professional Development Program and processing complaints against RSWs.
Governance	Board executive and members at large are elected by members. Branches appoint representatives from nine BC regions. The Board appoints a representative to the CASW and a student representative. The Executive Director is employed by the BCASW.	Governed by a twelve-member board, composed of eight social work members elected by registrants and four appointed by the provincial government to represent the public interest. The College's Registrar directs day-to-day operations.
Why Belong?	Membership is voluntary. Membership strengthens the voice of social work in BC and Canada. The benefits of joining include professional development opportunities, networking, communications and news highlighting social work, access to professional liability insurance, job postings, research databases, and mentorship.	The College controls the title, <i>Registered Social Worker</i> , and <i>Registered Clinical Social Worker</i> . Persons describing themselves as social workers generally must register with the College, unless exempt from registration through the BC Social Workers Act regulations. Social workers who register with the College benefit from professional accountability, work within specific legislation, and can receive practice consultations to guide professional practice.
Eligibility and Application	A social work degree recognized by the BCCSW or enrollment as a student in a recognized social work degree program is required. Individuals not eligible for professional membership can choose to affiliate with the BCASW. Applications and fees can be submitted online and memberships are renewed annually.	Applicants must submit an application package. Following approval of the application, applicants are authorized to write the ASWB Entry to Practice exam. After successful completion of the exam, applicants are awarded the title of Registered Social Worker (RSW). Registered Social Workers holding a master's degree in social work, and meeting the clinical application requirements, may apply through the College for Registered Clinical Social Worker (RCSW) designation.
Further Info	<p>http://www.bcasw.org</p> <p>604 730 9111</p> <p>bcasw@bcasw.org</p>	<p>http://www.bccollegeofsocialworkers.ca</p> <p>604 737 4916</p> <p>info@bccsw.ca</p>

Compassion, Bureaucrat Bashing, and Public Administration

WORDS | **RAE MORRIS**, PhD (Cand.), RCSW

The past few years have been (and continue to be) an especially challenging time for social workers across the country. Much of the research on social work practice over the last few years focused on the challenges faced, but there have been moments of hope and light amidst the challenges that offer valuable lessons for the future.

This edition's "From Research to Practice" shares a recently published article written by researchers in the Netherlands who explored compassionate behaviours undertaken by Canadian citizens towards Canadian public sector social workers. The authors share their findings from a two-step experiment using differently written vignettes of social workers and then measuring readers' compassion and their perception of bureaucrat bashing in the vignette.

1264 Canadian citizens participated across the stages of this study by reading vignettes and responding to questionnaires. Participants were also invited to share an optional message of encouragement to social workers across the country. 444 messages were shared by participants and uploaded to a public website created by the researchers (see link below).


The researchers found that they were successful in eliciting compassion towards social workers by purposely highlighting some of the challenges and vulnerabilities that social workers face. In addition, when the narratives were shared in this way, participants were twice as likely to take the time to write an



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encouraging message (an act of compassionate behaviour). The researchers also found that narratives of bureaucrat bashing did not result in any reduction of compassion among participants.

The researchers encourage readers to consider the benefits of sharing the vulnerable side of social work, including challenges faced and struggles experienced, as this may stimulate compassionate feelings and behaviours towards social workers in the roles we take on.

So, this season's self-care activity? Spread compassion. Read and share with your colleagues the messages that participants in this study wrote to social workers across the nation: <https://compassionforsocialworkers.tumblr.com/>. And in the words of one participant, remember that "your contribution to our society is essential." 

Rae Morris is a Registered Clinical Social Worker and a PhD Candidate in the School of Social Work at the University of British Columbia

Reference

Szydłowski, G., de Boer, N. & Tummers L. (2022). Compassion, bureaucrat bashing, and public administration. *Public Administration Review*, 82(4), 619-633. <https://doi.org/10.1111/puar.13485>



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BOOKSHELF

Five Little Indians

Good, Michelle (2020) *Five Little Indians*.
Toronto: HarperCollins Publishing Ltd.

WORDS | **EUGENE IP**, MSW, DPhil



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Five Little Indians follows the lives of five friends through thick and thin from their forced attendance in a distant BC Indian residential school to their intersecting life trajectories after they have aged out and are sent adrift to end up in the Downtown Eastside community in Vancouver. Good weaves a storyline with episodic tales of the individual protagonists' trials and tribulations. Their personal ups and downs invariably connected back to all that we have become so aware now about residential schools and their intergenerational impacts on individuals and a whole people. The more I got into the story, the more it seems so fitting that the notorious, sickening verbiage of the Indian schooling policy – "Killing the Indian in the Child" – forms the gist of the author's literary exploration.

In the main characters, we find how a rural residential school has by joint force of the state and a religious faith managed to traumatize and destroy wholesome lives of Indigenous individuals, families, and communities. The five young persons "educated" there – now damaged, confused, and naïve – have ended up in a high-risk milieu of urban street life where they are destined to keep stepping into the quicksand of troubling fates.

Kenny, Lucy, Clara, Howie, and Maisie's stories span from when they are taken from their parents and community to their early adulthood. Time passage in this story only underscores how the five are forever damaged by institutional racism and abuse. The whole forced schooling experience has been one of being *inferiorized* – perhaps, that's where the novel's name comes from. It's not so much a story of the five when they are little kids as the five never being able to feel their adult potential due to what the schools took from them.

In a racist and indifferent mainstream world, the belittled-self shows up in Kenny's confusing paths of a drifting life with a tragic ending, Lucy's escape with her newborn from

the obstetrics ward in fear of her daughter being taken in the Sixties Scoop, Howie's self-risking, vengeful rage, Clara's denial of Indian traditions and inability to have anything to do with them, and Maisie's life of street drugs, selling her body, and death by suicide.

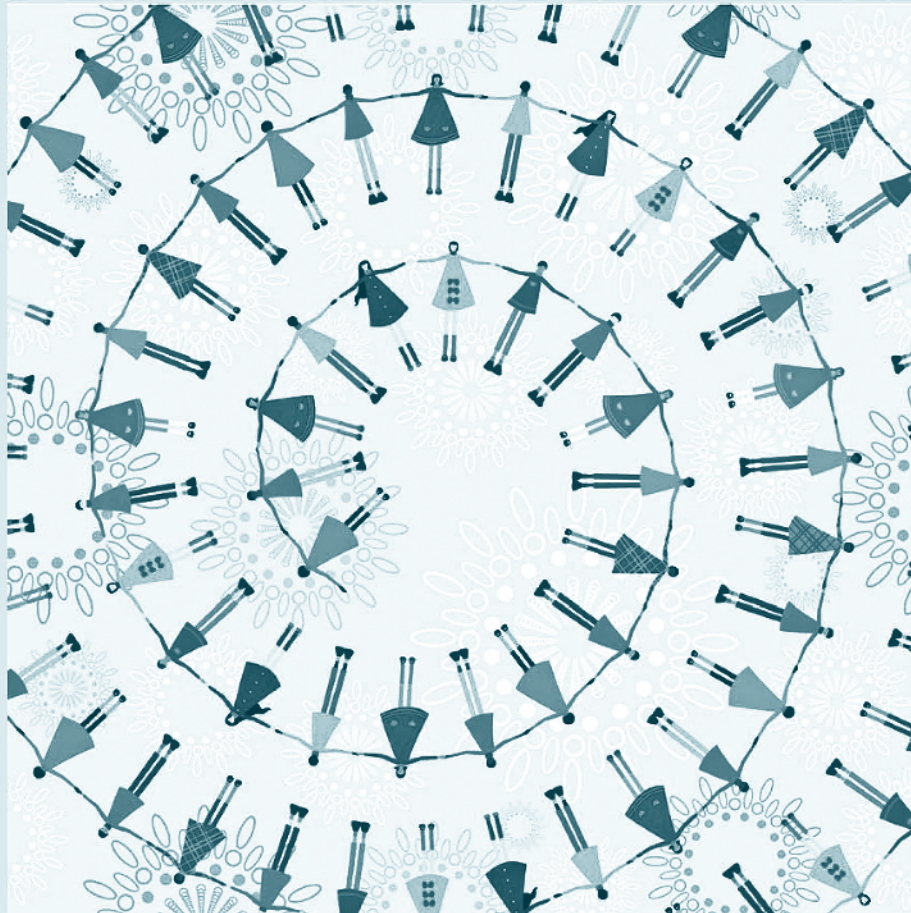
Thankfully, Good allows a beam of hope for a bit of a happy ending – if the word *happy* is ever possible about anything in this story as a whole. In the quiet, patient, but persistently persuasive and caring company of her Elder friend, Clara discovered for the first time the healing power of traditional practice. Her tentative "try" of the sweat lodge with the Elder's guidance sent a cheer inside me after wading through a tough read of the disturbing ordeals and struggles of individual protagonists in a large part of the story.

Good's story leaves me thinking, even in terms of the assimilationist agenda of the colonist education ploy, residential schools were an abject failure with nothing to show for any intention for their charges to be successful by the standards of the mainstream white society. They were a forum for colonialists to exert their Euro-centric superiority, and an outlet of random violent releases at the expense of powerless children. *Five Little Indians* tells a pretty full story of this history – hopefully, as lessons to learn in today's effort to unequivocally condemn this past and to strive for the better – that is, toward healing and reconciliation. [P](#)

Eugene Ip is a retired social worker from Edmonton, Alberta who practiced in the public sector. From 2008 until retirement in 2018, he was the chair and a faculty member of the social work program at NorQuest College. He was also a sessional social work instructor at the University of Calgary. He now lives in Burnaby.

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Margaret Mead

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