Piecing it All Together:

Social Work Sectors: The Educators, Practitioners and Regulators...

Each organization has a different function although there are areas of responsibility that are shared and overlap...

(full article on page 4) >>>
Being a member of BCASW has been a very interesting journey for me. I have always appreciated the networking opportunities and camaraderie with other social workers at meetings and events. I have laughed and cried listening to stories of social work practice and my life has been enriched. Histories and accomplishments of honoured social workers inspired and challenged me. Fall Conferences and training sessions honed my skills and encouraged professional development. I have even found new areas of interest that have been previously unexplored. Perspectives and our e-bulletins keep me up to date and in the loop about current thinking and timely topics. The practice committees give me a bird’s eye view to each field of practice and I am connected to those who have a great deal of knowledge in each area. My work on the Board is teaching me about governance and leadership. Throughout this journey, I greatly value the support received from my social work colleagues and friends both personally and professionally. I have come to understand and respect the growing scope and body of knowledge in our profession and I am in awe of new research developments.

But what I have also come to realize is that as travellers on this journey, we are not all situated in the same place. Some social workers are just starting out, exploring the field, anxious about what lies ahead and looking for meaningful workplaces and collegial support. Some social workers are practitioners who are honing their style and technique based on their personal experiences in accordance with their field of practice. They may be counsellors or case managers or carry other job titles like policy analyst or community developer. Some are working in government agencies, some in the social profit sector and some in private practice. Some social workers are moving into supervision roles and creating their own administrative niche. Others become professors and teachers and are shaping the future of our profession. Seasoned social workers, aided by practice expertise and wisdom, mentor and offer the perspective of our profession over time. What a rich and valuable group of people — our diversity is staggering!

As an association, we represent all members. At times, we may focus on one area of social work practice. We seek a balance that offers support for all of our members. We do this by aligning our work with the values of our profession, paraphrasing in part from our Code of Ethics:

1. Inclusiveness and belonging—we are all part of a larger context. We cannot privilege one group of our members over another.
2. We believe in the intrinsic worth of our members. Each person brings a unique and valuable skill set and orientation to the profession.
3. We work toward social justice and seek to understand relationships of power in our society and organization. We strive to address imbalance in thoughtful, fair and meaningful ways.

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Social Work Sectors: The Educators, Practitioners and Regulators

WORDS | GLEN SCHMIDT, PhD, RCSW, JOHN MAYR, REGISTRAR, and DIANNE HEATH, MSW, RSW

At the recent British Columbia Association of Social Workers Fall Conference, I spoke with a number of practicing social workers who were uncertain about the difference between the British Columbia Association of Social Workers and the British Columbia College of Social Workers. Their expression of confusion wasn’t a surprise as I’ve heard the same question from students, practicing social workers, and academic social workers. In fact, the 2011 Membership Survey undertaken by the BC Association also identified this confusion about the mandate and role of these two organizations. A basic understanding of the mandates, roles, and functions of social work organizational bodies is important.

In Canada, there are three principle organizations concerned with the profession of social work. Each organization has a different function although there are areas of responsibility that are shared and overlap. The organizations are the Canadian Association of Social Workers (CASW), the Canadian Council of Social Work Regulators (CCSWR), and the Canadian Association of Social Work Educators (CASWE). The CASW and the CCSWR each operate within a type of federated model with provincial and territorial divisions. For example, in British Columbia the BC Association of Social Workers (BCASW) is a provincial partner organization within the CASW. The BC College of Social Workers is a participant in the CCSWR.

Associations, like the BCASW, promote the profession of social work as well as social policies that are understood to be progressive and fair. This type of advocacy and public presence is generally representative of CASW provincial and territorial partner associations across the country. The CASW formed in 1926 and has a history of lobbying governments in various areas of social policy development. The BCASW provides a range of services to members including professional development, leadership training, job search assistance, group practice insurance, the CASW journal, newsmagazines, ebulletin updates and current events, practice consultation, networking and mentoring. The Association supports social workers in the public realm through media releases and education about social work and social workers. In the case of BC, social workers join the BCASW on a voluntary basis. BCASW is led by a board of social workers elected by members of the association. Members come from a wide range of social work practice areas and social work students are eligible to join as student members.

The function of regulatory bodies, like the BCCSW, is to protect members of the public from harm through unethical or careless social work practice. Members of the public can make a complaint to the regulatory body. In BC the regulatory body has the authority under the Social Workers Act to register, investigate and if necessary discipline a registered social worker. The current act came into effect in 2008 however the province of BC has regulated the profession of social work since 1968. In many provinces, Quebec for example, social workers cannot practice as social workers unless they are first registered. In British Columbia, some workers in specific areas of practice must be registered but there are major areas of practice that are exempt from compulsory registration. Persons employed by the Ministry of Children and Family Development as social workers are a notable example. In addition to public protection, the Social Workers Act also authorizes the BCCSW to assess and register applicants based on social work qualifications and establish standards of practice. A twelve-member board governs the BC College of Social Workers. Eight
of the board members are democratically elected by registered social workers, while the provincial government appoints four persons as non-social work public members. There is no student class meaning that students cannot become registered with the BC College of Social Workers.

It is worth noting that in some provinces the professional association and the regulatory body operate as one organization. This is the case in Newfoundland and Labrador where the professional association performs both functions and in Alberta where the College, in addition to regulating social workers does professional advocacy. This may explain some of the confusion around the role of professional associations and regulatory bodies.

As in every jurisdiction in which social work is regulated, it is government who decides what a regulatory body may and may not do. Governments in every jurisdiction in North America and around the world have decided that there is a risk of harm from poor social work practice. In most US States, there exists a form of direct government regulation. BC and a number of other Canadian provinces have implemented a system of regulatory Colleges. In BC, the majority of professions are regulated under the Health Professions Act. Since the introduction of the Health Professions Act in the late 1980s successive governments in BC have made it clear that regulatory bodies in BC must focus on acting in the public interest. The Social Workers Act was modeled after the Health Professions Act and that same mandate applies to the BCCSW.

The primary function of the third organization, the CASWE, is to promote and oversee social work education including research and degree programs. Outside of academic social work the CASWE is probably not as well known as the associations and regulatory bodies. Social work education programs predate the establishment of the CASW in 1926. However, social work education participated in American social work organizations until the formation of the National Committee of Canadian Schools of Social Work in 1945. Even after formation of this organization (a precursor of CASWE), accreditation of social work degrees was undertaken by American social work. The establishment of the Canadian Association for Education in the Social Services in 1967 and a name change in 1971 to the Canadian Association of Schools of Social Work eventually led to an accreditation process in Canada under the auspices of Canadian educators. Today the CASWE oversees a Commission on Accreditation (COA) that is responsible for accrediting BSW and MSW degrees in member organizations. The fifteen-member board consists of representatives from all ten provinces. In order to become a registered social worker in BC, a person must graduate from an accredited social work education degree program.

In summary, the primary function of professional associations, like the BCASW, is to promote the profession of social work, to support members and to advocate for social justice. Regulatory bodies, like the BCCSW, exist to protect the public from harmful social work practice. The CASWE establishes and evaluates social work education particularly through the Commission on Accreditation.

There can be conflicts within these organizations. In the case of the CASW the withdrawal of some provincial organizations was an outcome of unresolved disagreement. Currently discussions are underway with hope of re-engagement. It is also the case that the relationship between these three principle organizations can be conflicted as there are areas where functions overlap. For example, all three organizations have an interest in social work education and there may be disagreement over jurisdiction and boundaries in this area of the profession. Given the relatively weak position of social work compared to many other professional disciplines, conflict within the profession is not always a healthy or desirable process. Scarce resources, particularly volunteer time, are turned toward addressing perceived grievances within the profession. A recent example includes the Competency Profile Survey undertaken by the Canadian Council of Social Work Regulators. This produced a strong negative reaction from some social work educators who did not agree with the competency approach or perceived intent of the study. In turn, social work regulators noted that they were trying to determine the minimal expectations to achieve public safety that could be expected of a new-to-practice social worker in Canada. These types of disagreements will occur periodically but it is important that all three organizations work together to strengthen the profession and the role of social work within the country. A clear understanding of purpose, mandate, and functions will assist in developing a collaborative vision of social work in Canada.

The social work profession is committed to the advancement of social justice. All clients have the right to receive skilled and ethical social work services. All three social work organizations share the goal of strengthening the profession to fulfill these roles. The three principle sectors of the profession need to communicate with each other and establish a broadly shared vision of Canadian social work. 

_Glen Schmidt_ worked in child welfare, mental health, and academic social work in Northern Manitoba and Northern BC for 33 years. He is an Associate Professor at the School of Social Work at UNBC.

_John Mayr_, Registrar, BCCSW and _Dianne Heath_, Executive Director, BCASW added information from their perspectives to this article.
A Brief History

- 1956: The BC Association of Social Workers (BCASW) was formed with the intent to speak with “one voice” on issues of importance to the profession. Deryck Thomson was both the first president and member.

- 1968: Prior to the Social Workers Act, social work in British Columbia was an unregulated profession. If a social worker or an unqualified person claiming to be a social worker behaved unethically, clients had nowhere to seek a remedy. The Act created the Board of Registration for Social Workers (BRSW) which had the authority to regulate social work in the public interest.

- 1996: The Board of Registration separated from the BCASW because of their different mandates. Lobbying to the government continued for the creation of a College of Social Workers.

- 2008: The revised Social Workers Act established the BC College of Social Workers (BCCSW). Susan Irwin was appointed the first Registrar of the College.

- 2012: The BCASW Board re-activated the Pacific Social Work Foundation (PSWF), a BC charity governed by the same directors as sit on the BCASW Board.

BCASW member number one....Deryck Thomson.
# A Summary of the Differences Between Membership with the BCASW and Registration with the BCCSW

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<thead>
<tr>
<th></th>
<th>BC Association of Social Workers (BCASW)</th>
<th>BC College of Social Workers (BCCSW)</th>
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<tbody>
<tr>
<td><strong>Mandate</strong></td>
<td>To support members, strengthen the profession, and advocate for social justice.</td>
<td>To protect the public.</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Includes communications with governments, media and members, liaison with advocacy and social service bodies, research, professional development, the provision of member benefits, publications, promotional resources, peer support.</td>
<td>Establishes, monitors, and supports standards of practice and a code of ethics. Continuing competency, inquiry and discipline are all in its jurisdiction.</td>
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<tr>
<td><strong>Governance</strong></td>
<td>A 19-member board is elected by members and representative of BC regions. The Executive Director and Manager of Member Services and Administration are employed by the BCASW.</td>
<td>Governed by a 12-member board, 8 social work members are elected by registrants and 4 are appointed by the provincial government to represent the public interest. The College’s Registrar directs day-to-day operations.</td>
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<td><strong>Why Belong?</strong></td>
<td>Membership is voluntary. Membership strengthens the voice of social work in both BC and Canada. The benefits of joining include professional development opportunities, newsletters highlighting Social Work in BC, access to professional liability insurance, job postings and mentorship.</td>
<td>The College controls the title, &quot;Registered Social Worker&quot;. Persons describing themselves as social workers generally must register with the College. Those who work for public organizations such as the provincial government or First Nations are allowed to opt out of registering. Many choose to register with the College and so make themselves publicly accountable.</td>
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<td><strong>Eligibility and Application</strong></td>
<td>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 are renewed annually.</td>
<td>Applicants submit an application package as well as Consent to Criminal Records Check form, application fee, an official copy of their social work degree transcript, a photocopy of two pieces of identification, résumé, two references. Successful applicants are awarded the title of Registered Social Worker (RSW). Registered Social Workers holding a master’s degree in social work may apply for Registered Clinical Social Worker (RCSW) designation.</td>
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</table>
| **Further Info** | http://www.bcasw.org  
Telephone: 604 730 9111 or 1 800 665 4747 in BC  
bcasw@bcasw.org | http://www.bccollegeofsocialworkers.ca  
Telephone: 604 737 4916  
info@bccsw.ca |
Quilt Making as Social Justice

WORDS | BARB KEITH, MSW, RSW

Q
ing and social justice have co-existed in my life for a very long time. I enjoy perceiving design in fabric, pattern in our social fabric. I am intrigued by how seemingly disparate pieces can come together and form a new whole cloth. For many years, I feared speaking in front of large groups, a real detriment when working in a residential treatment setting. A skilled therapist using a hypnotic technique designed especially for me allowed me to see comments and information as separate pieces coming together, with me being the facilitator who valued and drew together each segment so they fit together and made sense. That image stayed with me and continues to serve as a metaphor for my work.

Quilting for social justice is a creative expression that stands outside our usual ways of being. In examining injustice, we draw attention to a particular issue and make it visible. This is most often done in text or speech, but the visual art form of quilting adds another dimension.

The first example of quilting for social justice that I recall appeared in an Interweave Press magazine, Piecework: All this Done by Hand in one of the early issues. Writing from memory, the story that stayed with me was that long ago, a woman died and people were putting the house in order. They were struck by the drab and colourless surroundings that she had lived in with her husband, an austere, hard man. They were taken completely off-guard when they came to the crib and found a quilt made up of brightly coloured material that was obviously her treasure, pieced in secret and hidden from view.

The Aids Quilt Project is a labour of love that sought to address stigma related to HIV. The project shifted the public focus away from the clinical medical model, often with moral overtones, and brought forward the names and faces of real people. Each person remembered a loved one by creating a quilt square. The quilt was enormous when put together. It travelled across the United States, raising awareness about people affected by the AIDS crisis across the globe.

Quilt of Belonging: The Invitation Project (Esther Bryan & Friends, 2005) bears the following description on the book jacket:

“The Invitation Project’s magnificent Quilt of Belonging is the largest collaborative work of textile art to be created on a national scale. With 263 squares representing 71 Aboriginal groups and 192 immigrant nationalities found in Canada, the Quilt will prove a lasting testimony to our country’s multicultural heritage and identity.

Grand in size and purpose, the finished quilt measures 36 metres (120 feet) long by 3.5 metres (10 feet) high. In the words of Invitation Project coordinator Esther Bryan, “Our vision was to create a collaborative work of art that will recognize Canada’s and the world’s diversity, celebrate our common humanity, and promote harmony and compassion among people.”

This quilt has been on display on at least two separate occasions in the Lower Mainland and is a stunning work of art created by many artisans.

My last example comes from the time of the American Civil War and describes the role of quilts in guiding slaves seeking freedom via the underground railway. The book, Hidden in Plain View: A Secret Story of Quilts and the Underground Railroad (Tobin & Dobard, 1999) presents evidence that quilts were used as road maps to signal when and where routes should be taken.

Quilt patterns were readily identifiable and held common names that might be symbolic representation for those who knew this language.

The BCASW Social Justice Quilt began in much the same way as some of the quilts described above. We wanted to bring people together to be creative and express themselves through quilt making, with a focus on social justice. We packaged up fabric and batting and asked that those interested create a 12.5 inch square to be included in the quilt. At the time we did not know how many people would participate and realized that this was a beginning. Many had never quilted before and some had never sewn. We tried to keep the options for creativity wide open. Eventually eight squares were gathered and sewn together as illustrated in the following diagram.

LAYOUT OF NEEDLEWORK ARTISTS:

Upper Left Quilt Square

The quilt patch with the symbol represents the symbol OM (in a modest and kitschy way) which I understand to be the “eternal sound of the universe”. Yoga has come to mean so very much to me, because it was during my yoga teacher training that I decided to shift directions in my life. It was one of those chapter markers for me, a point of reference in my life where I measure “before I became a yoga teacher” and “after I became a yoga teacher”. While all of this is still very new for me, I have never regretted that investment in my future, for it has brought me into a calmer and more centred way of being in my everyday life, not just the couple of hours I spend each day on my 3 by 6 oasis of peace. Yoga provided me with another lens through which to view my life, and it rounded all the square edges about me. Yoga is the thread that weaves all the pieces of my life together, and I believe yoga has such wide and important applications to social work. I intend to widen my practice under this soft and gentle lens, knowing firsthand what a difference it has made to my experience of living with anxiety. I also believe that social work and social justice hold hands very well with any modality that installs, anchors and enhances peace in the world, in any small or large way. I teach 6 hours of yoga a week now, and each time is a certain kind of homecoming for me. I know that once I get my private practice up and going, yoga is going to be a corner stone of my therapeutic work with children and families.

Joani Mortenson

Upper Middle Quilt Square

The BCASW Logo

“Our logo incorporates two symbols: the dove, which expresses freedom, peace and hope; and the hand, which expresses help, humanity and caring, the qualities embedded in BCASW’s mission.”
I have a great affection for the BCASW logo and want to see it in as many places as possible. Not only is it simple, and a lively green, it embodies our mission as an association and profession. So, look for it on BCASW publications, website, chocolates and now a social justice quilt.

Dianne Heath

Upper Right Quilt Square

The Button Box Rainbow

I am not a quilter. I do not have a fancy sewing machine. In fact, the last time I used it was to make washable diapers for my grandson and clouds of black smoke came billowing out. Stitching by hand is very slow with tired old arthritic fingers so of course I chose a task with oodles of little stitches.

My mother was an amazing woman; a natural social worker who was self-taught in community development and organizing. She taught me how to listen and to care and to be part of positive change. She could sew, quilt, knit, crochet, hook rugs, make lace, you name it. Sadly I did not inherit those skills. She had a button box that I have loved forever because she could tell stories about those buttons and their travels. When I was little, she used them to teach me about people — so many different colors, sizes and shapes all getting along very well in her beautiful box. Some buttons sparkle and dance; some buttons hold up your pants; some are fragile and break easily; and still others look like they could last forever. There was a universe in that box and for me social justice has to involve the universe. The rainbow symbol has been used as a message of hope and magic in many cultures and also has become the symbol for LGBTQ inclusion and rights. I had my Mom’s buttons and fabric markers so it all came together in my quilt square. “Folk art” I tell myself. My mom would love it and she would celebrate the whole message of the finished quilt and the social workers who made it.

Carol Ross

Middle Left Quilt Square

Katarunangan

I too never quilted before and had no idea how to even begin. I thought I could learn easily from YouTube but that research made me want to give up instantly. Thanks to my co-workers, I learned there is always a simple solution when you collaborate. I borrowed fabric markers and got help with the design then Barb made it all come together with her fancy stitching. The word Katarunangan means “Justice” in Tagalog and working for social justice has been such an important focus of my career and that of my colleagues here in Canada and the Philippines. I see it as essential work for the BCASW and am happy to have been a part of this beautiful project.

Bella Cenezero

Middle Right Quilt Square

Rob Peter to Pay Paul

My quilt square is set on point and is based on a pattern known now as Orange Peel, more commonly known as Rob Peter to Pay Paul. I was interested in depicting how benefits and tax credits are taken away from the poor and given to the wealthy. Corporations are wooed while the general public are left to struggle. We have moved away from welfare entitlement and universal health care due to the conceptualization of fiscal policies in terms of economic scarcity. We have homelessness and lack of safe affordable housing, yet the same decision-makers find funds to travel across the world in the name of negotiating trade. They vote themselves large pay increments while they reduce access to health and social services for our most marginalized populations. And as the quilt square shows, this gap between have and have-nots; the powerful and the powerless, grows wider.

Barb Keith

Lower Left Quilt Square

My square could probably be called “take two” or “once more with feeling”. I have never done anything with fabric before, but was taken with the idea of a social justice quilt. I carefully read the instructions that came with the kit, cut out the fabric, and worked away on assembling my square. The result? A complete disaster. I consulted with the instigator of the project, and watched a number of quilting videos on YouTube. Feeling new resolve, I faced down my task once again. The result? A presentable red square featuring a very simple “X” pattern. Phew! If I had to assign a meaning to it, it would probably relate to trying new things and recognizing that failure can be a valuable part of the process, too.

Duncan Stephen

Lower Middle Quilt Square

My six-year-old son, Brendan, and I worked on the square together. Neither of us had done anything like this before so it was a fun new adventure. We collected some leaves and flowers blooming on our balcony and pounded them into the fabric to make a pretty little pattern. To me, this quilt square represents many things central to my work as a social worker. My square is one of many to complete the quilt, and that represents my citizenship in a community of social workers and my membership in humanity. Quilting was brand new to me, and that represents the willingness to be curious, to participate, and to learn from others. I had no idea how to finish off my square despite the video instructions sent to me, and eventually I had to pass my square off to Barb Keith to finish. And that represents letting go and asking for help when needed. This quilting project embodies the values I hold dear and I am grateful to have been a part of it.

Emma Lee

Lower Right Quilt Square

The second patch of the bird was inspired by my previous years working with the Splatsin First Nation in Enderby. I worked with this Band from 1999 (the official beginning of my social work career in child protection) and spanned up until 2010. I worked in a multitude of capacities for Splatsin, and learned so much about how to be a social worker, but more importantly, I learned some good rules about being human. Birds have also become a very important spiritual symbol in my doctoral work, representing for me the importance of taking care of family, and most importantly gaining perspective of the larger picture. I love the simplicity of this style that I borrowed from West Coast Nations, representing my new nest here on the coast.

Joani Mortenson

The BCASW Social Justice Quilt was displayed at the 2012 BCASW Annual Fall Conference and now hangs at the Parents Support Society. We have plans to continue this work, adding more squares. We look forward to learning and growing together as we piece together the parts.

Barb Keith is a passionate quilt maker of many years.
This edition’s theme, *Piecing it All Together*, addresses information across professional sectors. How does one put together all the pieces to create a strong profession or for that matter an inspired conference, an interesting and useful edition of *Perspectives*? Requests for more information on the differences between the Association and the College resulted in the feature article with Glen Schmidt as lead author. This article spells out the components of our profession as educators, practitioners and regulators, all having an essential role, differing mandates but same values. Barb Keith uses the metaphor of quilt making to pull pieces of understanding together and to promote social justice. Rob Hart calls on us to add our own standards to child protection work, gleaned from professional experience and tied to social work values. Carys Cragg reminds us that no work is complete without evaluation. Valuing a client-centred approach and requesting feedback can guide us to fine tune the work so that it is effective.

It would seem that the social work whole is larger than the sum of parts because of the values added. I would designate “inclusion” as one of those values that brings more to the whole. When my daughter was younger and trying to understand the world of peer groups I tried to explain things in terms of an inclusion test. The group’s health could be estimated by observing whether or not all were welcomed. Somewhat inept on the problem of elementary school cliques, I am not sure whether or not I was helpful.

Nonetheless, the concept of social health measured by inclusiveness is useful. The record attendance at this year’s conference can be attributed to inclusion plus dedicated work. The BCASW Fall Conference was not only for social workers although many BCASW members attended and presented. The preconference on Disaster Mental Health was presented by the Provincial Health Services Authority DPS Steering Committee (Heleen Sandvik, lead) which includes members from the BC Psychological Association, BC Association of Clinical Counsellors, BC Police Victim Services, Salvation Army, Canadian Red Cross, Canadian Association for Spiritual Care, Emergency Social Services, and Royal Roads University. The PHSA hosted, providing the day free of charge to interested mental health practitioners regardless of profession or agency affiliation.

The pre-conference training day had filled up quickly but when asked for an extra spot by Kim Gramlich, we readily agreed. Cabber, Canada’s first qualified trauma K9 arrived with his team from Victim Services, Delta Police. Cabber travels almost everywhere with his team and has legislated public access throughout BC as a fully accredited Assistance Animal. His inclusion reminded me that our four-footed companions work beside us in their roles as search and rescue and trauma dogs.

Our conference committee chaired by Leya Eguchi began last May. They had the difficult task of choosing amongst a wealth of excellent proposals for presentations supporting the theme of *Celebrating Strengths*. We are grateful to the Health Sciences Association and BC College of Social Workers who were sponsors and sent representatives to join us. I received the delighted feedback from the Office of the Representative for Children and Youth that by noon of the first day, they had run out of three day’s supply of materials and had to send for more! Our supporters included Johnson Insurance, Vancouver Coastal Health, McMaster University, the PHSA, and BCGEU. BCASW branches brought baskets for lunch time draws much to the delight of those holding winning tickets. Board members and volunteers chipped in to assist with a myriad of tasks. Those of you who presented brought forward information and inspiration to those of us in practice or education roles.

Thanks go to all who included themselves in planning, presentation and participation at the Fall Conference.

Now on to this year.....Happy 2013 everyone! This year our theme is *Social Workers Defending Social Programs for a Stronger Canada*, something to keep in mind for an election year in British Columbia.
4. We strongly support self-determination. We ask members to become active in the organization, to raise concerns as social workers and to work with us to find solutions.

5. We value integrity. As social workers we engage in planned change, preparing ourselves with position papers that explore issues fully before deciding on action. We work to promote our profession and encourage relationships with other sectors to work toward common goals.

6. Transparency is a value that we actively pursue, by creating a governance document that collates our policies and practices, by developing our website, by publishing our annual report and by posting our financial statements in the non-members area as requested by a member resolution.

7. We maintain competence by offering professional development opportunities at board meetings, the Fall Conference, education sessions and share information about courses in the community and online.

8. We respect confidentiality.

9. We work to promote excellence in the profession.

10. We advocate change in the best interest of our members, and for the overall benefit of society.

As president of BCASW, I want to encourage you to get involved and get engaged in the work of your association. Bring a social work student and/or friend to an event with you. Participate locally and provincially. We represent our members best when we know your concerns, your desires and your solutions.

This year, we direct our attention to action. Our Social Work Week theme is “Social Workers Defending Social Programs for a Stronger Canada” and Social Work Week will be March 3rd to 9th, 2013. The prevailing political climate gives us much to address in this regard. Which social programs need defending and how could we do this effectively? Please call or email to let us know. We want to know how you would like to be involved.

We look forward to hearing from you.

BCASW Celebrates Social Work Week
March 3-9, 2013
in British Columbia

SOCIAL WORKERS DEFENDING SOCIAL PROGRAMS FOR A STRONGER CANADA

Social Work Week is the ideal time to show pride in our profession and to showcase our accomplishments. It’s the ideal time to highlight to the public and to our colleagues how social workers help. And it’s the ideal time to increase our visibility and profile within our communities.

Social Work Week is our opportunity to inform the public about the Social Work profession...

• to increase awareness about what we do
• to educate on the depth and breadth of our work
• to change or expand perceptions
• to recruit new social workers
• to improve employment opportunities for social workers

More information to follow soon on our website at www.bcasw.org.

President’s Viewpoint 2013 ... continued from page 3

EMDR Institute Basic Training
VANCOUVER, CANADA

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 drm@whistlerpsychology.ca
604-938-3511

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EMDR is a comprehensive psychotherapy approach proven effective for treatment of trauma-related disorders
Welcome to our New Board for 2013

**PRESIDENT**
Barb Keith, MSW, RSW

I am the Manager of the Addiction Recovery Program at Central City Lodge in Vancouver. I have worked in the field of Addiction for more than twenty years. I am actively involved in the BC Alliance for Mental Health/Mental Illness and Addiction, the Community Action Initiative and I am on the board of the Canadian Mental Health BC Division. This year, I am excited about promoting and strengthening our relationships with our CASW partners, supporting social programs, and finding more social action opportunities. We will be looking at ways to enliven our Pacific Social Work Foundation so we can financially support professional development in social work. As a result of our work last year, we have a stronger association and better organizational tools to help us go forward.

**VICE PRESIDENT**
Leya Eguchi, BSc, MSW, RSW

I currently work for Hollyburn Family Services Society as the Coordinator for Senior’s programs. I have a passion for social justice and community work, and my work focuses on co-creating innovative solutions with community partners to address social issues. BCASW is in the midst of an operational review process, and I see a great deal of potential for innovation. I look forward to contributing to the continued evolution and innovation of BCASW through dialogue with our members, students and stakeholders across the province.

**SECRETARY**
Joani Mortenson, MSW, RSW, PhD Candidate (ABD)

I am pleased to be serving my fourth and final year as secretary. I feel fortunate to work with such a remarkable group of diverse and talented individuals who are so intently focused on serving the profession of social work. It has been a pleasure to witness and engage with the BCASW Board as it shifts and evolves with each year. I am excited to share this journey with the keenly dedicated volunteers who comprise our dynamic Board, and always interested in the responses of the insightful membership. I envision that the BCASW Board’s commitment to organizational goals, accountable practice, and building membership through responsive and productive communication will continue to flourish. May this year bring peace, joy and compassion to our hearts and minds as we serve mindfully, and with intention.

**TREASURER**
Cayce Laviolette, BSW

I am very honoured to take on the role of treasurer for the BCASW. My previous work with the association includes being branch representative for Vancouver Sea-to-Sky, membership on the conference planning committee and student committee, as well as the newly formed finance committee. I operate in an anti-poverty, social justice framework. My day job is case manager for the Sunshine Coast Mental Health Team in Sechelt, BC.

**PAST PRESIDENT**
Pam Miller, PhD, RSW

The board and staff have accomplished quite a bit of work the past year developing and formalizing a governance structure and with that work near completion the year ahead should be one of concentrating on moving forward to provide support for our members and be a voice for social justice and the profession. I look forward to working as a board member within our new governance structure in doing the important work of the Association.

**MEMBERS AT LARGE**
Maxine Gibson, MSW

My background experience is in the area of child protection involving work with the Sunchild First Nations Reserve and in the town of Rocky Mountain House in Alberta. I am currently working at the UVic School of Social Work, as Field Education Coordinator. I enjoy working with students and being an active member of the BCASW Vancouver Island Branch. I have a passion for spirituality and social work and promoting healthy workplace environments. I look forward to working collectively to promote pride in our profession and to provide support and encouragement to our membership.

Connie Kaweesi, MSW, RCSW

I have been a member of BCASW Northern Branch since 2002. I am also an Associate Member of the National Association of Forensic Social Workers. My social work career started in 1989 and has included working in First Nations child welfare, forensic social work and social work education. Currently,
I am a full-time faculty member at Northern Lights College, Fort St. John, in the Social Service Worker Diploma Program and a sessional instructor at UNBC. I have a keen interest in women’s health research and promoting social justice in my community. I have a passion for social justice issues and strive to advocate for clients and social workers in my community. My goal as a Board Member is to develop a support network for social workers in rural and remote areas of the province.

Molly Asche Smith, RSW
I live in Nelson where I work for MCFD as a resource social worker and acting team leader. I have been a board member for several years in the role of branch representative for the Kootenays, then as a member at large. I will continue to play an active role on the Perspectives editorial committee. I have a keen interest in Perspectives and hope that we make it a publication that all our members, whether students or seasoned workers, can identify with and find their voice. I am a BCASW member because it connects me to the broader scope of social work. I think it is important to promote the profession and to increase awareness of who we are and what it is that social workers do.

Representative to the Board of Canadian Social Workers
Phyllis Nash, BSW, MSW, RSW
I have been an active member of BCASW and an RSW since 1968. Since retirement from Selkirk College in 2004, I have been very active in homelessness initiatives both in Nelson and provincially. I have served for many years on the BCASW board, including three years as President.

Student Representative to Board
Benjamin Kearney, UBC MSW Program
As the new student representative, I will build on the strong legacy of Emma Lee. I look forward to collaborating with all members across British Columbia to support student professional development and to increase the opportunities for involvement in BCASW events. I believe strongly in collective action and our capacity to make a positive difference in our social work practice. I am here first and foremost to listen to and to engage with students. Please contact me with an introduction at bcaswstudents@gmail.com.

Branch Representatives
Kootenay
Deb Wandler, MSW, RSW
This year I am looking forward to making the meetings, as flying out of Castlegar (Cancelar) can be challenging any time of the year! The privilege of connecting with such a dynamic group of social workers enriches my understanding of social work and my teaching in the Human Services Programs at Selkirk College. I love the profession of Social Work and invite my students into the profession with hearts and eyes wide open. I hope to be able to bring what I learn from the meetings back into the Kootenay Branch area and into my classrooms and I offer BCASW many years of social work practice in group facilitation, counselling and teaching.

Northwest
Robert Hart, MSW
I began my career in child welfare in the Yukon and presently practice with MCFD in northern BC where I coordinate collaborative practice in the northwest. In between, I did social policy and social research work with the federal government in Ottawa, developing new models for social services, especially for family support and emerging needs like family violence and child sexual abuse. I also oversaw a program strengthening social work training, supporting the first manual in child welfare practice in Canada and directing a national program of doctoral fellowships in social work. My present work focuses on involving extended families in planning for the safety, care and support of parents who are struggling and children who are unsafe. I remain active in social work advocacy, especially around poverty issues.

Okanagan
Shauna Gagnon, MSW, RSW
It is a privilege to be involved with the professional body that serves as a voice for social workers in BC. Participating in BCASW activities is a great way to keep my skills sharp and stay connected to practice standards and ethics. Social workers often balance a number of competing family, workplace and community responsibilities; staying connected with the Association is one way that I stay engaged and inspired in the important work that we do. Outside of direct practice, I am passionate about supporting my social work colleagues in all areas of practice and all stages of their careers.

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NORTHERN
Kathryn Ens, BSW, RSW
I specialize in spirituality and social work and have been involved in several ways with Mental Health and Addiction Services since the age of 21. My vision for working with the BCASW Provincial Board is to practice and understand the processes/principals involved in Board Governance. I graduated with my BSW in 2003 and registered in 2004. I have served with the Northern Branch for over a decade. I look forward to learning, sharing and celebrating with other social workers.

RICHMOND/BURNABY/DELTA
Carol Ross, MSW
I began in the field of social work over 40 years ago starting at the Children’s Aid Society in Sudbury, Ontario and moving on to government social work and family therapy in Alberta. I founded The Advocacy Centre in Nelson, BC and managed that agency for 18 years developing programs related to victim services, poverty and family law and a unique child protection advocacy program. I am currently the Executive Director of the Parent Support Services Society of BC and Chair of the BCASW Child Welfare Committee. I would like to see participation in BCASW provincial and branch actions widen and our visibility soar. I see great potential in collaborating with other organizations and allies to bring about critical social change and to heighten awareness of the many valuable facets of the field of social work. I look forward to advancing the worthy concept of advocacy and seeing BCASW even more engaged in systemic change.

THOMPSON/NICOLA
Michael Crawford, RSW
I teach social work at Thompson Rivers University in Kamloops and am an active member of the local BCASW branch. I serve as a member of the BCASW Constitution and By-laws Working Group and the Annual Conference Planning Committee. I believe a strong provincial professional association is only possible when members are actively engaged in promoting the profession at the local level.

VANCOUVER ISLAND
Nancy Baker, MSW
I am a social worker in the Seniors Outpatient Clinic at Royal Jubilee Hospital. I am on the BCASW Health Advocacy Committee and I very much appreciate working with other social workers in health from across the province. I very much enjoyed my time on the board in the past and I look forward to being a part of the BCASW board again. My vision for BCASW is to continue on the path of bringing social workers together in order to strengthen our profession. BCASW gives social workers a voice and in turn we can help our clients to strengthen their voices.

VANCOUVER SEA TO SKY
Leanne Harder, RSW, M.AEd.
I began my career with the Ministry of Social Services and Housing and worked in child protection, services to people with disabilities, and complaints management before leaving government in 2002. Since then, I have worked in health care and built a mediation and consulting practice where I specialize in conflict management, policy development, program evaluation, and aboriginal child welfare. I look forward to my role on the board as a way to contribute to a profession that improves the social welfare of vulnerable people. I am excited about creating opportunities for BCASW members to collaborate, both within the association and outside.

FRASER RIVER
Paul Jenkinson, MSW
I have been a member of the Fraser River Branch for a number of years having experienced a lot of professional satisfaction in that setting. I have been able to build professional relationships, friendships, while working on local initiatives, initiating the Child Welfare and Family practice committee with the support of the local branch and the BCASW board, supporting social worker voice in their professions and workplaces, building bridges to student populations and working on macro issues affecting society and the profession. I am committed to fostering a mutual, open and accountable relationship between the branch and the board. I look forward to hearing what association members need and want from their association.
HEALTH PRACTICE ENHANCEMENT COMMITTEE
There is a new Committee within BCASW!

The Board has approved the setting up of the Health Practice Enhancement Committee and its terms of reference. The Health Practice Enhancement Committee will identify and research important issues related to Social Work practice in health care, facilitating educational events and supporting research opportunities for social workers practicing in health or wanting to practice in health care. The committee will encourage the development of Standards/Scopes of Practice for social work practice within the health care system and facilitate networking opportunities for social workers in health care.

You may be aware that the Social Workers in Health Society of BC, which was in existence for over 15 years, has recently been dissolved and has transferred its assets to the Pacific Social Work Foundation, which is part of BCASW. In the past, SWHSBC organized educational workshops including “Social Work Practice at the End of Life”.

Health care, like other areas of our profession, is constantly changing and presenting different challenges. The intent of the new committee is to further the work begun by SWHSBC of offering educational workshops and networking opportunities for health care social workers.

At present, we are in the process of establishing the committee and exploring our mandate in more detail with regard to supporting education and research in health care. We hope to involve social workers from different areas of the province and different aspects of health care.

We have been delighted with the level of interest so far and are looking at ways to encourage as much participation as possible.

This committee complements but is distinct from the existing BCASW Health Practice Committee, now renamed the Health Advocacy Committee.

For more information, email janetcoghlan@shaw.ca.

Janet Coghlan, Chair

HEALTH ADVOCACY COMMITTEE
The Health Advocacy Committee is comprised of social workers who have an interest in advancing the practice of health care social work. Its dual focus is advocacy for the role of social work in health care and advocacy for clients in the health care system.

Activity Summary for 2012
• Letter to Editor published in the Vancouver Sun re: Welfare Rates in response to an article proclaiming the adequacy of current social assistance rates.

• Dental Advocacy in response to reports that First Nations peoples, individuals living with a (dis)Ability or on income assistance are having difficulty accessing dental care. The BC Dental Association extended an invitation to a representative of the committee to discuss/collaborate with initiatives with BC Dental Association to enhance access to dental care.

• Position Paper on addressing the needs of homeless patients with complex and chronic health conditions is being written to support advocacy efforts.

• Response to Dialogues for Action, BCASW 2011 Conference: A concern around patient privacy in hospitals was discussed in a breakaway session. Consideration is being given to a handout on patient rights in regards to privacy.

• Council of Senior Citizens Organizations of British Columbia (COSCO): Participation on the planning committee to discuss integrated care, advocacy and to plan for the upcoming COSCO national conference exploring the opportunities and challenges related to increased longevity.

• Mental Health Commission of Canada National Strategy: consideration of BCASW signing on as supporters in addition to CASW.

• Medical EI & Compassionate Care Benefits: The Federal government announced enhancement to EI benefits from 6 weeks to 35 to take effect in 2013 for parents with ill children. A letter was drafted in support of this change and reiterating that other EI programs also need enhancing.

• Mandatory registration for Social Workers in health care: In past years the committee worked towards this goal, seeing it coming to fruition in 2012.

Fiona Lewis, Chair

INDIGENOUS SOCIAL WORK COMMITTEE
The Indigenous Social Work Committee takes an anti-oppressive approach to understanding and addressing matters as it relates to improving the lives of Indigenous peoples, families, and communities. An anti-oppressive/anti-racist approach emphasizes eliminating any form of discrimination based on race, ethnicity and culture. The Committee recognizes that there is a distinct need to address issues with respect to Indigenous populations.

Janine Cunningham, Chair
CHILD WELFARE AND FAMILY COMMITTEE
The Child Welfare and Family Committee addresses child welfare and family policy, practice and trends in BC by way of discussion with social workers active in this field, in dialogue with the various government ministries, in consultation with the Schools of Social Work and in cooperation with other community partners. The Committee provides an assessment of current policy and practice to the appropriate governmental bodies as well as to the public via regular exchanges of information, meetings and an active involvement in the larger public discourse.

The BCASW Family Related Advocacy Survey’s data to date is extremely interesting. If every member filled it in, we could have data leading to a variety of articles, further research, increased visibility for the Association, changes in perception, changes in policy and practice and an improved understanding of the meaning and importance of ADVOCACY. We are also learning what members see as our advocacy priorities. That picture needs to be as complete as possible so that we can plan our time and actions wisely. If you wish to complete the survey, please email bcasw@bcasw.org with your request.

Carol Ross, Chair

MENTAL HEALTH AND ADDICTION PRACTICE COMMITTEE
The purpose of this committee is to bring together a community of practice that can network, support and advance professional practice and to establish a team of professionals with expertise in the field of mental health and addictions who can offer insight into emerging issues and promising practices and to inform communication by BCASW on strategic topical issues. Activity so far has been limited to the posting of documents on Google docs and requests to forward information outside the site. As familiarity with the site increases, the hope is that a dialogue evolves through posted comments or requests for teleconferences.

Last year we sent out a media release regarding the proclamation of Recovery Day. On this day, those in recovery are acknowledged and honoured for the hard work they have done. This is an anti-stigma campaign of the first order and we hope it will take root as an annual event across communities in our province.

Barb Keith, Chair

MULTICURALISM AND ANTIRACISM COMMITTEE
The Multiculturalism and Antiracism Committee (MARC) is a standing committee of BCASW which takes an ethno-racial approach to understand multiculturalism. The ethno-racial approach emphasizes anti-oppressive practice against any form of discrimination based on race, ethnicity and culture.

At the Fall BCASW Conference, the MARC presented a workshop on Federal Changes to Refugee Health Policy: Implications for Social Work Practice. During the ensuing discussion participants expressed concern that they don’t have enough information to know how to help refugee clients navigate through the health care cuts. Nor do they feel that they know enough about existing resources. Participants recommended that MARC post a resource list. Please see Point of View in this edition of Perspectives and the BCASW website for resources.

Marisa Tuzi and Dave Sangha, Co-Chairs
The first day of meetings took place on Parliament Hill and was interrupted twice so that we could meet with NDP and Liberal Members of Parliament. In the morning we met with Thomas Mulcair (Opposition House Leader), Chris Charlton (critic for Human Resources & Skills Development Canada), Sara Bergen (Libby Davies’ Legislative Assistant [NDP spokesperson for health]), Jean Crowder (critic for Aboriginal Affairs), Anne-Marie Day (critic for Employment Insurance) and Irene Mathyssen (critic for Seniors in 2011 and chair of the women’s caucus). We discussed poverty, housing and seniors as well answered a number of questions primarily from the MP’s legislative assistants on social policy focusing on recommendations that we might make. In the afternoon, we met with Roger Cuzner and Senator Art Eggleton. Both Liberals sit on the Standing committee for Social Affairs and Mr. Eggleton is the chair of the All Party Anti-Poverty Caucus. This committee was responsible for the 2009 publication, *In From the Margins: A Call to Action on Poverty, Housing and Homelessness*.

The CASW made statements regarding needs for immediate action on mental health, a national children’s commissioner, reduction in income inequality, a housing strategy, a reversal of OAS eligibility back to 65, and inequality in Employment Insurance. All issues were discussed in the context of the Health Transfers and the Canadian Social Transfer. The need for accountability for monies transferred to the provinces in order to create equitable services for people across the nation was stressed. Accountability would assist Canada in improving the overall health and well-being of Canadians. Implications for addressing the social determinants of health were emphasized.

The business meetings of CASW included the following updates:

- **The Children’s interest group is organized and busy.** The Aboriginal interest group is struggling with participation but moving toward a project that will encourage more involvement. Their project looks at a bi-cultural framework for the organization modeled on one that exists in New Zealand. The new social policy group is focused on the Canadian Social Transfer agreement.

- **President Morel Caissie reported on the International Federation of Social Work (IFSW) which recently admitted 16 new members including several African countries, Iran, Indonesia, and Vietnam. The IFSW has outlined goals related to promoting social justice, the profession of social work, promotion of best practices models and the facilitation of international cooperation. The IFSW website is worth visiting and provides opportunities for individual participation.**

- **Discussions continue about working toward the re-engagement of Alberta and Ontario with CASW. Quebec enthusiastically supports the concept of individual memberships as their organization is focused on protection of the public, similar to the BC College of Social Work.**

I had the privilege of attending a Charity Fundraiser Dinner with Morel Caissie, Fred Phelps and Lynn Sparks as representatives of CASW on November 23rd. The dinner was in support of the First Nations Child and Family Caring Society. Dr. Cindy Blackstock and Dr. Pam Palmater were keynote speakers.

CASW continues to be financially sustainable, to increase its visibility and to increase its presence at the social policy tables at the national level. The strategic directions: promoting the profession, pursuit of social justice and strengthening the profession are being aggressively addressed. It is a pleasure to sit on this Board and experience the energy and positive climate.
Due to recent emphasis on continuous quality improvement efforts across health and human services organizations, outcomes and feedback are of great importance for continuous improvement of both individual and organizational social service practice efforts. Feedback, in our society, however, is often given and interpreted as critique and responded to in fear and defense. Despite barriers, feedback continues to be worth considering if we are to grow as practitioners and as social service organizations. In the information I present below, I will review a particular method of receiving feedback as a highly effective tool with significant impacts on client outcomes. As a mental health outreach clinician and continuous quality improvement coach in the context of child welfare, youth justice, and mental health programs, I had the opportunity to incorporate outcome and feedback tools both into my therapeutic practice as well as facilitate other practitioners’ incorporation of these tools into their therapeutic work.

Over the past few years, I have been participating in Feedback Informed Treatment (FIT) trainings, where FIT (Miller, 2012):

Involves routinely and formally soliciting feedback from consumers regarding the therapeutic alliance and outcome of care and using the resulting information to inform and tailor service delivery.

Briefly, FIT tools — the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) — track therapeutic outcomes in 3 functional domains as well as aspects of the therapeutic relationship (Duncan, Miller, & Hubble, 2007). Visiting Miller’s website (www.scottdmiller.com) links you to a host of articles and resources, including uploading the tools at no cost, and interpretation of the scores. A quick search will lead to videos, articles, and other resources describing the tools.

The Outcome Rating Scale assesses how a client is doing in the following areas:

- Individually (personal well-being)
- Interpersonally (family, close relationships)
- Socially (work, school, friendships)
- Overall

The Session Rating Scale assesses the practitioners’ ability to build an alliance with a client in the following areas:

- Relationship (feeling understood)
- Goals & Topics
- Approach or Method (fit)
- Overall Session

**THERAPEUTIC RELATIONSHIP**

Research demonstrates that the therapeutic relationship, above all else, is the best predictor of good outcomes in behavioural health services (Young, 2009). Seeking feedback from the client has been shown as the most accurate and reliable measure to assess the therapeutic relationship (Miller, 2011). Pioneered in the clinical counselling world, slowly but surely, the tools are being used in non-clinical environments — child welfare, youth justice, and educational contexts. Even pharmacists are applying FIT tools and noting effects:

- Increased compliance with medications
- Increased health literacy and communication
- Increased satisfaction with the service
The Munro Review of Child Protection (2011) supports the use of FIT tools in the context of child welfare services and organizations across North America are joining suit.

A CASE EXAMPLE
I had just begun working with a young man who was experiencing psychosis. His illness was a massive blow to his identity and his family’s expectations of his independence and ability to meet his needs. I was his case manager and counsellor.

The Outcome Rating Scale
We sit in a hospital room. “This form, on the front here, is to track over time how you’re doing. This is kind of like a mental health thermometer, just like how the doctor will check your temperature, blood pressure and pulse. You can see 4 different sections and each one is for a different area of your life.” I point to the sections on the page. “For each section, mark an X along the line where you feel you’re at since the last time we met. I explain to him that over time we should see an increase and that is the normal process of any kind of intervention. I then say, “If we’re not seeing an increase, we’ll need to change something about what we’re doing.” As both scales take only a few minutes to complete, they do not impede, but rather facilitate, our conversation.

The Session Rating Scale
At the end of our meeting together, I pull out the sheet of paper again and say, “This page is about me. It’s all about how I’m doing in my job to connect with you. Now, no one is perfect at the beginning, but it’s my job and responsibility to improve my ability to connect with you.” Then I point to the page. “As you can see, there are different aspects of the way I should connect with you.” We discuss the sections. “Now, it’s really important that you tell me how I’m doing. And don’t worry, I don’t get offended so you can tell me anything.” I go on to give some examples. “Perhaps there was a time during our meeting where I overlooked something really important you said. Or maybe I made a funny face when I shouldn’t have and it came across as rude. Or maybe there’s something you want me to keep on doing.”

Clients may be reluctant to give feedback. However, once practitioners demonstrate openness to feedback, clients will respond. What is even more important is that that bad feedback is good! This indicates that:

• Your client feels safe enough to give feedback to you
• S/he values the relationship that you’re constructing together

• There’s an opportunity to do something different to benefit your client

Integrating Feedback
I continue my conversation with my client. “I see that there’s a lower mark here in the section in understanding. I wonder, was there any point where you think I particularly didn’t get what you were talking about?” He shakes his head. “Perhaps there’s been a time where you felt really understood by someone, maybe a teacher or a friend. Could you think back to a time when this happened?” I don’t give up. I really want to know what it feels like for him to be understood, so that I can incorporate this into my work with him. “Um…” he says. “Yes…” I invite, and stay silent. My mind races in its self-consciousness and I try to hide the worry, thinking I’ll never understand this young man, I’m doing a bad job. He interrupts my train of thought with, “But that’s not it. You can’t understand me because I don’t even understand myself!” he proclaims. “Oh, I see!” I pause. “Would you mind then, is that something we can focus on our work together, trying to get to know you?” He agrees with this new plan and we’re set.

The tools are a great conversation starter and can help to create intervention plans. Using FIT tools:

• Tracks progress and changes over time
• Identifies problems in the relationship that need response
• Is a welcoming way to receive and integrate feedback
• Is an accurate measure of relationship and reliable predictor of outcomes

ORGANIZATIONAL CHANGE
Like any change effort, creating a culture of feedback requires individual, organizational, and societal change, in tandem. FIT tools are but one example of how to incorporate feedback into practice on outcomes as well as the therapeutic relationship. FIT tools provide instant, measurable information that can alert practitioners to the fine-tuned changes they can make to ensure a direct and positive effect on client outcomes for a truly client-centred approach.

References available upon request.

Carys Cragg instructs at Douglas College and the University of Victoria Schools of Child & Youth Care programs.
Writing Your Own Practice Standards: Owning Effective Child Protection

WORDS | ROBERT HART, MSW

Child protection social work is one of the most scrutinized forms of professional work in the country. Accordingly, there are numerous practice standards to ensure that it is done well. This is a good thing. But the down side of practice standards is that they are generated by the employer and not by the profession, let alone the individual professional’s experience with appropriate and effective practice. As such the emphasis remains on compliance rather than best practice. The underlying concern is to protect the agency should harm occur to children rather than examine whether the intervention was effective in reducing risk and returning children to parents better able to care for them.

The following list of questions are an example of an individual social worker’s professional practice standards and was developed over 39 years of practice. The assumption is that to succeed in the difficult work of personal change, parents need to be absolutely clear on what the social worker is concerned about, why that’s a concern for their children and what they need to do to remove that concern and improve things for themselves and their children. These standards accept that removal is a major crisis in the life of a family and therefore a major, concerted response is required. The standards assume that the chances for the interventions succeeding increase as the social worker is successful in developing a trust relationship with the parents so that the discussion between them is candid as it continues on. A further assumption is that the social worker will form trust relationships with the children and will work with the foster parent as a partner. This type of practice takes time. More time than may be expected. One final assumption is that the social worker can assert control over time by planning and prioritizing professional work.

STANDARDS FOR EFFECTIVE CHILD PROTECTION PRACTICE

1. When concern first arises, or if the children are removed, has the social worker told the parents why the children may be or were removed, why the situation was considered to create risk or harm and specified that harm or its likelihood? We know why we are making the decisions that we do; parents may see them as arbitrary.
   a. Has the social worker shown the parents the relevant part of the Child, Family and Community Service Act?
   b. Does the parent understand and/or agree with both the danger and the social worker’s actions?

2. Has the social worker reviewed the parent’s entire family/community to explore possible places of safety other than public care?

3. Do the parents know what they must do in order to resume care of their children?
   a. Do parents agree and are they willing? There is opportunity here to listen, to ensure that the parents feel heard, and to begin to develop the working relationship that has just begun.
   b. Do parents understand the intended effect of what they have to do? It is not enough to know that they have to complete counselling. Parents need to understand what counselling is intended to do. For example, “If you come to understand what your drinking is doing for you, you will be in a better position to meet that need without drinking.”
   c. Do the parents know what the social worker will do to monitor their work?
   d. Do the parents know how they and the social worker will know that they have finished their work?
   e. Have the social worker and the parents discussed and agreed upon timelines for this work?

4. Have the parents met the foster parents?
   a. Have the parents briefed the social worker and foster parents on the care of their child and discussed differences in care that will probably arise? Is there agreement on a common approach while the children are in care?
   b. Have the parents, foster parents and social worker together constructed the story that they will share with the children as to why they are in care and how things will operate for now?
   c. Have they agreed on how the parents will stay in touch?
d. Have they discussed and agreed on how the parents will continue to be involved in the parenting of their child while the child is in care? For example, how will they be involved in buying clothes for their children? How will birthdays get celebrated?
e. Have they discussed how the child will remain connected to other key family members while in care?
f. Are the parents and foster parents meeting regularly with the social worker, as a group, to review progress and resolves issues?
g. Have they discussed safe places in the community where the parents can meet with the children?

5. Are the parents and social worker meeting regularly to review the work? Are they also meeting regularly with key service providers?

6. Have the parents and social worker met with extended family members to invite them to consider how they can support the parents and children in the work?

7. Do the parents trust the social worker enough to inform the social worker of a relapse in their work?

8. Has the social worker planned for how much time this will take within the weekly work? If the social worker’s case load is now full, has the supervisor been informed that no more cases can be taken without compromising the current ones?

9. If there are more cases than can be well handled, has the team discussed how they can be addressed?

10. If the team cannot meet the case needs of their families, have they forwarded this information to senior management in a formal way? It is not the job of practitioners to provide for adequate staffing. It is the job of social workers to inform management as to whether or not they can handle additional cases in a way that meets practice standards.

If practicing social workers are to truly own the standards by which they practice, they need to write their own based on experience. It is not necessary to replace existing standards but it is important to add to them, not to increase oversight but to enrich our work and to clarify what we want to accomplish. The application of these standards must be moderated by circumstance. Trouble encountered by families is uniquely their own, as should be our response to them. Stereotyping is a shortcut to blaming. Or is it the other way around? But we know that we are close to best practice when we are practicing from our values.

We respect their journey to the extent that we respect our own practice and our daily effort to direct it to the effective support of families. This is our work, each of us in our uniquely personal/professional blend and if we are lucky we will spend our professional lifetimes creating and refining our own standards. If practicing social workers are to truly own the standards by which they practice, they need to write their own based on experience. It is not necessary to replace existing standards but it is important to add to them, not to increase oversight but to enrich our work and to clarify what we want to accomplish. The application of these standards must be moderated by circumstance. Trouble encountered by families is uniquely their own, as should be our response to them. Stereotyping is a shortcut to blaming. Or is it the other way around? But we know that we are close to best practice when we are practicing from our values.

Robert Hart developed these standards during his years of practice in child and family welfare.

POINT OF VIEW

Cuts to Refugee Health Care Cuts: Implications for Practice

WORDS | MARISA TUZI, MSW

An Iraqi claimant in his mid-forties:
We chat in small talk via the interpreter. I inquire if he has any imminent medical concerns that he would like to have addressed. He nods and slowly lifts his shirt. His body is an intricate road map of scars. His feet are severely disfigured. He needs physiotherapy services, but they are no longer covered.

An Iranian couple with a pre-school daughter:
Their daughter suffers from nightmares, flash-backs and insomnia due to trauma she was exposed to in her homeland. She has difficulty leaving her room and is unable to go to the washroom alone. Just to function, she requires anti-psychotic medication. She has been diagnosed with post traumatic stress disorder. Her medication has run out, but her parents cannot afford more.

These scenarios are representative of some of the clients that community health nurses assist at local health clinics.

For newly arrived refugees who apply for status as inland refugee claimants, the June 30th, 2012 federal cuts to the Interim Federal Health Program (IFHP) means that medication, vaccines, labs and investigations, specialist referrals, mobility and physiotherapy services are provided either on a limited basis or not at all. Unless the health condition of a refugee claimant poses a real threat to the public health and safety of others, medical care is not available to them at hospitals or at doctor’s offices under IFHP. For all other refugee categories, dental, eye and mobility services are no longer covered under IFHP.

To make matters worse, once the list of “Safe Countries” is announced by the federal Minister of Citizenship, Immigration and Multiculturalism (the Honorable Jason Kenney) any refugee deemed to come from a “non-refugee-producing country” will not be eligible for health care at all.

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Refugees often arrive in our country traumatized and lacking language and job skills, both of which are barriers to employment. Work permits are not easy to obtain. To ask refugees to pay for medication and medical interventions is to ask them to pay from an empty pocket.

Here are a few practical suggestions to help your refugee clients navigate through the health care system:

1. Check the Refugee Health Vancouver website: www.refugeehealth.ca. Updates on coverage details are posted here.
2. Contact the Bridge Community Health Clinic at (604) 709-6540. This clinic provides medical services to refugees, with or without legal status, at no cost, referrals not required, interpreter service available.
3. Before telling a refugee client whether or not they are covered under IFHP, ensure that you have correct information.

The BCASW Multiculturalism and Anti-Racism Committee (MARC) encourages you to:

- Gain more understanding of the health care limitations imposed on each of the different refugee statuses.
- Advocate for equitable access to primary health care and medication coverage.
- Liaise with clinics that can help our refugee clients obtain the health care interventions and treatment they need.

As a nurse at a local health clinic reminds us, “regardless of the challenges you may encounter in assisting refugees with settlement, health care and legal aid, remember to take time to listen, to be present, to engage. This is where real healing begins”.

Marisa Tuzi is co-chair of the BCASW Multiculturalism and Anti-Racism Committee.

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