Registered Social Worker Competencies within B.C. Health Care

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Provincial Health Care Social Work Working Group



















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The PHCSWWG upholds our responsibility to respect Indigenous Human Rights as well as the values, culture, and self-determination of Indigenous Peoples. This document affirms the United Nations Declaration on the Rights of Indigenous Peoples and specifically honours Indigenous peoples inherent right to quality health care through self-determination, meaningful decision-making, and Free Prior and Informed Consent. To this end, the PHCSWWG acknowledges the use of the term the Person throughout this document to reflect an anti-colonial, non-Western term to replace patient, client, resident, or consumer.

The completion of this document was possible through the participation of the PHCSWWG members listed in the table below who gave their time and shared their wisdom and knowledge. Their contributions to this document and the profession of social work were evident in their commitment to the process. It was not easy finding a common path forward, but perseverance proved that collaboration was the primary way to achieve the goal of the working group.

Finally, we thank the numerous partners across the province who gave their time and shared their wisdom and knowledge by editing the document along the way. The contributions of all involved were invaluable.

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Introduction

Registered Social Workers (RSWs) work across a variety of public health care settings in British Columbia. RSWs must be registered with the British Columbia College of Social Workers (BCCSW) to be employed within B.C. health authorities and typically hold either a Bachelor of Social Work (BSW) or a Master of Social Work (MSW) degree. The BCCSW also offers the Registered Clinical Social Worker (RCSW) class of registration which requires a MSW degree, a demonstrated clinical course of study, 3,000 hours of post masters supervised clinical practice, and the successful completion of a clinical exam (see Appendix A for further details).

Health authorities do not widely recognize the RCSW classification in employment postings and currently use education level as a definitive tool for hiring social workers rather than considering competencies gained through experience and training. The use of education level (BSW or MSW) as the primary criteria when hiring RSWs into health care settings has created confusion for hiring managers and has identified the need to create a document that outlines RSW competencies to assist in determining suitability for a social work position, rather than education alone.

Current Hiring Approaches

Currently, no regulatory distinction exists regarding the hiring, duties, or what may be identified as "advanced practice" of a BSW or an MSW-trained social worker, therefore, the health authorities are the primary source of control. There is no standardization of social work practice in health care across the province.

B.C. social workers are governed by the Social Workers Act which does not identify a scope of practice for social workers, nor does it identify any restricted activities. However, the BCCSW does identify one activity restricted to RCSWs, which is the ability to autonomously diagnose people with mental, emotional, and behavioral disorders using the Diagnostic Statistical Manual (DSM-5) of Mental Disorders.

At entry to practice, there is a distinct difference in the knowledge and skill set of a BSW-trained social worker and an MSW-trained social worker; most health authorities have agreed that a BSW degree is the entry level requirement for practice and that a MSW degree is required for roles that require more clinical experience and "advanced practice" skills. The differences between a BSW and MSW-trained social worker may recede the longer a BSW-trained social worker practices and engages in additional training. Recently, the employer-controlled requirement of hiring social workers who have a MSW degree for certain positions has been challenged through union grievances by BSW degree holders who have the competencies to perform the job. These grievances have been awarded to the grievers who hold BSW degrees and possess "advanced practice" skills through additional training and work experience. It is for these reasons that this document does not distinguish between the two degrees, but instead identifies the need to look at how the individual fits the hiring need, considering the current competencies they possess.

Given that this document reflects current state, the intention is to use this document as a starting point for more conversations regarding the practice of social work in public health care. There is great need to clarify the practice and the distinction between degrees and to engage all parties involved in hiring, regulating, and oversight of the social work profession across B.C. It is not the intent of the authors nor of this document to assert that both degrees are unequivocally equal.

Purpose

This document aims to:

- Provide clarity regarding RSW competencies and required training to support care;
- Identify care activities that RSWs provide within team-based health care settings;

- Highlight relevant legislation related to the care activities that RSWs perform;
- Outline the education and training of RSWs;
- Help inform inclusive and equitable health human resource planning and recruitment practices of RSWs across the province based on competencies;
- Be used as a tool to guide the interview and hiring process, in consultation with a social work professional practice lead (where available);
- Support RSWs in understanding and maintaining their individual competencies.

Social Work Practice in Health Care

Social Work is defined within the Social Workers Act as the assessment, diagnosis, treatment, and evaluation of individual, interpersonal, and societal issues through the use of social work knowledge, skills, interventions, and strategies, to assist individuals, couples, Families, groups, organizations, and communities to achieve optimum psychological and social functioning. All RSWs must practice social work in accordance with the Social Workers Act, the regulations and all standards, limits, and conditions for the practice of social work established by the BCCSW.

The role of social work in health care is to work within the framework of the social determinants of health and make the necessary links between physical, social, emotional, and economic impacts of health.¹ Social work practice in health care is grounded in commitment to social justice, trauma-informed practice, anti-oppressive practice, cultural safety and humility, social determinants of health, strengths-based care, person-inenvironment or a systems lens, addressing structural or systemic barriers, and a current and comprehensive understanding and application of necessary legislation. More information on the role of SWs in health care may be found on the British Columbia Association of Social Workers (BCASW) website.

RSWs are considered an important part of interdisciplinary teams and can perform a range of activities, depending on their individual competency. RSWs work with individuals, couples, Families, groups, communities, and organizations to develop the skills and resources they need to enhance social functioning, assist with system navigation, and lessen structural barriers as well as provide counselling, therapy, and referral to other supportive social services. RSWs respond to social needs and issues such as unemployment, racism, and poverty.

RSWs in public health care work with people of all ages across the life span and in urban, regional, and rural and remote communities across B.C. They can be employed in a wide range of health care settings, including (but not limited to) the following:

- Prevention and Public Health
- Primary and Acute Care, Tertiary/Quaternary
- Specialty Care
- Home Health
- Hospice/Palliative/ End-of-Life Care
- Mental Health & Substance Use Services
- Long-Term Care
- Ambulatory/Outpatient Settings
- Rehabilitation

RSWs can also be found in non-social work titled positions. This document is meant to reflect the practice of all RSWs in clinical health care roles in which they are hired.

Education and Regulation of Social Workers

RSWs typically hold either a BSW or MSW degree and must be registered with the BCCSW. The BCCSW bylaws allow for those who have completed course work in the field of social services, and who can demonstrate their education is substantially equivalent to a social work degree, to apply for registration and challenge the exam.

¹ CASW – Social Work and Primary Health Care: https://www.casw-acts.ca/en/social-work-primary-health-care

Both BSWs and MSWs practice autonomously and have a variation of competencies depending on experience and training. At entry level, a MSW has more opportunity for specialization through two years of schooling than an entry-level BSW, which is a generalist degree. With significant experience and training, some BSW practitioners may possess competencies that are considered to be in the purview of MSW practitioners and may be similarly qualified for a position. No formal equivalency statement exists that declares that a BSW plus a certain number of years of practice is equivalent to a MSW, and the current compensation framework is based on education credential.

Registered Clinical Social Workers (RCSWs) require a MSW degree, demonstrated clinical course of study, 3,000 hours of post masters supervised clinical practice and the successful completion of a clinical exam, and must be registered with the BCCSW. This enables RCSWs to assess, autonomously diagnose, and treat people with mental, emotional, and behavioral disorders using the Diagnostic Statistical Manual (DSM-5) of Mental Disorders.

The decision to hire a BSW or MSW practitioner should be made in consultation with practice or social work leaders. Hiring considerations should include the population needs, level of complexity of the Person and the knowledge and skills required to meet these needs, the availability and level of social work clinical supervision and formal/informal peer mentorship. The onus is on the RSW to be aware of the extent and parameters of their competence and their scope and limit their practice accordingly. This may require seeking supervision, consultation, and continued professional development.

Table Glossary

Descriptions for terms contained within Table 1 and Table 2 (pages 7-22).

Competency: Refers to the application and demonstration of appropriate knowledge, skills, abilities, and judgment. Competencies have been divided into Social Work Foundation (Table 1) and the following categories in Table 2:

- ❖ 1 Engagement
- ❖ 2 Assessment
- ❖ 3 Intervention
- 4 Leadership and Supervision
- ❖ 5 Research and Evaluation

Foundational Activities: Refers to foundational activities (Table 1) intended to be integrated into all aspects of public health care social work practice identified in Table 2.

Care Activities: Are not inclusive of all care activities performed by registered social workers; however, they include those activities that are predominantly associated with registered social workers in health care.

Required Additional Training: Indicates required training beyond the completed social work degree program to provide the care activity.

Recommended Additional Training or Experience: Indicates if additional training or experience is recommended beyond the completed social work degree program to acquire competencies related to the care activity. Cited courses and resources are provided as examples and are not intended to serve as an exhaustive list.

Relevant Legislation and Policies: Identifies the specific Legislation reference (or *Act*) or policies for each care activity that informs social work practice.

Table 1. Foundations of Social Work

The table below outlines foundational activities of RSWs in health care settings in B.C. It is organized by entry level competencies, foundational activities, additional training requirements, and includes specific legislative references.

| Competency | Foundational Activity | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|--|--|--|--|
| Knowledge of social work (SW) practice utilising the SW guiding principles: | 1.1 Adheres to BCCSW Code of Ethics & Standards of Practice as well as the policies and procedures of the Health Authority (HA). | Course: Person and Family Centered Care (LearningHub) Resource: B.C. Trauma- Informed Practice Guide | • Social Workers Act |
| Ability to describe the ethical framework to assist in decision making. Awareness of core SW values. | 1.2 Uses ethics-based decision-making process/framework. | HA specific Ethical Framework/Training | BCCSW Continued Professional Development requires annual Ethical component |
| Thorough understanding of culturally safe care and its application in a care setting including support for Indigenous populations based on Indigenous community's identified needs | 1.3 Delivers culturally sensitive, secure, and safe practices in coordination with others. Collaborates with Indigenous leaders, health navigators, Elders, and cultural advisors. Actively engages in decolonizing services and systems. Involves Indigenous people as partners in service delivery. | HA specific Cultural Safety Framework/Training Course: San'yas Anti-Racism Indigenous Cultural Safety Training Program Case Study Reflection: Remembering Keegan | BC DRIPA (Bill 41) In Plain Sight Reclaiming Power and Place: Calls to Justice Truth and Reconciliation |

| Competency | Foundational Activity | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|--|---|--|---|
| (Canadian Association of Social Workers). | Shows humility and cultivates safety for Indigenous human right to health care (Article 24 of DRIPA). | Resource: <u>Towards a New</u> <u>Relationship</u> (BCCSW) | Commission of Canada: Calls to Action |
| | 1.4 Facilitates <u>Wise Practices</u>. Engages with Indigenous Persons/Family/community to honour beliefs/customs/traditions of healing in a way that respects self-determination, privacy, and cultural humility. | Resource: <u>Wise Practices</u> | |
| Demonstrate ability to acknowledge and honour Person/Family/community wisdom to contribute to care journey. | 1.5 Acknowledges how one's cultural values, beliefs, unconscious bias, experiences, and perceptions affect interactions with others. Engages in critical self-reflection regarding biases and racism and shows curiosity and a commitment to learning about cultural practices in the care journey. Aware of intersectionality and how privilege and systemic oppression negatively affect health outcomes, including Indigenous-specific racism. | HA specific Cultural Safety Framework/Training | |
| Demonstrates knowledge, skills, and ability to effectively advocate for the Person's rights and social justice. | 1.6 Advocates to address barriers and inequities related to Social Determinants of Health. Supports the Person, Families, and caregivers to be self-advocates, or advocates on their behalf to advance social and economic justice, using a culturally informed lens. Recommends solutions to address gaps in services or needed changes in policies and procedures in the best interest of the Person and/or for the overall benefit of society. | | |
| Knowledge of and demonstrated ability to translate, effectively apply, and communicate relevant legislation with the Person, Family, colleagues, and community partners. | 1.7 Translates and applies relevant legislation throughout the Person's health care journey from engagement, assessment, to intervention. | | Refer to legislation linked throughout the document |

Registered Social Worker Competencies Within B.C. Health Care

| Competency | Foundational Activity | Recommended Additional Training or | Relevant Legislation and |
|---|--|---------------------------------------|-----------------------------|
| | | Experience | Policies |
| Ability to assess, implement, and evaluate outcomes using evidence-informed practice. | 1.8 Uses evidence-informed practice. Utilizes interventions based on the best available research, practice expertise, promising practices, and available resources. Assesses effectiveness of interventions and adjusts/modifies as needed using evaluation tools. Attends to changing populations, health care initiatives, new technologies, and emerging social trends to inform and develop areas of specialized SW practice. | | |

Table 2. Competency and Care Activities Table for Social Workers

The table below is a comprehensive summary that outlines competencies of RSWs in health care settings in B.C. It is organized by entry level competencies, particular care activities, additional training requirements, and includes specific legislative references. The foundational competencies and activities found in Table 1 are intended to be integrated into all aspects of the competencies and care activities identified below. Please note that the only restricted activity for social work is the ability to autonomously diagnose using the DSM-V and that activity is restricted to RCSWs.

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|--|---|---------------------------------|--|---|
| 1 – Engagement | | | | |
| Ability to demonstrate clinical judgment when prioritizing intakes. Understanding of priority levels of intervention to determine urgency of need and workload. Ability to engage the Person in their health care journey. | 1.1 Conducts intake. Greets the Person. Prepares health record as appropriate. | None | Training or experience in the intake process through post-secondary coursework, practice education, or related employment. Training of standardized screening instruments being used. Training of Priority Intervention Criteria (if applicable). | |
| Current and comprehensive understanding of appropriate legislation regarding who can consent to health care decisions. | 1.2 Determines capacity to provide informed consent by connecting with the Person/Substitute Decision Maker (SDM). Supports teams to identify temporary SDM for consent to health care. Determines SDM 19+. Determines capacity for those under 19 years of age. Age and determine legal guardian if no capacity to consent. | None | Training or experience in determining capacity through post-secondary coursework, practice education, or related employment. HA specific protocols and training in child protection and vulnerable adults. Courses: Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors (LearningHub); BC Mental Health Act – | Adult Guardianship Act Child, Family and Community Services Act Community Living Authority Act Facility (Admission) Act Family Law Act Freedom of Information and Protection or Privacy Act |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|---|---------------------------------|--|--|
| | | | Education for Nurses, Allied Health & Medical Staff (LearningHub). Resources: e.g., Re:Act; Practice Guidelines for Seeking Consent to Care Facility Admission; The B.C. Handbook for Action on Child Abuse and Neglect: For Service Providers. | Health Care (Consent) & Care Infants Act Mental Health Act Patients Property Act Public Guardian and Trustee Act Representation Agreement Act |
| Ability to articulate understanding of what valid consent is, when it is required and when it may not be required according to legislation. Understanding of process for obtaining consent or referral to Public Guardian Trustee if needed. | 1.3 Obtains consent to health care. | None | Training or experience in the consent process through post-secondary coursework, practice education, or related employment. Course: Consent to Health Care in British Columbia: A Course for Health Care Providers (LearningHub). | Adult Guardianship Act Freedom of Information and Protection or Privacy Act HA Consent to Heath Care Policies |
| 2 - Assessment | | | | |
| Demonstrated ability to conduct an effective interview. Thorough | 2.1 Conducts SW assessment as appropriate for service area and population. | None | Training or experience in conducting SW assessments through post-secondary coursework, practice education, or related employment. Training and education regarding | Family Law Act Freedom of Information and Protection or Privacy Act Infants Act |
| understanding of | | | standardised screening instruments and | |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|--|---|---------------------------------|--|--|
| assumption of capability for adults and need for ongoing assessment of capacity for minors. | | | assessments applicable to role (e.g., MoCA, Columbia Suicide Assessment Tool). | Child, Family and Community Services Act Health Care (Consent) & Care Facility (Admission) Act MaiD legislation Mental Health Act |
| demonstrated ability to effectively conduct safety assessments. Demonstrated ability to draw on a variety of theoretical perspectives related to role and service area. | 2.2 Conducts assessment with children, youth, and support system/caregivers as appropriate for service area. | None | Training, experience, or specialization in child, youth, and Families through post-secondary coursework, practice education, or related employment). Experience working with children, youth, Families, and support system care givers. Resource: The B.C. Handbook for Action on Child Abuse and Neglect: For Service Providers. | |
| Ability to identify and articulate the impact of physical, mental, emotional, and psychological illness on the Person. Ability to formulate and articulate a clinical impression. | 2.3 Conducts Mental Health and Substance Use Assessment as appropriate for service area. | None | Training, experience, or specialization in mental health and substance use through post-secondary coursework, practice education, or related employment (e.g., Mental Health and Substance Use Specialization during BSW/MSW). Experience developing interventions with people affected by mental health and substance use. Courses: Addiction Care and Treatment Online Certificate (BC Centre on Substance Use); BC Mental Health Act – Education for Nurses, Allied Health & Medical Staff (LearningHub). | Child, Family and Community Services Act Family Law Act Infants Act Mental Health Act |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|------------|---|--|---|---|
| | 2.3.1 Autonomously diagnoses utilizing the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). | Yes - Registered Clinical Social Work (RCSW) Designation Required (MSW + BCCSW exam) | | Child, Family and Community Services Act Family Law Act Infants Act Mental Health Act Social Workers Act |
| | 2.4 Conducts Assessment of Vulnerable Adults as appropriate for service area. | Yes - A Guide to the Certificate of Incapability Process under the Adult Guardianship Act (LearningHub); Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors (LearningHub) | Training and experience in working with vulnerable adults through post-secondary coursework, practice education, or related employment. HA specific protocols and training in adult abuse and neglect. | Adult Guardianship Act (AGA) AGA - Designated Agencies Regulation AGA - Statutory Property Guardianship Regulation Health Care (Consent) & Care Facility (Admission) Act Mental Health Act Patients Property Act Power of Attorney Act Public Guardian and Trustee Act Representation Agreement Act BCCSW Limits and Conditions QHcP POA Pension Trusteeship |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|---|--|--|---|
| | 2.4.1 Assesses Incapability to Provide Consent for Facility Placement as appropriate for service area. | Yes - A Guide to the Certificate of Incapability Process under the Adult Guardianship Act (LearningHub); Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors (LearningHub) | | Health Care (Consent) & Care Facility (Admission) Act |
| | 2.4.2 Assesses Incapability for Statutory Property Guardianship as appropriate for service area. | Yes - A Guide to the Certificate of Incapability Process under the Adult Guardianship Act (LearningHub) | | Adult Guardianship Act BCCSW Limits and Conditions QHcP |
| Ability to assess and analyze risk and determine when intervention is required. Understanding of a Person's right to live at risk if deemed Capable for vulnerable adults. Understanding of legal obligation to report a minor at risk. | 2.5 Assesses and monitors risk to meet reporting obligations in accordance with relevant legislation and HA policies. | Yes - A Guide to the Certificate of Incapability Process under the Adult Guardianship Act (LearningHub) | Training or experience in assessing and monitoring risk process through post-secondary coursework, practice education, or related employment. HA specific protocols and training in adult abuse and neglect. Training/experience using risk assessment tools. Course: BC Mental Health Act- Education for Nurses and Allied Health (LearningHub). Resource: The BC Handbook for Action on Child Abuse and Neglect. | Adult Guardianship Act Child, Family and Community Services Act Community Living Act Freedom of Information and Protection or Privacy Act Health Care (Consent) & Care Facility (Admission) Act Infants Act Mental Health Act Patients Property Act Public Guardian and Trustee Act |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|---|---------------------------------|--|---|
| | | | | • Representation Agreement Act |
| 3 - Intervention | | | | |
| Demonstrated knowledge, skills, and ability to develop a plan of care and implement appropriate interventions based on the SW assessment. | 3.1 Creates SW plan of care which is informed by SW clinical impression (RSW) or diagnosis (RCSW). Engages with the Person/Family and team to develop a plan of care based on the SW assessment, applying concepts of self-determination and autonomy, and whether an advance care plan exists. Develops mutually agreed upon personcentred interventions with the Person and team. Contributes SW observations, through formal and informal communication, written documentation, to the team (including the Person/Family) to assist in developing a plan of care. Uses multiple sources of knowledge including literature, evidence informed research, and practice experiences to inform interventions. | None | Training or experience in developing plans of care through post-secondary coursework, practice education, or related employment. | Public Guardian and Trustee Act Representation Agreement Act |
| Demonstrated knowledge, skills, and ability to utilize principles of care coordination. | 3.2 Provides effective care coordination. Facilitates effective and appropriate referrals to internal and/or external services. Maintains knowledge of current resources. Provides advocacy for the Person and Family. | None | Training or experience in care coordination through post-secondary coursework, practice education, or related employment. | Freedom of Information and Protection or Privacy Act |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|---|---------------------------------|---|---|
| | Monitors or revises care activities identified by the Person and/or care team in the care plan. | | | |
| Ability to address family systems issues, including the impact of health care concerns, illness, and disease on Family relationships. Ability to provide mediation in complex health and/or Family situations. | 3.2.1 Organizes and leads Family/Person/community care conferences. Utilizes effective communication skills to build trust. Mediates conflict between the Person, Family, and/or health care providers. | None | Training or experience in the care conference process through post-secondary coursework, practice education, or related employment Training in mediation. Course: Health Literacy: Your Role in Patient and Family Learning (LearningHub) | |
| Ability to analyse the intersectionality of the Social Determinants of Health and the impact on the Person/Family. | 3.2.2 Provides a holistic approach to support the Person/Family to achieve optimal health outcomes. Addresses social determinants of health (e.g., finance, housing). | None | | |
| Understanding and ability to effectively provide education. | 3.3 Provide education to the Person, Families, and/or team members. Tailors approaches and interventions to the applicable audience. Delivers education both orally and in writing. | None | Training or experience in the delivery of education through post-secondary coursework, practice education, or related employment Course: Health Literacy: Your Role in Patient and Family Learning (LearningHub) | |
| Ability to tailor interventions | 3.4 Coordinates and delivers interventions that promote both the | None | Training or experience in goal setting and informed choice through post-secondary | Freedom of Information and Protection or |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|--|--|---|---|--------------------------------------|
| considering the Person's experience of their health care journey. | Person and Family's perspective. Encourages discussions to identify the Person's goals, facilitate informed choices and guide the Person to explore next steps suitable for their well-being. Promotes collaboration amongst the Person, Family, and other professionals to enhance the delivery of effective services to the Person and their supports. | | coursework, practice education, or related employment. | <u>Privacy Act</u> |
| Comprehensive understanding of the theories and principles of group dynamics. Demonstrated foundational group | 3.5 Provides effective and comprehensive group facilitation Determines appropriate group type, purpose, membership, leadership style, and outcomes based on group needs. Promotes best practice, high quality interventions, and adherence to service | None | Training or experience in group facilitation and group dynamics through post-secondary coursework, practice education, or related employment. | |
| facilitation skills. | standards and program integrity. Intervenes decisively if a crisis is developing or escalating in the group. Identifies and manages stages of group process. | | | |
| Demonstrate knowledge of the principles of education and Person and Family engagement. | 3.5.1 Develops, organizes, and facilitates psychoeducation groups for various populations across the lifespan. Recruits, screens, and assesses potential group members for suitability and compatibility and offers alternative methods of delivery of psychoeducation if needed. | None | Training or experience in education for various populations across the lifespan (e.g., youth, adults and older adults, people with cognitive challenges) through post-secondary coursework, practice education, or related employment. | |
| Knowledge and demonstrated ability to | 3.5.2 Develops, organizes, and facilitates therapeutic groups. | Yes - Training in various counselling modalities (e.g., | Training or experience in group facilitation through post-secondary | |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|--|---|---|--------------------------------------|
| facilitate therapeutic groups focused on reducing participants' symptoms and increasing participants' skills. Demonstrated knowledge of core concepts of the various therapeutic group | Recruits, screens, and assesses potential group members for suitability and compatibility and offers alternative methods of delivery of therapy if needed. Uses clinical assessment and judgement to apply a variety of therapeutic group interventions based on presentation of the group members. | Dialectical Behavioural Therapy (DBT), Narrative Therapy, Motivational Interviewing, Cognitive Behavioural Therapy (CBT), Emotional Freedom Technique (EFT), Accelerated Experiential Dynamic Psychotherapy (AEDP), etc.) | coursework, practice education, or related employment. Extensive and regular clinical supervision is needed by a qualified supervisor to provide ongoing support, consultation, and supervision. | |
| counselling modalities. | | | | |
| Ability to provide supportive counselling based on the Person's/Family's needs. | 3.6 Provides individual and Family supportive counselling. • Assists the Person and their family in addressing psycho-social concerns including adjustment, trauma, transitions, emotional/social response to illness and treatment, grief, loss, and bereavement using active listening, normalizing reassurance, and encouragement. | None | Training or experience in supportive counselling through post-secondary coursework, practice education, or related employment. | |
| Knowledge of therapeutic counselling modalities and ability to appropriately apply to the Person/Family based on clinical assessment and judgement. | 3.6.1 Provides individual and Family therapeutic counselling. Selects the modality that is best suited to address the Person's symptoms and ability. | Yes - Training in various counselling modalities (e.g., Dialectical Behavioural Therapy (DBT), Narrative Therapy, Motivational Interviewing, Cognitive Behavioural Therapy (CBT), Emotional Freedom Techniques (EFT), | Extensive and regular clinical supervision is needed by a qualified supervisor to provide ongoing support, consultation, and supervision. | |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|--|---|---|---|
| | | Accelerated Experiential Dynamic Psychotherapy (AEDP), and family dynamics education) | | |
| Ability to understand and apply risk management skills into practice. | 3.7 Intervenes to mitigate or alleviate risk in accordance with relevant legislation. Applies interventions based on outcome of risk assessments. | | Training or experience in risk management through post-secondary coursework, practice education, or related employment. Training in safety planning, reporting and recognizing abuse Resource: The B.C. Handbook for Action on Child Abuse and Neglect. | Adult Guardianship Act Child, Family and Community Services Act Community Living Act Freedom of Information and Protection or Privacy Act. Health Care (Consent) & Care Facility (Admission) Act Infants Act Mental Health Act Representation Agreement Act Patient's Property Act Public Guardian and Trustee Act |
| Understanding of and demonstrated ability to apply crisis intervention skills. | 3.8 Supports the Person in crisis. • Applies trauma-informed de-escalation and grounding techniques to promote decreased distress and increased ability to cope and function during crisis. | None | Training or experience in crisis intervention through post-secondary coursework, practice education, or related employment. | |
| Understanding of grief and loss and ability to conduct serious illness conversations. | 3.9 Engages the Person and Family in serious illness conversations. Provides support around grief and loss. Facilitates advance care planning. | | Training or experience in serious illness conversations through post-secondary coursework, practice education, or related employment (e.g., Serious Illness | Freedom of Information and Protection or Privacy Act MaiD legislation |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|--|--|---------------------------------|---|--------------------------------------|
| Understanding of advance care planning if relevant. | | | Conversation Skills Training, Advance Care Planning Training). | Public Guardian and Trustee Act |
| 4 – Leadership, Sเ | pervision, and Policy | | | |
| Demonstrated advanced communication skills, both written and verbal. | 4.1 Facilitates communication amongst the health care team. Encourages open exchange of information and ideas with teams and students. Identifies, establishes, and communicates clear and meaningful expectations and outcomes. | None | Training or experience in communication through post-secondary coursework, practice education, or related employment. | |
| Understanding of change management principles and their application in sustaining organizational change and program development. | 4.2 Leads program development and team culture. Ensures alignment with accreditation standards. Ensures direction of team is in alignment with organizational vision and values. | None | Training or experience in leadership and organizational change through post-secondary coursework, practice education, or related employment. | |
| Demonstrated clinical expertise in health care in SW. | 4.3 Provides clinical supervision Ensures level of supervision is responsive to the clinician's level of experience and the complexity of the population. Supports and challenges students and team members to achieve clinical excellence. Identifies and addresses practice issues. | None | Training or experience in providing clinical supervision through post-secondary coursework, practice education, or related employment. Experience as a preceptor to SW students. | |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings • Facilitates student practice education. | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|---|---------------------------------|---|--------------------------------------|
| Knowledge and demonstrated ability to provide leadership to facilitate the development of staff and students. | 4.4 Supports professional development of staff and students. Assesses the learning needs of staff and students. Develops and provides continuing educational opportunities and programs. Promotes best and Wise Practice approaches. Provides leadership in the development, implementation, and performance evaluation of SW practice standards and competencies that are consistent with professional, legal, and ethical requirements. | None | Training or experience in professional development through post-secondary coursework, practice education, or related employment. Experience with applying the <u>BCCSW</u> Code of Ethics & Standards of Practice to clinical practice. Experience in developing and presenting SW practice support tools and resources. | |
| Demonstrated understanding of policy development work. Understands the difference between policy and practice guidelines/decision support tools. 5 - Research, Eval | 4.5 Formulates policy based on relevant legislation to support SW practice and organizational needs. Maintains current knowledge of relevant legislation and policy. Identifies policy gaps. Designs clinical tools to support and/or change practice. uation, and Quality Improvement | None | Training or experience in policy development, clinical standards, and project management through post-secondary coursework, practice education, or related employment (e.g., experience developing briefing notes, writing policy, project charters, project workplans, SBARs). | |
| Demonstrated ability to conduct research using various methodologies. | 5.1 Participates in or leads research projects. Engages in multi-disciplinary team research. | None | Training or experience in conducting research through post-secondary | |

| Competency | Care Activities* Not inclusive of all care activities within SW practice, but includes activities predominantly associated with health care settings | Required Additional Training | Recommended Additional Training or Experience | Relevant Legislation and Policies |
|---|--|---------------------------------|--|--------------------------------------|
| | Promotes the value of research as a means of improving person-centered programs and services. Identifies gaps and trends in research and/or practice. | | coursework, practice education, or related employment. | |
| Ability to articulate best practices and standards for program evaluation. | 5.2 Participates in or leads quality improvement and evaluation projects. Performs evaluation between research findings and current programs to discern gaps. | None | Training or experience in quality improvement and evaluation through post-secondary coursework, practice education, related employment, or organization (e.g., BC Patient Safety and Quality Council). | |
| Demonstrated knowledge and ability to assess and evaluate results of quality improvement initiatives. | 5.3 Synthesizes research, quality improvement, and evaluation findings and disseminates learnings to partners. Engages in knowledge translation. Engages in knowledge mobilization. Communicates with partners. | None | Training or experience in knowledge translation and mobilization through post-secondary coursework, practice education, and/or related employment. | |

Definitions

"The Person" means an adult, mature minor, or a minor who is receiving health care services. The Person may also be referred to as an individual, client, patient, resident, service user, or consumer.

"Family" means a person or persons, including immediate relatives and other individuals in the Person's support network. Family may include the Person's extended biological, spiritual, and cultural family, partners, friends, and other individuals, as determined by the Person.

"Free and Prior Informed Consent" is a right specific to Indigenous Peoples that is articulated in UNDRIP. Within this context, it addresses the importance of ensuring that Indigenous peoples have agreed to personal Health Care decisions related to their Health Care as informed by the following components:

- Free meaning that Consent is given voluntarily and without coercion, intimidation or any form of manipulation
- Prior meaning that Consent for proposed Health Care decisions is obtained in advance of the Health Care decision being made and includes the time necessary to allow Indigenous Peoples to undertake their own decision-making processes;
- Informed meaning that when Indigenous Peoples are making a decision about a proposed Health Care option, they have been provided with objective and accurate information that has been presented in a manner and form understandable to them.

"Wise Practices" means the inclusion of diverse Indigenous knowledge and health practices that contribute to sustainable and equitable conditions for Indigenous people.

Works Consulted

Association of Social Work Boards – Bachelors, Masters and Clinical Exam Content Outlines – (2018) - https://www.aswb.org/exam-candidates/about-the-exams/exam-content-outlines/

Association of Social Work Boards - Model Social Work Practice Act. Practice of BSW, Practice of MSW (2018) https://www.aswb.org/wp-content/uploads/2013/10/Model_law.pdf

Australian Association of Social Workers – Scope of Social Work Practice *Hospitals* (November 2020) https://www.aasw.asn.au/document/item/8644

BC Association of Social Workers – *The Role of the Social Worker in Primary Care* (2019) - https://www.bcasw.org/wp-content/uploads/2020/08/The-Role-of-the-Social-Worker-in-Primary-Care.pdf

BC Centre of Substance Use Addiction Social Work Fellowship Practice Competencies

BC Centre for Palliative Care Inter-Professional Palliative Competency Framework: Discipline-Specific Competencies for Social Workers/Counsellors (https://bc-cpc.ca/wp-content/uploads/2019/09/BC-CPC SOCW Counsellors May2019 Web.pdf)

BC College of Social Workers – Applicants – Registration Classes. https://bccsw.ca/application-information/registration-categories/full-class-of-registration/ BC College of Social Workers – *Code of Ethics and Standards of Practice* (2009) - http://bccsw.ca/wp-content/uploads/2016/09/BCCSW-CodeOfEthicsStandardsApprvd.pdf

BC College of Social Workers – "Clinical" Confusion (2021) - https://bccsw.ca/wpcontent/uploads/College-Conversation-Issue-17-Spring-2021-1.pdf

BC College of Social Workers – *General Guidance – Work Environment* (Feb. 2016) - http://bccsw.ca/wp-content/uploads/2016/09/BCCSW_General-Guidance-Workenvironment.pdf

BC College of Social Workers – Licensure Testing and Professional Regulation. https://bccsw.ca/application-information-information-information-information-page/licensure-testing-professional-regulation/

Canadian Association of Social Workers (CASW) – *CASW Social Work Scope of Practice* (June 2020) https://www.casw-acts.ca/en/casw-code-ethics-and-scope-practice/casw-social-work-scope-practice Canadian Association of Social Workers - Scope of Social Work Practice (June, 2020) <a href="https://scope-practice-scope-practice-practice-scope-practic

Canadian Association of Social Workers – Statement of Apology and Commitment to Reconciliation (2019). https://www.casw-acts.ca/files/attachements/Statement of Apology and Reconciliation FINAL 2021.pdf

Canadian Association for Social Work Education – Standards for Accreditation (August, 2014) <u>CASWE-ACFTS.Standards-11-2014-1.pdf</u> (caswe-acfts.ca)

Canadian Council of Social Work Regulators. *Entry level competency profile for the social work profession in Canada* (Oct 2012) http://www.ccswr-ccorts.ca/wp-content/uploads/2017/03/Competency-Profile-FINAL-Eng-PG-1-51.pdf

Fraser Health Authority – *Overview of Clinical Competencies to Support Team-Based Care in Primary and Community Care* (May 2018)

Fraser Health Authority – Social Work Competency Statements (April 2015)

Fraser Health Authority – Social Worker PCN Role Clarification (Oct. 2020)

<u>In Plain Sight:</u> Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care <u>Report</u>

Nabigon, H., & Wenger-Nabigon, A. (2012). "Wise Practices": Integrating traditional teachings with mainstream treatment approaches. https://www.collectionscanada.gc.ca/obj/thesescanada/vol2/OSUL/TC-OSUL-1981.pdf

National Association of Social Workers, Standards for social work practice in health care settings (2016) https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3d&portalid=0

National Social Work Competency Framework (2015). Ministry of Health Singapore. https://www.msf.gov.sg/ODGSW/documents/National-Social-Workers-Competency-Framework.pdf

Primary Care Network (PCN) Toolkit Resources – *RN & LPN Scope of Practice* – (May 2019) https://www.pcnbc.ca/en/viewer?file=%2fmedia%2fpcn%2fPCN RN LPN RNC Scope of Practice.pdf#search=objectType%3a%22Resource%22&phrase=false

<u>Social Workers ActTruth and Reconciliation Commission of Canada: Calls to Action</u>University of British Columbia – School of Social Work – Program Descriptions. <u>https://socialwork.ubc.ca/</u>

Vancouver Coastal Health Authority – Social Work Scope of Practice in Health Care

Vancouver Island Health Authority – *Island Health Roles in Primary Care Settings (Draft)* (April 2019)

Vancouver Island Health Authority – *Island Health Roles in Primary Care* (April 2019)

Vancouver Island Health Authority – *PCN Team Composition Document* (June 2020)

Vancouver Island Health Authority – *Social Work Role, Scope and Function* (June 2020)

Appendix A

Table 1: Social Worker Education – Background

| Degree | Entry to Practice Requirement ² | Registration Class and Exam Details ^{3,4} | Registration Required with BC College of Social Workers (BCCSW)? |
|--|---|--|--|
| Bachelor of Social Work (BSW) | 2 years of prerequisites + 2 year BSW program coursework and clinical placement (two placements of ~ 350-450 hours each – varies by PSI) | Registered Social Worker (RSW) Must complete annual Continuing Professional Development requirements Need approval from BCCSW to write exam Register with Association of Social Work Boards (ASWB) to take Bachelor level licensure exam BCCSW will review once complete and send registration package | YES - To work in BC Health Authorities YES - If you are employed in a job with the title "social worker" Exemptions: A person who is employed as a social worker by Canada or the government or an agent of |
| Master of Social Work (MSW) | Applicants with BSW degree = 1 year Advanced MSW program + additional ~450 hours of clinical placement (varies by PSI) Some programs offer specialisation eg/ leadership, policy, clinical. Applicants with Non-BSW undergraduate degree = 2 year MSW Foundation program + additional 450 hours (foundational) + 450 hours (advanced) of clinical placements - (varies by PSI) (applications suspended until 2022) ⁵ | Registered Social Worker (RSW) Must complete annual Continuing Professional Development requirements Need approval from BCCSW to write exam Register with Association of Social Work Boards (ASWB) to take Master level licensure exam BCCSW will review once complete and send registration package Registered Clinical Social Worker (RCSW) MSW + 3,000 hours of clinical practice + annual Continuing Professional Development requirements Need approval from BCCSW to write exam Register with Association of Social Work Boards (ASWB) to take Clinical level licensure exam Can autonomously use the Diagnostic and Statistical Manual of Mental Disorders (DSM) to make a diagnosis | either A board, other than a regional health board commission or other body any member of which is appointed by Canada or the government A municipality, regional district, or board of education An Indian band, a tribal council, a treaty First Nation, the Nisga'a Nation, or a Nisga'a Village, or An agency, other than an adoption agency as defined in the Adoption Act, to whose staff is delegated any or all of a director's powers, duties, or functions under the Child, Family and Community Service Act or the Adoption Act |
| Doctorate in Social Work (PhD or DSW) | MSW or BSW (with related Master's degree) + 3 years of professional experience (post social work degree) | RCSW or RSW (as above for MSW) | |

² UBC School of Social Work: <u>https://socialwork.ubc.ca/graduate/admissions/</u>

³ BCCSW Code of Ethics and Standards of Practice: http://www.bccollegeofsocialworkers.ca/wp-content/uploads/2016/09/BCCSW-CodeOfEthicsStandardsApprvd.pdf

⁴ BCCSW Registration Classes: <u>https://bccsw.ca/application-information/registration-categories/</u>

⁵ UBC Graduate Masters Program: https://socialwork.ubc.ca/graduate/masters-program/

Registered Social Worker Competencies Within B.C. Health Care