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The Advocate Editorial Policy

The Advocate seeks to serve as a “meeting place” for Alberta social workers by publishing information about social work research, theory, practice, and education; professional affairs; social issues; the work of the College; books, journals, and other media of interest to social workers; continuing education and job opportunities; and the comings and goings of Alberta social workers. Submissions from members and the public are welcome: articles, stories, anecdotes, poems, thoughts and ideas. Letters to the editor, announcements, cartoons, artwork, and pictures are welcome. The Editorial Board reserves the right to edit submitted material. Please call the ACSW office for a copy of “Writing for The Advocate” before submitting any material. Publication does not imply endorsement by the College.

The Advocate is published quarterly for members of the Alberta College of Social Workers and other interested parties.

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WINTER 2002 ISSUE DEADLINE: OCTOBER 15, 2002

Canadian subscriptions are $24 per year (Outside Canada: $24 US per year)

Canadian Mail Product Sales Agreement No. 40050109

ISSN 0847 - 2890

Please notify the ACSW office immediately of any address changes.
Clinical Specialty Registry Reminder

Procrastinating about applying to the Clinical Specialty Registry? We strongly encourage you to get your application in now, whether you meet the pre-HPA or post-HPA criteria.

- Once the HPA is proclaimed for social work, all eligible applicants will be required to successfully complete the clinical examination in order to be accepted into the Registry. Those of you who meet the pre-HPA application criteria must get your applications in to ACSW shortly or you too will have to write the clinical exam.
- If you have been waiting for the HPA because you have to write the exam anyway, we will be scheduling a sitting of the exam for all qualified applicants in the near future. Your application must be submitted and approved before you are eligible to write the exam.
- The Clinical Specialty Registry identifies those social workers who are considered to have reached an advanced practice standing in clinical social work.
- Once the HPA is proclaimed for social work, the title “Clinical Social Worker” becomes a protected title that can only be used by people approved to be on the registry. Other social workers are able to practice clinically, but must not use the protected title.

If you are not sure which category you fall into or if you have any other questions about the Clinical Specialty Registry, please contact Alison MacDonald, MSW, RSW, at the ACSW office or acswreg@acsw.ab.ca.

Our Past-Presidents

To keep our history alive, all living Presidents were invited to dinner during May and asked to provide a 15-minute overview of their time as President of AASW, AARSW or ACSW. This memorable evening was videotaped in its entirety and a permanent record of the most significant events and personal recollections will be created. President Percy Royal, since deceased, was represented by his Vice President, John Mould, who later went on to serve his own term as President. President John Hutton was likewise represented by his Vice President, Ed Benning. The suggestion for holding this event was made by Gerald Mertick; many thanks go to the office staff for organizing it and attending to the many details.

Pictured here, left to right: Jake Kuiken, Margot Herbert, Gerald Mertick, Margaret Dewhurst, Ed Benning, John Mould, Norm Bilodeau, Gayle Gilchrist-James, Dick Ramsay, and Don Milne

2002 CASW Award for Outstanding National Service presented to Julie M. Foley

The Canadian Association of Social Workers (CASW) has presented Ontario resident Julie M. Foley with the CASW Award for Outstanding National Service. This award is presented biannually to a social worker in Canada who has served the profession and the community with distinction.

Julie is a highly visible social worker, demonstrating her commitment to the profession through field education and mentoring of young social workers.

She has broad experience in human services—she has worked in child welfare, mental health, family services, hospital care and community health care.

Now living in Toronto, Julie is employed as the executive director of the Scarborough Community Care Access Centre.

She is also holding down a half-time secondment with the provincial government related to its strategy for long-term community care.
A unique opportunity
to affect policy and facilitate social change

Julie-Ann Miller, RSW

On May 22, 2002, in Edmonton, I was invited to be part of a panel presenting to the Federal House of Commons Special Committee on Non-Medical Use of Drugs. As part of my job as a social worker at St. Albert Association for People with Disabilities, I coordinate a health education and injury awareness program called P.A.R.T.Y. (Prevent Alcohol and Risk Related Trauma in Youth).

This program is targeted at teens, who are a high risk group for trauma injury. The students spend a day at the Sturgeon General Hospital following the sequence of injury with messaging specific to educating them to make smarter choices.

Over the past three years we have keyed in on coordinating our program to follow outcomes that we identified. We use a behavior change model for the messaging that would enhance the transfer of learning for the students.

The model is expected to empower individuals to make social change through informed choice. Effects of the problem must be brought to awareness with strategies to reduce the effect. Gradual introduction of new material reinforces the messages learned throughout the process. The result is intended to be a lasting change in behavior and, over time, improvement in social attitude.

A member of our community, familiar with our injury prevention education program, was in Ottawa and recommended the special committee contact me to present information on P.A.R.T.Y. The committee has been traveling across the country since June 2001, visiting each province and gathering information in several specific areas. There were two days of presentations held at the Macdonald Hotel to consider the factors underlying or relating to the non-medical use of drugs. The committee was also given on April 17 of this year the subject matter of Bill C-344, An act to amend the Contraventions Act and the Controlled Drugs and Substances Act (marijuana). It will make recommendations Nov. 1, 2002, aimed at reducing the dimension of Canada’s “drug” use problem. The material gathered is being researched and compiled.

While alcohol is still the primary substance of abuse, there is also now the poly-substance user who is using alcohol with other drugs. Greater numbers of clients who accessed detox are reporting the use of cocaine, and there is an increase in the use of methamphetamine by youths as their primary substance of abuse. Clients coming into treatment are presenting with more complex physical and mental health problems in combination with their substance abuse. There is a steady stream of people using THC or cannabis-based products as part of their poly-drug use who consider its use less harmful than other substances.

I was one of four people from across Alberta asked to present to the committee and discuss in the area of prevention/education. Prevention aims to increase protective factors and reduce risk factors clearly associated with the development of addiction. Along with representatives from Alberta Learning, AADAC and DARE, I made a fifteen-minute PowerPoint presentation that highlighted P.A.R.T.Y. focus and reflected the outcomes developed and the behavior change model that we use in the St. Albert program. Specific application and program logic was indicated. These were:

1. Awareness—An understanding of the effects of the problem must be understood before a recognition of what can be done is accepted. Awareness is achieved through social marketing (targeted audience) communication styles.
2. Self-Assessment—Participants are encouraged to examine their own behaviors and attitudes to see if they are part of the problem or part of the solution. Empowerment of informed choice is an important concept.
3. Ownership—Participants must understand that the effects of
the problem affect more than individuals involved. Societal costs are immediate as well as long term. Potential years of life and quality of life lost are also a factor. Participants must take ownership of the responsibility they have to themselves and to society to make a difference in the problem. Ownership is marked in passing the message on.

4. Behavior Change—Awareness and positive strategies will encourage change in risk taking habits in favour of more responsible action, even though present attitudes may not yet completely support the change. Altruism is part of developmental maturity of teens.

5. Attitude Change—After a period of behavior change, the new safer choices become a part of a participant’s automatic behavior. Social responsibility is reinforced.

We were asked to provide suggestions for increased effectiveness of our programs. I indicated a need for more public awareness, a need for federal prevention funding to be available at the community level to groups such as P.A.R.T.Y. and a need for federal prevention education coordination with community initiatives. After each of us presented, we were then asked to participate in a discussion based on our experience and view. The questions included:

- Should marijuana be decriminalized? (Bill C-344)
- Should there be mandatory drug rehabilitation programs?
- What are suggestions for informing the public about preventing or reducing consumption of illicit drugs?
- What harm reduction education programming is needed?
- Are Canada’s drug law and policies in need of reform?
- Is there a prevalence of drug use in any particular group?

This was an interesting experience for me and I was pleased to be involved. I gathered information that will be useful to our program from the Canadian Epidemiology Network on Drug Use and Community Based Harm Reduction Programs. It reminded me of how much work in this area is being done throughout the province by social workers. It will be interesting to see the recommendations of this committee’s efforts. A web site is available to access all information collected.

For more information on the work of the committee:

Julie-Ann Miller is Family Community Support Manager at the St. Albert Association for People with Disabilities

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ACSW’s advocacy mandate in action

Advocacy has become a major focus for ACSW Council over the past year. The urgent need to increase benefit rates in the Supports for Independence (SFI) program occasioned ACSW’s first step into using the media to get the message into the public realm.

This first-time venture was followed late last fall by a much more comprehensive campaign when the provincial government initiated $40 million worth of service cuts in Children’s Services. Newspaper, radio and billboards were used to get the message out. More recently, an even more comprehensive campaign, this time using television advertising, saw the SFI program once again become the focus of attention.

“I simply said, “No. You have staff in your office, and you have Human Resources and Employment to rely on.”

Provincial government’s neglect to address the issue of SFI benefit rates does not ipso facto make it my problem to fix. Just as the Alberta Government protects its jurisdictional authority from federal interference in such areas as natural resources, social workers and citizens generally should not at all be reluctant to remind MLAs of their duties as public officials. In fact, the longer social workers and others rescue those who are destitute or homeless, particularly without involving their MLA, the longer the injustice of 1993 welfare rates will be allowed to continue.

At this time, other public policy advocacy initiatives are contemplated and being planned. The redesigned low income support program holds a great deal of promise. The proposed consolidation into a single income support program is a step forward and reflects the proposal made by ACSW in its submission last summer. While this is opposed by some in the community of persons with disabilities, it’s another step away from the lingering influence of the 1870 English Poor Laws which relied heavily on the use of personal attributes to define eligibility for benefits. Similarly, the adoption of the Market Basket Measure has some potential to provide a living income, depending on what gets put into the “basket.” Nevertheless, until there’s substantial additional money for the poorest of the poor, the redesign of SFI and other income support programs is largely pointless.

In order to influence the decision-making process about funding allocations as much as possible, ACSW’s media initiatives have been carefully timed. Similarly, numerous meetings have been held with elected officials, including the Premier as well as senior government officials. The essential message is always the same: “Increase benefit levels now!”

At the same time, Council recommended that social workers refer clients requesting help with issues related to food, clothing and shelter directly to MLAs. A very astute political commentator in Alberta, Rich Vivone, publisher of Insight into Government, wrote that it had the potential to be a very effective strategy in changing the government’s mind about increasing benefit rates, for SFI and AISH. It’s hard to know how many members have actually done contacted their MLAs, but from personal experience I can say it definitely has an impact.

Recently I was asked by an MLA office in Calgary to assist in finding accommodation for a young adult who was destitute. After hearing the issues the client brought to the MLA’s office,
Significant changes are contemplated for the Child Welfare Act. Let me be clear at the outset: many of the proposed changes are heading in a positive direction and consistent with ACSW’s recommendations as outlined in our submission to the review process. At the same time there are some serious potential problems: a narrow child protection focus, a.k.a., the Alberta Response; a much neutered Children’s Advocate; a failure to integrate services delivered by different ministries; silence about new legislation for children with disabilities; and an inadequate or diminished focus on prevention and early intervention. Because the development of the new Act is still in the early stages, it’s too early to take this to the public through the media. So this is only a note of heightened caution and a suggestion that we all pay attention to this important piece of legislation.

Overall, there are some indicators of changes in direction and policy that are very troublesome. An emerging theme in the policies of the Children’s Services Ministry is the withdrawal of support to communities and families.

For example, during the last session of the legislature, the government introduced and passed legislation taking away and reducing the right of parents of children with disabilities to appeal the ministry’s policies. Essentially, the new legislation limits a family’s appeal to administrative errors; the ministry’s policies cannot be overturned. Among other things, the change in legislation can also be used to introduce income testing. Finally, it deals a fatal blow to a highly cherished program started under Peter Lougheed who, on his retirement, identified it as one of the three major accomplishments during his time as Premier.

While this odious legislation has not yet been proclaimed, when it is—whether intended or not—support to families will likely be curtailed by the vagaries of Ministry policies and government funding.

Other legislation passed during the last session effectively emasculated the Regional Child and Family Services Authorities. They’re no longer expected to be in the business of early intervention and prevention. Renamed as “boards,” they’re no longer an independent “agent of the Crown,” but are compelled to operate under the minister’s direction. If necessary, the minister can provide written directions which the board must obey, including any expectations the minister may put to the boards. The much heralded “integration” pillar of the redesign process has been effectively excised from the Child Welfare Act by deleting references to other “members of Executive Council.” While some Boards may believe they still have a role to play, the golden rule clearly applies, “(s)he who has the gold, makes the rules!”

“…until there’s substantial additional money for the poorest of the poor, the redesign of SFI and other income support programs is largely pointless.”

All of this directly impacts the practice of social work. It takes good social policy to create the conditions and framework for practising good social work. While there’s sometimes a bit of controversy about a professional college doing this kind of advocacy, there’s another view out there too. Perhaps Rob Renner, MLA (Medicine Hat), the HPA’s principal sponsor said it best, “Can a college advocate on behalf of the profession? Certainly. They do now. They advocate on behalf of standards and issues in the health system. They do this now. The legislation does not prohibit advocacy in this manner, but that advocacy must not be in conflict with the college’s primary responsibility to regulate its members in the public interest.” (Hansard, May 10, 1999, 8 PM).

A challenge for Council has been to find even more effective ways to involve members of ACSW in these initiatives. For instance, although not acted on yet, Council has considered organizing a “Legislature Day.” This involves bringing committed social workers to Edmonton during a sitting of the legislature, providing the initial skill training on lobbying and an orientation to the issues and then, on a selected day, ensuring that every MLA is visited by a well-versed social worker who is able to deliver a message effectively. Following the “Legislature Day,” keeping the MLA up to date on the issues of concern to the profession becomes the responsibility of that social worker(s).

Are you interested? Speak to a member of ACSW Council.
Preparing for the Health Professions Act

The Health Professions Act (HPA) is scheduled to come into force for social work by the end of 2002. A number of changes arising from the HPA involve requirements that impact individual health professionals as well as professional regulatory bodies.

In addition to mandatory registration with no exemptions, HPA changes affecting social workers include continuing competency activities, a clinical register, and restricted activities. One change to the ACSW as an organization will be the appointment of additional public members to Council by the government. All of this will require adjustments to the roles and duties of Council and staff.

The ACSW is obligated to operate in accordance with the HPA when it officially comes into force for social work. To prepare for the HPA, ACSW Council has embarked on an organizational review to ensure that the ACSW is structured and staffed appropriately to meet its obligations under the new legislation.

This review is both timely and significant, as generally there is limited understanding of the role of a professional regulatory body. When our current Social Work Profession Act was proclaimed in 1995, membership in the ACSW was voluntary and the organizational structure of ACSW reflected this voluntary membership.

Since 1999, however, with the amendment making registration a requirement for practice, ACSW has had to function as a regulatory body with mandatory membership for practicing social workers. This review will assist in establishing an organizational structure that enables ACSW to operate more effectively as a professional college under the HPA.

This initiative involves a review of the ACSW organization with regard to the roles, responsibilities and relationships of the board, committees and staff for effective operations under the HPA. Human resource policies and job descriptions will be reviewed and updated. The process also includes interviews with council members, staff, committee chairs, area coordinators, etc. as well as interviews with external organizations regarding their perceptions of the ACSW.

The services of TurnKey Management Consulting have been engaged by council to conduct this review with completion targeted for the fall.
Update on the *Child Welfare Act* Review

On June 26, 2002, representatives from ACSW attended a second level consultation meeting regarding the *Child Welfare Act* Review.

Attending on behalf of ACSW were: Jake Kuiken, President; Rod Adachi, Executive Director and Registrar; Arnie Thiessen, Chair, Children’s Issues Committee; Bill Cunes; Margot Herbert; Kay Feehan; and Val Kinjerski, Project Consultant. The representatives from Children’s Services were: MLA Harvey Cenaiko, Chair of the *Child Welfare Act* Review; Sandra Klashinski, Executive Manager; Susan Rankin, Director, Legislative Planning; and Eldon Block, Director of Programs, Region 12.

Although requested, there was no deviation from the format for the secondary consultations established by the *Child Welfare Act* Review. The meeting identified areas of agreement centred on the need to increase accountability of the CFSA and special Aboriginal status. It was disappointing that the concept of a Children’s Act appears not to have been adopted and that efforts to promote integration of government services are weak. Rather, the overall focus appears to be a narrowing of the mandate for the ministry’s support and interventions on behalf of vulnerable children. The downgrading of the role of the Children’s Advocate is a major disappointment. Also, ACSW’s legislated responsibility to establish and maintain standards of practice for social workers and the code of ethics was not acknowledged.

When documentation on the findings of the consultations was requested, ACSW was advised that such information was not available, as release of any information would require ministerial approval. The ACSW Committee found this decision surprising.

In a follow-up letter to Harvey Cenaiko after the meeting, Jake Kuiken outlined numerous concerns and indicated that ACSW would continue to offer suggestions to help develop legislation that is in the best interests of children.

Redesigned website draws praise
*Social Workers and Computers Interest Group*

**Steve Natran, BSW, RSW**  
**John Long, BSW, RSW**

Thank you! It has been gratifying for us to receive so many e-mails applauding the new website. Most people like the layout and the softer colors. Getting members to “login” has taken considerable time and explanation; however, we predicted we would get our fair share of bugs to be worked out.

We appreciate the information from those of you who noticed these problems.

The new job board is up for review and for employers to use; please forward any job opportunities that you become aware of to Florence at the ACSW office.

Looking forward, we will be working with our consultants to fine-tune the chat rooms, etc. Please let us know what aspects of the site become useful for you as that is our primary goal.

There is still a lot of work to do; therefore, we are looking for willing member volunteers to provide responses to general queries on the message board. To those of you who are willing to volunteer an hour or two each month for this purpose, please contact us:

John Long: webmaster@acsw.ab.ca, or  
Steve Natran, steve@natran.ca
Boundaries revisited

I wrote my first “Ethics in Action” column in the summer of 1999, following closely on the heels of the ASWB education meeting which focused primarily on sexual boundary violations and featured Marilyn Peterson, an expert on social work boundaries.

I was very impressed by Ms. Peterson and purchased a copy of her book, *At Personal Risk*, for the office library. I still refer to this book frequently when preparing for presentations or asked questions about boundaries; however, I find that the majority of issues faced by social workers with regard to boundaries are on an entirely different level.

Several times each month, calls come into the office from social workers who describe situations like these:

1. I am a rural social worker and when I am on call I am sometimes asked to go to the home of a family member or a close personal friend. What should I do?

2. I work in an agency that is mandated to provide counseling services to people living within the community. One of my co-workers, who is not a social worker, wants me to counsel her (her child, spouse, etc.). Is it okay for me to do this?

3. The only person nearby who provides a particular service is a client of mine. Is it okay for me to purchase the service from this client?

4. I have been asked by the pastor at my church if I would be willing to provide counseling support to members of the congregation on a voluntary basis. Is this okay?

Most social workers can probably think of situations in which they have inadvertently or of necessity become involved in a dual role relationship, similar to those described. In general, dual role relationships are not prohibited, but “best practice” would be to avoid them wherever possible. However, there is a range of responses based on individual circumstances. The social work *Standards of Practice* provide some guidance:

**Dual role relationship**

25 (1) A social worker shall not engage in a professional relationship where the social worker and the client also have a present or previous familial, social, sexual, emotional, financial, supervisory, administrative or legal relationship.

(2) If a dual role relationship develops or is discovered after the professional relationship has been initiated, the social worker shall

(a) inform the client of the possible or actual dual role relationships and the possible consequences, and

(b) terminate the professional relationship and explain the reasons for the termination to the client.

**Exception to obligation to terminate**

26 (1) Notwithstanding section 25, a social worker who is in a dual role relationship may continue the professional relationship where unique attributes, specialized skills or services are required and are not otherwise available.

**Emergencies**

27 A dual role relationship does not excuse a social worker from providing professional services to a client in an emergency situation such as family violence or child protection.

In applying the standards to particular cases, the social worker needs to consider several issues. In the first example, the social worker should determine the level of risk and what type of immediate action is required. Is this a case where someone is being abused? Are there other services or is there another worker available that you can refer the person to? Is this a situation that could be put on hold till someone else is available?
The second example comes up often, particularly among agencies that are mandated to provide no- or low-cost support services to a particular population or community. Social workers in FCSS funded programs most often raise this issue. In some smaller communities, they may be the only service available that does not require payment or several hours of travel. In such circumstances, if there is not a reasonable alternative, the social worker is obliged to discuss with the client the potential negative outcomes that may result from a dual role relationship and to ensure that informed consent is obtained for all services and actions, and that the dual role and actions taken to resolve potential problems are noted in the client record.

The third example can cover a huge range, from a client selling raffle tickets to the purchase of a home or business. If your client is the only person in your community selling a particular commodity, what alternatives might you have? Can you purchase outside of your community? If not, is there a neutral party (e.g. a real estate broker) who can conduct your business for you? If you have to conduct the business directly, take care to ensure that you don’t accept any “special arrangements.”

The fourth scenario arises in a number of situations where people have a particular belief or other special attribute and they want someone who has an understanding of their needs in relation to that aspect. Examples include ethnic and religious communities, physical abilities, life experiences and other characteristics that may have an impact on a person’s psychosocial needs. Generally in these circumstances the social worker is being asked to knowingly and voluntarily enter a dual role relationship. In some cases, explaining the possible negative outcomes to the person making the request will put an end to the issue.

In all cases, if there is a reasonable alternative, a social worker should not enter into a dual role relationship. If there is no reasonable alternative, it is the social worker’s responsibility to ensure that the professional relationship is protected to the best of his/her ability. This includes open communication with the client, proper documentation and consultation with a supervisor or colleagues.

Social workers need to be aware as well that there is a limit to the flexibility with regard to dual role relationships. The Standards of Practice prohibit two types of relationships.

**Prohibited relationship**

28 A social worker who has provided professional services to a client in the previous 24 months shall not
(a) enter into a financial relationship with the client other than to receive payment for the services, or
(b) engage in sexual or romantic relations with the client.

Comments, feedback and guest articles on ethical issues are always welcome.

*The Standards of Practice contain additional information with regard to the social worker’s obligations when a dual role relationship exists or develops. The full standards are available on the ACSW web site or by calling the ACSW office.

The Health Sciences Association of Alberta represents about 12,000 professional, technical, and support employees in the public and private health care sectors of Alberta. We fight for fair wages and decent working conditions for our members. We also raise public awareness about the shortages of health professionals such as social workers.

Toll free: 1-800-252-7904
www.hsaa.ca
Entry level exams: Alberta’s history, so far

In the fall of 1996, AARSW Council struck a committee to review issues related to the development of an entry level examination for social workers in Alberta. The committee began with the premise that AARSW was committed to having an exam.

The matter had been debated at length by Council, in light of the Agreement on Internal Trade (AIT), the range of academic preparation available to new RSWs, and the anticipated withdrawal of the Universities Coordinating Council (UCC) from the registration process. The committee’s mandate was to gather relevant background information and to report back to Council on what needed to happen prior to instituting the exam. The stated terms of reference included implementation of the exam and evaluation of the process, but the final stages have not yet been reached. The following article is intended to inform members of the actions that have taken place to date to introduce an entry level examination as a requirement for all RSWs in the future.

Minutes of the December 5, 1996, meeting state the following:

There is an understanding that two avenues exist for the committee: 1) a common exam for Canada, and 2) an Alberta exam. The two will be worked on simultaneously as Alberta is ready for an exam no matter what the outcome is from the national perspective.

By the end of January 1997, the committee had decided to proceed with the development of an examination for Alberta, with the hope that other provinces would collaborate as time went on.

The committee spent the first year compiling data. Several social work education programs, including all Alberta-based approved programs and three BSW programs from other parts of Canada were asked to provide details of their degree/diploma requirements. Information was also gathered from other organizations offering exams for social work, including the Ontario College of Certified Social Workers (OCCSW), the Newfoundland and Labrador Association of Social Workers (NLASW), and the American Association of State Social Work Boards (AASSWB). New Brunswick and Nova Scotia both had exams but in neither case were they being regularly used as part of the entry into the profession.

Committee members reviewed entry level competencies for practice based on current educational standards in Canada and the United States. A preliminary conclusion reached by the committee was that the knowledge, skills and abilities listed in the 1983 CASW Code of Ethics made a good starting point.

In March of 1997, Karen Blakely was invited to attend the spring education meeting of the AASSWB. She returned with details of the examination program in the US. (AARSW Council made a decision in April 1997 to apply for membership in the AASSWB.) Other options considered that spring included purchasing an exam (e.g. from OCCSW), contracting a consultant to develop an exam, creating our own exam, or continuing to try to work with the other provinces to develop a national exam.

As the committee members became better informed on the technical matters, concerns grew about validity, reliability and cost issues related to developing an exam. By the fall of 1997, the committee had concluded that it was not feasible for the AARSW staff/volunteers to develop a provincial exam that would meet appropriate standards. This left three alternatives: hire a consultant to develop an exam; purchase an existing exam; or work toward developing a national exam. Information from the NLASW indicated that the initial cost for developing their exam was $20,000 and the end result was not what they wanted. Further, they anticipated an annual cost of $15,000 to maintain and deliver the exam. A quote for exam development by an Alberta firm came in at $68,000.

The committee recommended to Council, in the fall of 1997, that the CASW board be approached to facilitate the development of a national exam. Council approved the recommendation at the September 1997 meeting and wrote to CASW. John Mould, then President of CASW, responded in May 1998, stating that CASW considered this a very important issue that needed national debate. The letter was copied to all provincial social work
associations and regulatory boards, suggesting that the matter be “discussed within the various meeting forums that will occur in June in Edmonton.” However, a national consensus was never reached and the matter did not progress.

Meanwhile, the AARSW was developing stronger links with the AASSWB. As work began on the development of the Clinical Specialty Registry under the Health Professions Act, a decision was made to review the AASSWB clinical examination as a vehicle for establishing eligibility for the registry. A committee of 10 clinical social workers was struck to review the exam, to see whether it would be appropriate and if so to determine a passing score. After the review, the members were confident that the AASSWB Clinical Examination was suitable to the Canadian context, with a few minor revisions, and its use has been instituted as part of the registration process.

In the fall of 2000, the AASSWB formally changed their name to the Association of Social Work Boards (ASWB) reflecting their broadening membership. In January 2001, Alison MacDonald was appointed to the Examination Committee, in part to ensure that future item development would consider Canadian content issues. At the same time, Richard Shelson (past ACSW Council treasurer) was appointed to the Practice Analysis Task Force, which is responsible for the design, implementation and analysis of a social work practice survey that will be distributed to social workers throughout 51 U.S. jurisdictions and eight or nine Canadian provinces. Following the completion of the survey, the data obtained from Canadian social workers will be compared with that of American social workers to determine the extent to which social work practice is the same or different across national borders in North America.

While all this has been taking place, the original rationale for getting involved with the ASWB has not been forgotten. In fall 2001, discussions were held with ASWB staff regarding the steps that would be required to ensure that the basic level exam (normally taken by individuals who have completed a BSW and with less than two years practice experience) would be suitable for Canadian use in the future. The practice analysis is one necessary step. Another is involving more Canadian social workers in the exam development process. Meanwhile, we are encouraging other Canadian jurisdictions to learn about all that the ASWB has to offer and to join up.
In the Summer 2002 issue of The Advocate, Jake Kuiken’s report indicated that the body governing social work in the province of Quebec is investigating using the MSW as “the entry standard for the practice of social work.” Mr. Kuiken then suggested that this seemed to be the direction that would be followed by the other provinces including, obviously, Alberta. However, as a registered social worker working primarily in the field of community development, I would like to state my complete and utter objection to such a move.

I would suggest that a move to further sanctify the MSW will not necessarily lead to more competent, ethical and effective social work practice any more than the current situation; additionally, using a graduate social work degree as the entry point could serve to strain our ties with marginalized communities by the extension and further concretization of the professional-client distance. Finally, the use of the MSW as the entry standard would undoubtedly serve to create a hierarchy based along lines of class, race and gender within the profession itself. Basically, I would argue—in line with Jane Addams and many others—that the insistence on credentialism and hierarchy is antithetical to the very foundations of our occupation, particularly for those of us in non-“clinical” social work.

That is not to say that there is no need for standards or accountability in social work. President Kuiken is correct when he argues the need to enforce practice rigor and provide “a better standard of service to the public.” In fact, all those who choose to enter the occupation of social work should be held to very high and exacting standards of conduct and practice regardless of the educational route taken into the field. Rather, it is to suggest that social work must become less concerned with academic credentials and more concerned with the demonstration of core competencies, an open and enduring commitment to the well-researched and developed values, assumptions and ethics of social work practice and a willingness to pursue a course of continuing professional education. If we create a system of registration based on the subscription to these elemental foundations of social work practice, I would argue that we would more effectively develop an ethical, competent and diverse professional group.

If the MSW becomes the sole entry point for social work qua professional social work it will be at the expense of participation from a number of demographic groups and the profession as a whole will sorely feel this erosion of diversity. From a structural point of view, it is patently clear that there are barriers that prevent people from a wide variety of backgrounds from attending university for an undergraduate degree, let alone an MSW. For example, the social services diploma serves as an excellent means for a single mother to enter our profession. However, with the costs of education rapidly spiraling out of reach for the [increasingly feminized] working class, it would seem to be largely impractical for that same women to not only obtain an undergraduate degree but also, if she did not take a BSW, pay for two more years of graduate school.

Recognition of this fact alone should limit any attempts to use the graduate social work degree as the sole standard of entry—particularly in the field of macro-level social work practice. As such, I am in favor of ongoing, although certainly more rigorous and controlled, “grandfathering,” the practice equality of diploma, BSW, MSW, and Doctorate social workers, and a broad-based membership. We should be equal in being held to task on the grounds of ethics, competencies and continuing education. Hopefully, and ideally, a graduate social work education should provide these elements. But I also believe that it is not the only avenue leading to social work.

From a pragmatic point of view, I would also argue that a broader based membership would allow us to assert a greater presence in the field of community development [a field in which nursing, medicine, adult education and planning have made significant inroads]. If we maintained a credible grandfather clause, and allowed those with a disposition for community work to enter the trade, it would allow the ACSW to have more influence on the outer limits of community work, rather than strictly having control over those of us who happened to take some of our post-secondary education in social work. Most importantly, this extension of the concrete scope of practice would provide greater accountability to our various client systems. A broad coalition would also allow us to more practically pursue the ethical imperative for social change, and would assist in
Private practice serving the community

Many who first enter into private practice have a clear and simple concept of the work they will be doing: sitting in a well-appointed but barely affordable office, putting clinical skills to good use helping clients in specialized areas of intervention. Private practice is not often viewed from the perspective of community work; however, there are many community service areas in which social workers in private practice play a vital part.

Community capacity building

In this era of funding cutbacks and shrinking services, communities everywhere are coming together into partnerships and coalitions to better share resources and draw strength from alliances. Many such groups depend on coordinators who can be contracted a few hours per week to guide and empower the collective with their experience and expertise. Social workers in private practice offer the skills and the flexibility needed for this vital community role.

Teaching

Many social workers in private practice are drawn into various teaching roles, including: training professionals and para-professionals, offering courses in their area of expertise, organizing presentations, public speaking on behalf of causes, and leading workshops at conferences. This opportunity to transfer knowledge and share experience with so many others in the community is one of the more gratifying aspects of private practice work, and with repetition most of us learn how to do it without quaking knees.

Project funding and development

Many new community initiatives are born from the efforts of social workers in private practice contracted to research and prepare funding proposals. Private social workers often serve as consultants to assist with the design and start-up of new projects and programs, or their consultant services are applied to professional guidance for staff, service implementation and evaluation. The flexibility of social work in private practice allows for taking on various, sometimes transient roles, that supplement and enhance community services.

Community consultations

As social workers in private practice become recognized for their expertise in specific areas, they are called upon as consultants to professionals in other disciplines, advisors to government departments, expert witnesses in court and commentators for the media. They carry the banner of the social work profession into many public arenas and serve as ambassadors on behalf of all their colleagues. They also help give voice to challenges on behalf of colleagues who are not always free to do so.

Private practice demands much from the individuals who venture into this branch of social work, but offers in return the opportunity to enter into creative partnerships with the community and fellow professionals. It becomes possible to climb out of the box (or office, or cubicle) to take on roles that help fill gaps and generate growth. Accordingly, it is important for our profession to take concepts about private practice out of the box and admire the interesting way it can spread out tendrils and bloom around us.
Affordable housing: five Alberta cities in desperate situation

Sure, you can find work in Alberta cities, but decent affordable housing is another story. We examined the availability of affordable housing in Grande Prairie, Fort McMurray, Edmonton, Calgary and Medicine Hat for comparison’s sake. Affordable housing is generally defined as accommodation that allows individuals or families to spend at most 30% of their pay on safe shelter that has enough room so that all members have private sleeping space.

Grande Prairie is located 464 km northwest of Edmonton with a population of over 36,000 people, but it provides services to over 180,000 people in the surrounding area. In 1999 there were over 800 people on the waiting list for social housing and things haven’t improved since then. “Even though there are a few new units being added, it’s a drop in the bucket,” says Patti Lawrence, RSW. Patti is a research consultant in Grande Prairie and she says temporary shelter space is at a premium—in 1997 about 1,000 people were turned away from shelters. Local campsites rent spots for months at a time to people who are employed in the area but either can’t afford housing or can’t find something suitable. A formal homeless count has not been undertaken in the city.

A Housing Needs Assessment conducted in 1998 found that a person must earn at least $24,000 (gross) a year (about $14 an hour) in order to afford a one-bedroom apartment in the city. If you were a single person on Supports For Independence (SFI, commonly referred to as welfare) you received about $5,500 that year or about $460 a month, nowhere near the $600 average monthly rent. Because vacancy rates are extremely low, renters don’t have a choice. A single mom with two kids earning the female median income of $6.38 per hour would be paying at least 64% of her income for renting a two-bedroom apartment. It’s not too surprising then that over 41% of food bank users in Grande Prairie were employed (1998).

“It’s not a good place to be poor. People do leave the community because they can’t afford to live here,” says Patti.

Lack of affordable housing made the top of the list in the Urban Service Area of Fort McMurray: Human Services Needs Assessment conducted in the spring of 2002. Fort McMurray is famous for its booming oil and gas industry. It is located about 420 km northeast of Edmonton. Its population is about 58,000 in the city, but if you look at the number of people being boarded in work camps just outside of town, that adds another 10,000 to the count, not including the surrounding area. In Fort McMurray you can expect to pay between $740 and $1,100 a month for a one-bedroom apartment, but according to Norma Shaw, project coordinator for the Community Plan on Homelessness, you likely won’t find anything for under $1,200...
The 1996 census showed that 26% of the city's population were or friends and they would never show up in a homeless count. Waiting list for social housing are actually staying with relatives or over, capacity nightly. Carol Cass, BSW, RSW, a social worker with Community Services, says many of the families on the list and about 44% of those were families, 36% were single adults and 18% were seniors. Only the very desperate cases are able to get social housing units when they become available, hanging on for years instead of making the transition to market housing. Once families get a social housing unit they tend to hang on for years instead of making the transition to market housing because they just can't afford the market prices, hence some folks spend years on the waiting list. (Sixty-six percent of the households on the waiting lists are families and about half on the list are employed.)

Edmonton's population is 956,800 according to the 2001 census and is expected to grow by about 9,000 people each year to 2005. The problem is only getting worse.

Calgary's situation is so bad that the Mayor Dave Bronconnier has recently written a letter to Premier Klein urging the provincial government to immediately implement a 20% inflation-adjustment increase in basic low-income rates. Calgary's latest homeless count, taken May 15, 2002, found 1,737 homeless persons—showing a steady increase since the city began counting in 1992. A 1997 study of homeless shelter users in Calgary found that about 45% of the folks staying at shelters were employed.

Jerilynn Kiely, MA, RSW, a research social planner with the City of Calgary, says that between the years 2000 and 2002, Calgary's homeless population grew by 34% while the population for the city as a whole grew by 5.1%. In fact if you look back to 1992 there has been a 288.6% increase in the homeless population compared to a 26.2% increase in the city's population. According to the City of Calgary 2002 Civic Census, Calgary's current population is 904,987. Katie Black, MSW, RSW, a research social planner with the City of Calgary, says there are about 1,800 households on the waiting list for social housing. Once families get a social housing unit they tend to hang on for years instead of making the transition to market housing because they just can't afford the market prices, hence some folks spend years on the waiting list. (Sixty-six percent of the households on the waiting lists are families and about half on the list are employed.)

Cathy Cox, MSW, RSW, with the Calgary Coalition for Low Income Review, says “Housing is one piece of the poverty puzzle that is placing families and individuals under unbearable and unrelenting pressure in this province.” She adds that people are being left with little money for food after they’ve paid rent and this impacts health, child welfare and education. In 2001 a two-bedroom apartment rented at $784 on average (CMHC rental market survey) but actual figures are much higher.
Back in 1993, the newly elected Klein government reduced shelter rates and standard allowance rates in the Supports For Independence (SFI) Program that we commonly refer to as welfare by about 20%. Now almost 10 years later, those 1993 rates have not changed—what has changed though is the demand on the food bank, which rose by 58.3%, comparing August 1992 to August 1993, the same month that Klein first implemented changes to the social welfare programs in 1993. (Edmonton Gleaners Association statistics).

Demand has continued to rise, for the most part. Urban centres are in the midst of an affordable housing crisis as low vacancy rates and high rents make it impossible for low income Albertans to find housing. Shelters are turning people away nightly. With rates remaining fixed, but costs rising, people on income support have 40% less purchasing power than in 1993.

A single parent with two children under 11 gets just $1,021 per month and a person with a disability gets only $850 per month. Compare this to the fact that Boardwalk Equities Inc. (the major owner of properties in Edmonton) has stated publicly that they are aiming to set rents to $1,000 per month for a two-bedroom apartment by December 31 of this year.

The cuts initiated in 1993 were part of a province-wide effort to reduce the debt. Although many Albertans were impacted by the cuts, in almost all cases the cutbacks have not only been reinstated, they have been adjusted for inflation. Albertans on low income programs are the exception and continue to struggle on 1993 rates.

This sad situation has long been an issue for the ACSW. Over the years the College has joined with other organizations and coalitions to bring attention to concerns linked to inadequate support payments. In the spring of 2001 the ACSW placed ads in provincial newspapers in an effort to raise awareness about the need to raise low income rates. ACSW also made a submission to the MLA Committee to Review Low Income Rates in the summer of 2001.

In his report on health reform released in December 2001, former Deputy Prime Minister Don Mazankowski recognized poverty issues in a recommendation to “ensure that appropriate financial assistance is available to support children living in poverty and low income homes.” However, the March 2002 budget brought no increases to rates. At that time the provincial government cited budget restraints as the reason for not raising rates.

When the MLA Committee to Review Low Income Programs released its report in May 2002, it recommended that rates be increased and again the government refused to budge. In a news release issued at that time, the ACSW urged members to refer their clients to MLAs if the client did not have enough money for food, clothing and shelter. ACSW has continued to liaise
with other provincial organizations and has become more pro-active. Letters sent to members, to supportive organizations and to newspaper editors have served to make people aware of the issue. In July 2002, ACSW launched a province-wide campaign that involved TV and newspaper ads as well as information packages e-mailed to all MLAs.

In August, billboard campaigns began in both rural and urban areas and work is continuing. ACSW Executive Director Rod Adachi says the aim is to convince government MLAs that low income rates must be raised in order to provide relief to Albertans experiencing poverty. More than 50,000 adults, including 28,000 persons with disabilities and 25,000 children, are on income support. Studies have shown that inadequate support (food, housing etc.) to children results in multiple societal problems such as criminal behavior and ill health when these children become adults. It is estimated these problems cost government hundreds of millions of dollars each year.

ACSW President Jake Kuiken was incensed when a $6 per month increase in the National Child Benefit Supplement for a single parent with two children was clawed back by Provincial Treasurer Pat Black, who reduced the provincial contribution by $6. Kuiken said this action demonstrates a lack of compassion for less fortunate Albertans.

Kuiken says social workers have professional and ethical obligations to advocate for marginalized Albertans and convince government to provide a “living income.” (A living income is defined by the ACSW as an income that covers the real cost of basic needs such as food, clothing, shelter, transportation, health, dental care, utilities, recreation for children and other personal expenses that enable meaningful participation in Alberta society.)

The next step in the campaign will be to meet with the Standing Policy Committee on Learning and Employment, chaired by Denis Herard, MLA Calgary-Egmont in September.

Medicine Hat is located about 250 km southeast of Calgary and Statistics Canada reported their population to be 51,250 in 2001. The community has experienced significant growth over the last three years with the expansion of a meat packaging plant near Brooks. Their current vacancy rate is less than 0.7%. Karen Charlton, the manager of social development for the City of Medicine Hat, says it takes a good $1,000 to get into an apartment in Medicine Hat if you’re lucky enough to find one (including damage deposit). As of August 1, 2002, CMHC reported rent for a one-bedroom apartment to be $463, and $550 for a two-bedroom. Seventy-five percent of people using the homeless shelter are working. Steve Foley, Dip SW, RSW, a community worker with the Medicine Hat Regional Social Housing Agency, says the hidden homeless are the ones who are “couch surfing.” These are individuals, and families, who stay with friends, relatives, or anyone they can, until their welcome wears out. Then they move on to the next friend’s place. These people are having difficulty receiving services because they have no permanent address. They aren’t considered to be paying rent, so services are either cut or denied because of that. One of the criteria for qualifying for social housing is the rent to income ratio. If the person isn’t paying rent, then they don’t get any points for the ratio.

There are over 200 families on the waiting list for social housing. The folks who were living in social/community housing in 2001 had a median annual income of $8,750. The contrast is one reason why folks could spend years waiting for social housing. Many current renters find it too difficult to integrate back into market housing.

While cities are trying to be proactive with the little funding they get for housing, the demand is growing quicker than the supply and urban centres are in the middle of a housing crisis.
CASW Child Welfare Project

Creating Conditions for Good Practice
National Child Welfare Consultation Day

At a time when being a front-line child protection worker in Alberta is especially stressful, being chosen to attend the CASW National Conference as a delegate for the first ever National Child Welfare Consultation day was like winning the lottery!

Linda Golding from the Children’s Advocate office and myself headed off to Moncton, NB on June 7, 2002. The plane to Moncton from Toronto was full of social workers from all across the country and there was lots of chatter as everyone recon- nected and was excited to be together.

Approximately 40 social workers, representing their colleagues from every province and territory in Canada were gathered together in Moncton on June 8th to review the results of the CASW’s National Child Welfare Project, administered last year. The survey concentrated on the encouragers and the barriers to good social work practice in child protection. Over 1,100 responses were received! Margot Herbert, Wendy Keen and John Mould lead the presentation and we reviewed the results as a large group.

The CASW Child Welfare Project highlighted that “validating the voices of front line staff is the major intent of this project.” Among the findings, the most frequently identified factors that would encourage good practice were:

• Employer acknowledgement of challenges/complexity of child welfare work
• Visible supports for good practice
• Comprehensive, job-specific training provided by employer for all new staff
• More fiscal resources to meet the legislated mandate
• Increased services to meet the needs of children and families
• Reduced caseload size

Conversely, the impediments or barriers to good practice were identified as follows:
• Practice decisions determined by fiscal considerations
• Insufficient resources within the mandated organization
• Needed services not available in the community
• Lack of understanding of child welfare work by the general population
• Limited opportunities for continuing professional education
• Interestingly, the most commonly cited barrier to good social work practice was that caseload size prevents individual, relationship-based work with clients.

The commonalities reflected in the project were also represented amongst ourselves and it was interesting to note how similar all of our reflections about child protection work were. Comforting too, as often child protection work creates a feeling of isolation—from one’s community, professional colleagues and sometimes even oneself, and so discovering that across the country, experiences and feelings were similar was empowering.

Our task for the consultation day was to focus on solutions and strategies to address the identified barriers and to enhance the encouragers. We were divided into four groups, each table comprised of protection workers from across the country. Linda and I had the great fortune to be at a table with colleagues from Nunavut, PEI, Manitoba, the Yukon, Nova Scotia and Newfoundland.

Over the remainder of the day, the different groups brainstormed and presented their collective recommendations. For me, the most powerful included: building on the results of the CASW project and perhaps forming a national branch association of protection workers, ensuring that child protection work is taught and promoted at the academic level, and promoting the profession of child protection work from “within”—identifying proudly who we are and what we do for a living.

The entire day was energizing and exciting! I so look forward to being part of the “bigger picture” in child protection work, and utilizing the results of the survey and the consultation day. I feel that as a group of nationwide child protection workers, we can have enormous power and influence in improving the lives of the children and families that we work with. We can hopefully use the information that was learned by the CASW project and the consultation day to advocate on a national scale in respect to the issues identified. CASW has made a commitment that this will not be another study that will be put on a shelf but that the information including the work we did in the consultation day will be used and an action plan will be developed based on the results. The voices of over 1,000 child protection staff from across the country cannot be ignored.

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CASW Child Welfare Project Update:
“Creating Conditions for Good Practice”

The findings of this project were positively received and generated a great deal of interest at the National Conference in Moncton, New Brunswick, in June. Margot Herbert, project leader, led the presentation and discussion with the able assistance of John Mould (CASW past-president) and Wendy Keen, Nova Scotia CASW rep. The information collected at the pre-conference Child Welfare Consultation Day was confirming and will be incorporated into the final report.

The next steps of this project:

- Complete the comprehensive report and place it on the CASW website (casw@casw-acts.ca). ACSW’s website (acsw.ab.ca) will link to this report.
- In early September, each province will be sent their specific, original survey data and focus group information, contrasted to the national data.
- The information from this survey has huge potential for positive advocacy efforts therefore specific strategies and suggestions will be made available for local and provincial initiatives regarding “best practices.” Children’s Issues Committees in Alberta will be using this information in formulating their yearly action goals.
- CASW will engage in advocacy strategies on a national level, using the results of the project as a basis for these activities.
The Canadian Association of Social Workers (CASW) sponsored us as the two representatives from Alberta to attend a one-day session on HIV and Social Work held in Moncton, New Brunswick, on June 8, 2002.

This workshop led into the National Social Work Conference entitled: “Celebrating Social Work from Sea to Sea” from June 9-11, 2002. The intent of the one-day session was to bring together social workers from across Canada to have a follow up discussion on the Social Work Manifesto on HIV/AIDS that was published in the Canadian Social Work Journal in Autumn 2001 and to discuss the future of the manifesto.

The national conference included a wealth of experience and knowledge from across Canada. This was demonstrated by the breadth of keynote speakers: Carol Proctor, honorary chairperson of the 2002 National Social Work Conference; Wanda Thomas, professor and director at the Maritime School of Social Work; and Maude Barlow, executive director of the Council of Canadians, political activist and critic and outspoken crusader for Canada. As Janine Granchelli and Genevieve Forest-Allard, co-chairpersons for the event indicated, the organization of the event “…was a finely turned orchestra,” and the conference was “our symphony!”

The theme for the conference was social action, with a strong emphasis on addressing the ever-growing issue of child poverty in Canada and across the globe. A photo exhibit entitled “A National Disgrace…Child Poverty in Canada” demonstrated the severity of the issue of child poverty and importance of raising public awareness on this issue. In recognition of child poverty and need for social action, a plenary and working sessions were held on Sunday, June 9th, 2002, focusing on the CASW Child Welfare Project. This day was coined the first National Child Welfare Day. Although as attendees we participated in many sessions, this article will focus on the Social Work manifesto and the one-day HIV/AIDS session.

**Overview**

The Social Work Manifesto on HIV/AIDS is a call to action for social workers in response to HIV/AIDS. The manifesto discusses the following five key areas: human rights, social and health policy, social work education, partnerships, social research.

The manifesto resolves: HIV/AIDS has lead to psycho-social, medical, legal and economic ramifications and should be a priority for all social workers and social work educators globally; social workers and educators will advocate social and health policies founded in the dignity of people with HIV/AIDS; social workers and educators (schools of social work) will promote a continuum of care based on determinants of health which are culturally sensitive; eradicate impediments to effective prevention of HIV transmission and proper care.

**Highlights of the day—tools for mobilizing change**

The Social Work Manifesto on HIV/AIDS is meant to be a tool for mobilizing change and action. To this end the lively discussion that the cross-Canada participants had included the following key points:

As social workers we need to:

- use the manifesto as a reference point, to refer to and ensure...
that we are supporting the key elements of it to work collaboratively in addressing HIV/AIDS in Canada
• possibly use the manifesto as an evaluation framework, whereby social work professionals can assess the effectiveness of their work through reference of the manifesto
• endorse the manifesto, possibly through our provincial associations of social work, schools of social work and/or within workplaces
• have copies of the manifesto enlarged and placed within our workplaces
• have awareness of the manifesto for all RSWs and stress the importance of HIV/AIDS information, as it affects all people
• have education on HIV/AIDS (honoring diversity with an aim to increase understanding of marginalized communities) and related topics in all schools of social work preferably integrated into core course work, thus making HIV/AIDS education a requirement for graduation
• and work towards the integration of HIV/AIDS education into other faculties in the helping professions at universities (e.g. medicine, nursing, communications, law, etc.)

We must be aware of the roots of the HIV/AIDS movement, honor the past work, and recognize there is still a lot of stigmatization and myths about the disease.

Challenges and ethical considerations
One of the greatest challenges that emerged was the lack of profile of the Social Work Manifesto on HIV/AIDS. Overall, the sense was that social workers across Canada may not be aware of this document and how to apply it to their work. A suggestion was that those of us who were present for the day could share experiences and approaches to integrating the manifesto into social work with our colleagues.

Recommendations
The HIV/AIDS workshop in Moncton provided an opportunity for recommendations to mobilize efforts to address HIV/AIDS. Some of these include: a call to action for social workers to endorse the manifesto; a commitment from the schools of social work in Canada to integrate HIV/AIDS education into the curriculum; (hopefully other faculties in the helping professions would also integrate it into their core curriculums—this could also include work on the other “isms” such as heterosexism, racism, ageism, and classism). all students would also need to clearly demonstrate an ability to practice in a way that did not discriminate on the basis of sexual orientation, ethnicity etc.; development of strategies (template) for integrating the Social Work Manifesto on HIV/AIDS into personal and professional framework; and a concrete recommendation was the development of a poster. This poster could be shared across Canada to social workers, thus reminding individuals of this commitment and call to action. Another suggestion was the development of a website, possibly linked to the CASW website, and this would provide a forum for social workers to discuss the manifesto and move it forward through electronic communications. An email could be set up in collaboration with this process the need to look beyond our boarders to our brothers and sisters internationally. This international perspective was included in the original manifesto and individuals worldwide were given the opportunity to make additions and comments to the manifesto before it became finalized.

In closing, we would like to thank both the CASW and the ACSW for giving us the opportunity to represent you on this important topic, and thanks to the ACSW for sponsorship to the rest of the conference.
Animal Shelter Workers—Social Workers for Animals?

About two years ago, in my efforts to apply the concept of compassion fatigue to animal shelter workers, I became quite closely involved with the Grande Prairie & District SPCA. I initially did some compassion fatigue work with them and several other shelters, and in July 2000, I became a Director on the Board. That made me even more aware of what animal shelter staff endure and it prompted me to pass along my perception of their experience to other Alberta social workers.

To suggest that animal shelter workers behave like social workers may be questionable for some of you, but I submit that it may not be as much of a stretch as it may initially appear. I see a number of close similarities between the responsibilities, actions, ethics and dedication of social workers and of animal shelter workers.

As a social worker, what appeals most to me about the profession is the philosophy and the inherence of respect. Social work practice underscores respect for clients as individuals and for their right to self-determination. Social work emphasizes the importance of being nonjudgmental and tolerant of difference. Social workers see their primary task to be the facilitation of client goals, even when the worker’s individual values may not be consistent with those of the client. This can be difficult, and social workers use their professional ethics and judgment to set limits with this process as necessary.

This also closely describes how I perceive animal shelter workers performing their jobs. First and foremost, animal shelter workers love animals, so unconditional acceptance of and respect for the animals is the easy part of their job. Of course animals don’t really have a say compared to the right of clients for self-determination, but the respect is definitely a parallel.

Much more difficult than respecting the animal, though, is involvement with the public and trying to meet the goal of placing animals in acceptable homes. Irresponsible pet owners, people who complain about fees, fines and policies, and people who view animals as property and ownership as their right rather than a privilege are a major source of stress for animal shelter workers. It is their job to screen prospective adoptive homes and pet owners and to do their best to place animals in loving, caring, responsible homes.

Again, that’s easy when prospective “parents” share the same values as the workers; much less so when values differ significantly but not so significantly that the animal’s welfare is endangered, according to the law. They must be nonjudgmental and tolerant of difference. Sound a bit like child welfare work?

To take the analogy further, animal shelter workers encounter situations of animal neglect and abuse that would disturb anyone with compassion. Like social workers in a child welfare setting or women’s shelter, or like social workers in a trauma or disaster situation, these dedicated people must put their intense emotions aside to deal with the immediate demands of the situation. Even the daily process of seeing animals that are frightened at being in a strange place, that are frustrated or dejected with being caged for long periods of time, or that are ill can take a huge toll on the animal shelter worker’s emotional
strength. They do their best to keep animals comfortable, physically and mentally, but often feel it really isn’t good enough.

Social workers often deal with loss, either as their clients have experienced it or as they have experienced it personally through clients who haven’t achieved their goals despite the best efforts of the social worker to assist in that process. Client death is a reality, especially for social workers in geriatric facilities. This is made all the more difficult by the inevitable emotional attachment between worker and client. Attachment followed by death and loss is a frequent experience for animal shelter workers when the goal of placement is not realized. Though efforts are constantly being made to minimize the number of euthanasias done in shelters, lack of space, illness and simply providing an alternative to caging the animal for weeks on end means it happens far too often.

How often do social workers work in problematic situations where lack of financial resources is a major contributor? It is a rare animal shelter that is well funded and not constantly working within strict financial restraints. As with non-profit agencies, constant fundraising is a fact of life for most animal shelters and this, together with the frustration of not having enough money to do a good enough job with their clients (the animals) is another major source of stress for animal shelter workers. Again, like social workers, animal shelter workers do what they do because they are committed to the welfare of the animals—they’re certainly not in it for the money!

Social workers are a dedicated people—dedicated to improving the lives of the people with whom they deal through advocacy, education, supportive services and genuine caring and concern. Animal shelter workers are also a dedicated bunch—dedicated to improving the lives of the animals with which they deal, also through advocacy, education, direct care for the animals and genuine caring and concern. Both experience the intense emotions that come from working with others who are in physical or emotional discomfort and both experience overwhelming feelings of discouragement when they see how much there is yet to do rather than what all they have accomplished.

I would like to think that those of us who practice social work in emotionally demanding settings have a particular emotional strength that others who choose not to work with living, feeling beings may not have. I truly believe that animal shelter workers have every bit as much of that emotional strength. So often I have heard others say, and have said myself, “I could never do that job.” Actually, I have heard, as have probably most of you, that same comment about being a social worker. It is that unique combination of caring and compassion with the ability to put emotions aside when you most need to that allows social workers to work well with clients. Animal shelter workers have that very same intensity of caring and compassion along with the ability to put the emotions aside when they need to.

My purpose in writing this article has been to honour those individuals who show their dedication to unwanted and homeless animals and who show their respect for all life every day in a thankless, extremely demanding job. Because I am proud to be a social worker, making animal shelter workers “honorary social workers,” in my mind at least, seemed a fitting attempt to recognize them and their special contribution to our society.

My gratitude for inspiring this effort goes to the staff, past and present, of the Grande Prairie & District SPCA, the Fort McMurray SPCA, and the Lloydminster & District SPCA. Thank you to you all.
SPECIAL EVENTS

Sponsored by Calgary Area Coordinators

An evening of networking with other social workers and considering ways in which you can build spirituality into your practice. Refreshments, socializing, learning, and a charming atmosphere are all part of the evening. We ask that you bring $3 to help allay refreshment costs.

If you have any questions about this event, call the Calgary Area Coordinators: Tamara Remillard (403) 297-1729, Joanne Morcom (403) 249-8915, June Churchill, Diana Everatt.


Are you wondering where to go with your social work career? Do you feel stuck, burned out, dull? How long has it been since you gave serious thought to your work and its future?

Take a day to consider the next steps in the development of your career. The workshop is held in a beautiful setting that offers home-cooked food and friendly service. Personal work on your professional career can unfold in the peace and informality of these surroundings. $95 includes all materials, breakfast and lunch ($110 after Oct. 4). Continental breakfast served at 8:30. For more information, call Peggy Voth at (403) 286-3177.

Facilitators for both events: Peggy Voth, MSW, RSW, and Blair Collins, BA, BTh, RSW, of Enstasy Counselling Services

Note: even though both of these events are offered by the same facilitators they are very different from each other and from the workshop.

Both events will be held at The Conference Centre at Country Gardens Lower Springbank Road and 17th Avenue, Calgary. See map on the website www.the-conference-centre.com or call (403) 242-5722 for instructions.

THE CANADIAN SOCIETY OF CLINICAL Hypnosis
(Alberta Division)
FALL CONFERENCE
Calgary, Alberta – October 3 to 6, 2002
Best Western Hospitality Inn

Introductory & Intermediate Workshops

For more information call the Society at (403) 341-6913 or 1-800-386-7230

CONFERENCES, SYMPOSIUMS

Critical Incident Stress Management
Maui, Hawaii, September 5-8, 2002

Presented by the International Critical Incident Stress Foundation, this conference is a "must attend" experience for anyone working in the fields of crisis intervention, mental health, traumatic stress, emergency services, and disaster mental health.

Sessions include: Critical Incident Stress Management (CISM) Basic Group Crisis Intervention; CISM Individual Crisis Intervention & Peer Support; Families and CISM: Developing a Comprehensive Program; School Crisis Response: A CISM Perspective; When Disaster Strikes: Pastoral Crisis Intervention; Advanced Group Crisis Intervention; Domestic Terrorism and Weapons of Mass Destruction from a CISM Perspective; Suicide Prevention, Intervention, and Postvention; Psychotraumatology for Clinicians; and Treatment of Complex PTSD.

For more information: phone: (410) 750-9600; fax: (410) 750-9601; or visit: www.icisf.org.

Living Well With Parkinson’s and Living With Lou Gehrig’s, Sept. 13-14, 2002, Best Western Sherwood Hotel and Conference Centre, Sherwood Park, AB

Attend this education conference on the needs of persons and families coping with neurological disorders. Keynote speaker Dr. Monique L. Giroux, MD, Medical Director of the Booth Gardner Parkinson’s Disease Care Centre at Evergreen Hospital Medical Centre in Kirkland, Washington, will speak on A Specialist’s Perspective. Her current position includes the treatment and care of Parkinson’s patients and individuals with movement disorders, as well as directing a multidisciplinary team of rehabilitation therapists, nursing and psychologists dedicated to Parkinson’s treatment. Other speakers include Sierra Daniel Multidisciplinary Team Approach; Michael Silberman A Pharmacist’s Perspective; Dr. Gary Gray What can go wrong in Parkinson’s and Lou Gehrig’s disease; Merrill Semple, a speech-language pathologist, will speak on speech, voice, communication, and swallowing issues in Parkinson’s and ALS.

Conference sponsored by Wellness Focus Consulting Services Company Ltd.
For more information, call (780) 417-4046 or toll-free at 1-866-417-0009; fax (780) 416-6476; email to wellnessfocus@shaw.ca; or visit www.wellnessfocus.ca.

Diversity Leadership, Research and Action—Catalyst for Change Conference October 28-29, 2002
Olympic Volunteer Centre, University of Calgary

Presented by the Cultural Diversity Institute, University of Calgary, this conference is targeted towards those responsible for managing and implementing diversity strategies and programs in organizations. The conference sessions and workshops will provide practical diversity tools and resources, address the importance of diversity issues, apply diversity research to corporate realities, and provide a discussion forum. Register by Sept. 23 for “Early Bird” rates.
For more information, contact Margaret-Anne Stroh at (403)
The Advocate

The Crucible® Approach, a paradigm shift from dysfunction—which provides an overview of the Crucible presents the Two-Day Therapist Workshop, The Centre for Family and Health Psychology Fantasyland Hotel, West Edmonton & 16, 2002 with Dr. David Schnarch Two-Day Therapist Workshop Nov. 15 Therapy” The Crucible® Approach Integrating Sexual and Marital www.kyrs.ca. For up-to-date information and registration, see the founder of possibility and inclusive therapy developer of brief solution-oriented therapy and announce that world-renowned Bill O’Hanlon, a Kamloops Youth Resources Society is proud to Sportmart Place, Kamloops BC 26 & 27, 2002, Parkside Lounge, AISH Network of Alberta Society seeks support The AISH Network of Alberta Society is a recently registered society that strives to assist in the improvement of quality of life for Alberta’s AISH recipients through the sharing of information, advocacy support, and community building. AISH recipient members do not pay a membership fee; therefore, we are seeking paying members who may wish to support our group and its programs, such as a newsletter, support group, etc. For more information, call (780) 424-2374. ASIST - Applied Suicide Intervention Skills Training Workshop Sept. 19-20, Oct. 24-25, Nov. 28-29, 2002 and Tune-up - Suicide Intervention November 19, 2002 CMHA-ANR, Edmonton, AB ASIST—This 2-day workshop (8:30 - 4:30) will be useful for any individual who may come in contact with a person-at-risk of suicide, including mental health workers, volunteers, police, teachers, foster parents, etc. Tune-up—Suicide Intervention (8:30 - 4:30) is for those who have previously attended the 2-day ASIST workshop within the last 3 years. Workshops will be held CMHA-ANCR #200, 10235 - 124 St., Edmonton, in Training Room #249. For more information call Rose at (780) 414-6300. Volunteers Needed! The Support Network is currently recruiting volunteers. To help out, please call Barbara Swan, Program Director at The Support Network: phone (780) 482-0198, fax (780) 482-1495, or email counselling@thesupportnetwork.com. • Is George Bush’s war on terrorism going to solve any of the world’s problems, or prevent further terrorist attacks? • The US Empire’s military policy is driven by global corporate interests. These same interests are driving the pillage of the world for profit. Is Canada in real danger of becoming a province of that empire? • Democratic expression in the form of protest is facing an increasingly violent police force around the world and here at home. Featuring Dr. Helen Caldicott, John McMurtry, James Laxer, Kathy Kelly, Walden Bello, and many more, this conference is about the future—not a future of violence, war, and exploitation, but a future of peace and global justice. Come join that future.

For more information: the Parkland Institute at (780) 492-8558 or parkland@ualberta.ca.

WORKSHOPS, SEMINARS

“Bridging Possibilities: Creating a Respectful Collaborative Environment for Change,” September 26 & 27, 2002, Parkside Lounge, Sportmart Place, Kamloops BC Kamloops Youth Resources Society is proud to announce that world-renowned Bill O’Hanlon, a developer of brief solution-oriented therapy and the founder of possibility and inclusive therapy is coming to Kamloops.

For up-to-date information and registration, see www.kyrs.ca.

“Integrating Sexual and Marital Therapy” The Crucible® Approach Two-Day Therapist Workshop Nov. 15 & 16, 2002 with Dr. David Schnarch Fantasyland Hotel, West Edmonton Mall, Edmonton AB The Centre for Family and Health Psychology presents the Two-Day Therapist Workshop, which provides an overview of the Crucible Approach, a paradigm shift from dysfunction-based approaches to an emphasis on sexual potential, personal maturation, and life-span development. A live case demonstration by Dr. Schnarch balances the conceptual excitement of the workshop presentation. For more information, call (780) 421-1747 or fax 421-1750.

ORGANIZATIONS

AISH Network of Alberta Society seeks support The AISH Network of Alberta Society is a recently registered society that strives to assist in the improvement of quality of life for Alberta’s AISH recipients through the sharing of information, advocacy support, and community building. AISH recipient members do not pay a membership fee; therefore, we are seeking paying members who may wish to support our group and its programs, such as a newsletter, support group, etc.

For more information, call (780) 424-2374.

ASIST - Applied Suicide Intervention Skills Training Workshop Sept. 19-20, Oct. 24-25, Nov. 28-29, 2002 and Tune-up - Suicide Intervention November 19, 2002 CMHA-ANR, Edmonton, AB ASIST—This 2-day workshop (8:30 - 4:30) will be useful for any individual who may come in contact with a person-at-risk of suicide, including mental health workers, volunteers, police, teachers, foster parents, etc. Tune-up—Suicide Intervention (8:30 - 4:30) is for those who have previously attended the 2-day ASIST workshop within the last 3 years. Workshops will be held CMHA-ANCR #200, 10235 - 124 St., Edmonton, in Training Room #249.

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Volunteers Needed!
The Support Network is currently recruiting volunteers. To help out, please call Barbara Swan, Program Director at The Support Network: phone (780) 482-0198, fax (780) 482-1495, or email counselling@thesupportnetwork.com.

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- In return, you will receive support, and $430 per month room and board rate.

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LEVEL 1: SOLUTION-FOCUSED COUNSELLING

• Calgary  Oct. 3-4
• Winnipeg  Oct. 21-22
• Edmonton  Nov. 6-7 and Jan. 29-30/03
• Saskatoon  Nov. 20-21

LEVEL 2: SFC WITH DIFFICULT CLIENTS

• Winnipeg  Oct. 23-24
• Saskatoon  Nov. 20-21

SOLVING SCHOOL PROBLEMS

• Winnipeg  Oct. 25
• Edmonton  Nov. 8 and Jan. 31/03
• Saskatoon  Nov. 22

PRESENTER: Nancy McConkey, AAMFT Approved Supervisor

* Author  * Speaker  * Trainer

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Greetings! Please accept this invitation to the 2003 ACSW annual conference from March 13-15, 2003. The venue for this year’s conference is the fabulous (and very accommodating) Fantasyland Hotel in West Edmonton Mall. In keeping with our theme, *Social Work Today: Many Faces, Many Voices—a Common Vision*, we are hoping that you, our associates in this diverse profession, will come together for this important event and take advantage of this opportunity for continued learning and networking. The 2003 ACSW conference will mark an exciting transition for social work professionals in Alberta. In response to changing government legislation and the wishes of our membership, this full three-day event (Thursday to Saturday) will include **10 hours of continuing education** on a number of relevant topics. These credits can be directly applied to the total number of continuing competence hours registered social workers will need to accumulate every year in order to maintain their registration in Alberta. The 2003 conference in Edmonton also includes a rousing kick-off celebration, the ACSW Annual General Meeting, member’s presentations and an entertaining awards banquet.

We wish to take this opportunity to thank all the members of the 2003 Conference Committee and the staff of the ACSW for their commitment and many hours of work. Together, it is this expertise, creativity and willingness that will make this conference a reality to benefit from and enjoy.

Watch for updates as they become available in the *Advocate* and on the ACSW website. We look forward to seeing you all!

**A CALL FOR PRESENTATIONS**

This open call for papers is for the third day of the conference (Saturday March 15). Given the change in Conference formatting, a limited number of abstracts will be selected. This year’s conference embraces the diversity found in social work practice and emphasizes the value of ongoing professional development. Submissions are now being accepted for papers (45 minutes) or workshops (60 minutes, 90 minutes or 120 minutes). They should be submitted on the “ABSTRACTS” form found on the ACSW website (www.acsw.ab.ca) and should be related to one or more of the following themes:

- Practice Issues
- Gerontology
- Professional Ethics
- Health
- Social Action
- Palliative Care
- Social Policy
- Mental Health
- First Nations
- Home Care
- Research
- Clinical
- Community Development
- Children’s Issues
- Administration

Please note the deadline for submissions is Saturday **October 14, 2002**. Inquiries about the conference may be directed to Alison MacDonald at the ACSW office at (780) 421-1167, email acswreg@acsw.ab.ca; or Scott Stewart at acsw@acsw.ab.ca. Abstract forms must be sent to Grace Elliott, Edmonton Division, University of Calgary, Faculty of Social Work, #444 - 11044 82 Ave., Edmonton, AB T6G 0T2. Email: gelliott@ucalgary.ca FAX (780-492-5774)