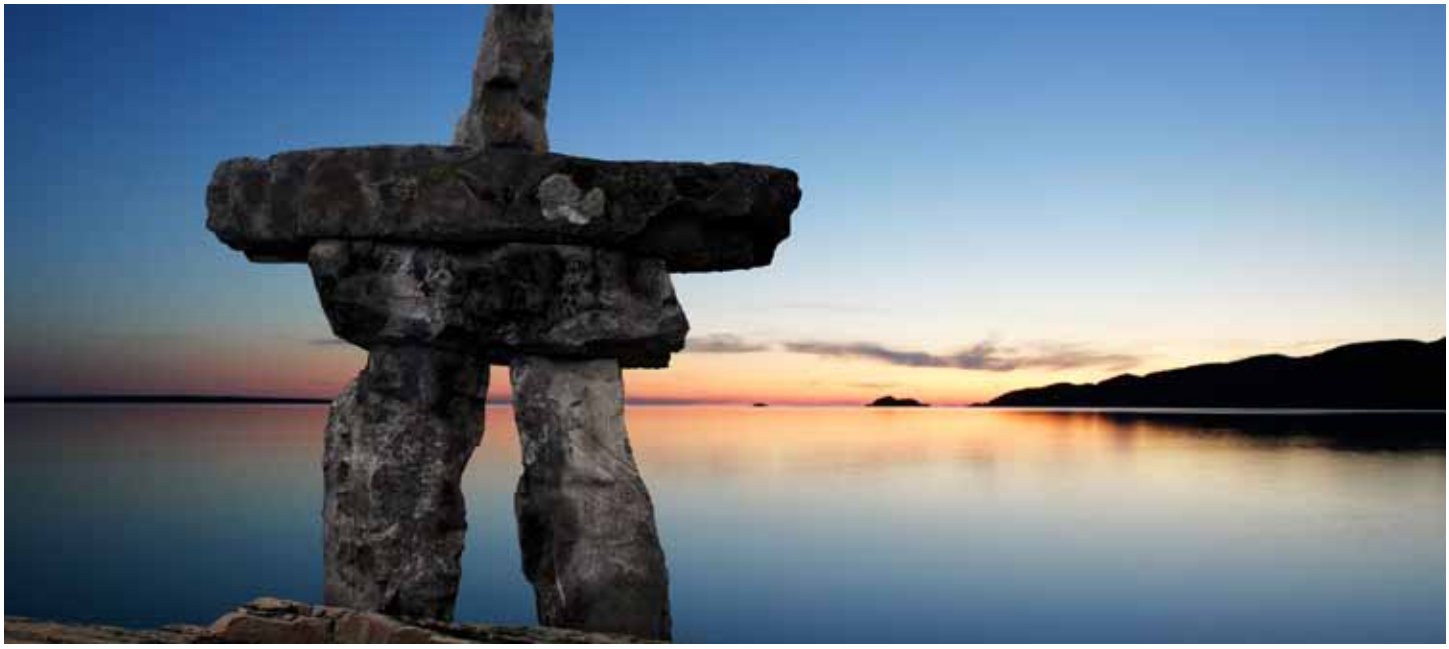
Connecting Voices

Newfoundland and Labrador Association of Social Workers



Feature

Cultivating Cultural Competence in Social Work Practice

On October 12, 2016, the Newfoundland and Labrador Association of Social Workers (NLASW) launched its newest practice document titled Standards for Cultural Competence in Social Work Practice in Happy Valley-Goose Bay. The launch included a presentation facilitated by Gwendolyn Watts, social worker with the Mokami Status of Women Council, on the importance of cultural awareness and understanding. Following are excerpts from her presentation, formatted into an article, which explores oppression, racism and white privilege within the context of the Inuit culture and has been printed with permission.

The history of Labrador Inuit is one of colonization, beginning in the 1700's when European Missionaries started arriving in Labrador. Missionaries arrived in Labrador, to put it bluntly, save the natives and to make money off the abundance of resources....

...The colonization process has been ongoing and is still embedded in systems. And the resultant trauma and pain is ongoing. Are all Inuit experiencing the same level of pain in their lives? No. Cultures are not homogeneous. Labrador Inuit communities do not all look the same or have the same struggles.

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Inside

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This edition of Connecting Voices is dedicated to the 14 women who were murdered at École Polytechnique in Montreal on December 6, 1989.

NLASW

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NLASW Goals:

1. Effectively and efficiently regulate the practice of social work.
2. Promote the profession and practice of social work.
3. Advance health and social policy to ensure the well being of the citizens of Newfoundland and Labrador.

Editorial Policy

Connecting Voices is a publication of the Newfoundland and Labrador Association of Social Workers that facilitates information sharing among the membership. It is published two times a year (January and July).

The NLASW Editorial Committee accepts articles throughout the year. However, the deadline for article submissions for the January edition is November 1 and for the July edition the deadline is May 1.

The Editorial Committee is interested in articles, commentaries and book reviews that address some of the following areas:

- social work practice and promotion
- professional issues
- social and legislative issues
- social work research, theory, practice and education
- ethics
- community development
- social work leadership

The editorial committee reserves the right to reject any article or return it to the author for revision prior to publication, as well as to edit submitted material for clarity and conciseness.

Article submissions and photographs should be submitted electronically.

Advertising space by organizations, groups or businesses is available in the Connecting Voices publication.

Publication of articles and advertisements does not imply endorsement by the NLASW.

For a complete copy of the NLASW Editorial Policies, including word limits for written submissions, please contact the NLASW office.

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Editorial

Social Work: Rooted in Diversity

BY DEANNE M. O'BRIEN
MSW, BA, BSW

Respect for diversity is a deep-rooted principle of social work practice and is immensely incorporated in social work education. The Canadian Association of Social Workers (CASW) Code of Ethics, which is core to social work, states that "social workers recognize and respect the diversity of Canadian society, taking into account the breadth of differences that exist among individuals, families, groups and consistent with the rights of others" (2005, p. 4). Social Workers throughout Newfoundland and Labrador are working in various areas of practice, and work with issues regarding diversity every day. Given the nature of our work, continued learning regarding diversity and cultural competence is essential to enhance ones practice.

As you are aware, in October of 2016, the Newfoundland and Labrador Association of Social Workers (NLASW) officially launched the *Standards for Cultural Competence in Social Work Practice*. This launch took place in Labrador, with presentations from social workers Gwendolyn Watts and Lyla Andrew, who shared their knowledge, skills and reflections regarding cultural competence which helped to put the standards in context. Social workers attended the launch onsite in Labrador and by provincial teleconference. *The Standards for Cultural Competence in Social Work Practice* are a valuable addition to the practice resources available to social workers and can be found on the NLASW website. Included as the feature in this edition of *Connecting Voices* are excerpts from Gwendolyn's powerful presentation.

Throughout this edition of *Connecting Voices*, you will find articles written by social workers in diverse areas of practice that pertain to ethics, advocacy, service delivery, policy and program development, clinical practice and community development. Annette Johns provides information on social media within the realm of professional practice and ethics, and the ethical challenges that could be experienced. Stefany Squires discusses case management and its effectiveness and benefits in working with at-risk youth in central Newfoundland. Tammy Earle writes about vicarious trauma and how it can impact our well-being, behavior and relationships. Chad Perrin provides detailed information on the framework Transformational Collaborative Outcomes Management (TCOM) and how it is applied in practice.

There are also several articles within this edition that highlight some of the programming and services offered throughout the province that you may find beneficial to your own area of practice. Brittany Hiscock discusses hearing loss, and provides a number of helpful tips in working with individuals with hearing loss. Catherine de Boer and Dana Warren provide information regarding a new counselling initiative piloted through St. John's Women's Centre. Vanessa McEntegart writes about the Just Us Women's Centre, a program of Stella's Circle, and Angelina Butt writes about the excellent work being done by the advocacy organization ONE. Susan Green writes about the good things happening at Her Majesty's Penitentiary.

Connecting Voices continues to provide a forum in which registered social workers from around the province are able to share their knowledge, experience, and information regarding areas of practice and showcase their commitment to the profession. We hope that you enjoy all of the articles in this edition of *Connecting Voices* and that you learn something new about the wonderful work that our fellow colleagues are involved in across the province. The committee encourages members to consider submitting an article to be published in a future edition. Information on article submissions can be found in the *Connecting Voices Writing Guidelines* document that was developed by the Editorial Committee as a helpful resource.

Members continue to receive a paper copy of *Connecting Voices*, but did you know it is also available on the NLASW website? We encourage you to check out the new NLASW website, where you will find current and past editions of the newsletter. You will also find a listing of upcoming educational opportunities especially during the month of March, which is social work month. Social work month provides opportunity for all social workers to come together to network, share experiences, attend educational events and celebrate our profession and this year's theme. The theme for social work month 2017 is *Social Work: Rooted in Diversity....Cultivating Change*. The Editorial Committee encourages all social workers to take part in some of the activities occurring throughout the month.

We hope that you have a wonderful New Year, and enjoy this edition of *Connecting Voices*!

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Canadian Association of Social Workers (CASW). (2005). Code of Ethics. Ottawa, ON: CASW.

Executive Director

Sharing and Listening: Communicating in 2017

BY LISA CROCKWELL MSW, RSW

Happy New Year!

George Bernard Shaw once said "The single biggest problem in communication is the illusion that it has taken place." Communication is often referred to as a soft skill; however social workers know that effective communication is very hard indeed! Effective communication takes effort and involves both sharing and listening. As an organization, NLASW is very aware of the importance of communication and is striving to ensure that we have processes in place to both share and receive information. Social work is a diversified profession of over 1500 individuals in many fields of practice in all areas of the province. Reaching and engaging in this fast paced world can be a challenge. It is for this reason that NLASW is committed to streamlining and diversifying information. The following is a summary of recent and ongoing initiatives:

A new website was launched on November 7th, 2016. It has a clean crisp look with the latest news on each page and clear links to an extensive library of practice resources. The new search feature can help social workers find anything from an application for the next Professional Development Fund to the latest NLASW Standards for Cultural Competence in Social Work Practice. Adapted for desktop, phone

or tablet, NLASW information can be accessed wherever you are.

A huge project in 2016 was the development of our new online application and renewal program. Opening in January 2017 for current NLASW members and March 2017 for new applicants, the customized system was built specifically for NLASW by a local company, FOCUS FS. Each NLASW member will have an account and profile which can be accessed on the website through a portal titled MyNLASW. Both RSWs and non-practicing members will log into the portal using their registration number and a unique password which members will receive by mail in January. The benefits associated with this customized system extend beyond annual renewal, providing members with the ability to track CPE credits and update contact information throughout the year. We are excited to launch this new member service and look forward to receiving your feedback.

NLASW now has a YouTube channel where continuing education events will be archived, allowing members who may not have been able to attend the event to watch it later for CPE credits. Follow us on Twitter to keep up to date on professional events as well as news from different sectors of social work.

As we move to new mediums of communication, we will continue to provide the monthly email bulletin NLASW Update and the quarterly Employer Update. The first edition of *Connecting Voices* rolled off the printing press over twenty years ago and continues to be published twice per year, providing in-depth articles submitted by RSWs from around the province. A printed copy is sent to each member and current and past editions are available on the website. Our Communication Facilitators will continue to distribute information and connect with social workers in communities throughout this province.

Finally, as we look forward, we are also reflecting on the past. Through a grant, in partnership with Memorial University School of Social Work, we are in the process of collecting a history of our organization. Our origins can be traced back to the Newfoundland Branch of the Canadian Association of Social Workers which was formed in 1951 just a couple of years after confederation with Canada.

While the mediums have changed, the fundamentals of good communication have not. We look forward to continued sharing and listening in 2017!

DEADLINE FOR SUBMISSION FOR THE NEXT EDITION OF CONNECTING VOICES IS MAY 1 • 2017

COVER STORY CONTINUED

However, Labrador Inuit – and other Aboriginal people - share this history of – and on-going reality of - collective oppression and trauma. And even when Aboriginal families are healthy, they still are impacted by the trauma and losses regularly experienced among extended family, friends and the community…

…When talking about culture we cannot ignore the different aspects of our identities. I find the concept of intersectionality very useful….. one's standing in a culture, whether the culture is that of oppressed or oppressor, is elevated or reduced by factors such as gender, religion, ableism, gender identity, sexual orientation, education and financial status. And the combination of those factors, where they intersect, helps determine how we see the world, ourselves and others…

..I remember being in my teens when I became aware of the interplay between culture and the power of outside authorities making decisions that impacted local people and communities. Of our people feeling subjugated and powerless. I didn't have the words for it then; just that I resented what I saw. I observed infrastructure put in place despite locals telling government officials that because of the geography and logistics of the work it would fail. And time and again it did. I saw that the Innu and Inuit were not represented in what we learned in school; what was mentioned was sparse and derogatory. I saw the judgements towards Innu and Inuit. I began to hear stories from families who were hurt by the Sixties Scoop. This refers to widespread removal of Aboriginal children from their homes in the 60's, by welfare officers as they were called, in most cases without the families knowing what was going on. Aboriginal children were apprehended before but the numbers across Canada during this Sixties Scoop was staggering. In most cases, the children were placed into middle-class non-Aboriginal homes. Statistics show that this overrepresentation of Aboriginal children in care continues today…

..[Inuit] do not see an individual CYFS social worker without that layer of past indignities from the system. And it spills out to social workers in general. The distrust is not the distrust of an individual towards an individual. The distrust is that of a collective towards a system…

..Racism is systemic; it is inherent in the political and social structures of mainstream society. White privilege ensures comfort within the system; most are not aware of the structure or how they are supported by it. The system is fed by power differentials. As social workers, as compassionate beings, should we not want to address inequalities and disparities? We must work towards systems change because the root of cultural inequality is systems-based…

…It frustrates me when I hear the question put out, "Does racism still exist?" That shows me that the people asking that question and those saying that they do not see racism, are enjoying white privilege. Aboriginal people and people of colour know from experience how prevalent racism is – from individuals, groups and systems. We don't have to wonder about it. People enjoying white privilege do not experience it thus generally do not easily see it unless it is extremely blatant…

Here are some examples that may indicate white privilege:

If, when attending university or on the job, you are not expected to always speak up about, educate about or represent your culture, you may be enjoying white privilege.

If, when you are in public and see a person of your culture intoxicated and you do not feel stress or concern that others will see her as representing your culture thus reflecting on you, you may be enjoying white privilege.

If, when you are in an urban area and you see many homeless people of your culture, and you do not experience deep sadness and begin thinking about the historical context and current realities of your culture, you may be experiencing white privilege.

…And yes, there's not one type of "White" person. A wealthy white female will not have the same experience with race as an impoverished white male for instance. When we look at our racial identities, we have to remember intersectionality, to include other aspects of our identity. BUT, while acknowledging the other aspects of who we are, it's important to not discount the white privilege. If we do discount it, this just reinforces our privilege.

There is a tendency for many non-Inuit to overlook the positives of Inuit culture because they focus on the problems and see things from their own cultural lens. Here are just a few examples of the strength and beauty of our people and communities…

• The MIND-BLOWING strength and resilience that Inuit have demonstrated and continue to do so every day. When I think of what some families and communities have gone through, yet they are still here, they are still standing, they are still trying to make the best life they can, I am so humbled.

• The deep connections Inuit have to each other, to the land and water and to the Ancestors is beautiful. Aboriginal cultures have a collective world view. This is very much so for Inuit. Inuit do not see situations as individualized but as connected to family, environment and community.

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Clinical

Case Management: Bridging the Gap for At-Risk Youth in Central Newfoundland

BY STEFANY SQUIRES MSW, RSW

Case management is an exciting assortment of activities that requires social workers to wear many different hats (e.g., advocate, liaison, professional encourager, counsellor, facilitator, coordinator of care, and consultant) all at the same time. My experience as a youth case manager at Central Health has been all of these and I have gained an appreciation of its effectiveness and benefits. Like me, you may have wondered at some point what the term "case management" actually means. The literature demonstrates that there is no single agreed upon definition. One definition describes case management as "a set of functions intended to mobilize, coordinate, and maintain an array of services that are appropriate to the client, and to overcome fragmentation of services and provide continuity of care" (Winters and Terrell, 2003, p. 171).

Case management is multifaceted, and many different models exist. However, there are some common themes and elements in the models. Themes include a delivery of service that is client-centered, goal-driven, accountable, flexible, prioritized, cost-effective, and long term. Essential elements include screening and intake, comprehensive assessment of needs, treatment planning with the client, linkage and coordination of community services and supports, monitoring and evaluation of services, and transition and discharge planning. Other tasks may encompass supportive counselling, crisis intervention, psycho-education, and management of program funding. When thinking about case management it can be helpful to view it as a continuum of services.

Case management with youth is evidence-based, and has been shown to be a best-practice when it comes to targeting the needs of at-risk youth. Outcomes include a decrease in hospitalizations, increased school attendance, improved behavioural symptoms (e.g. decrease in criminal activity), increased satisfaction with services and supports, and empowerment.

The Youth Case Management program at Central Health was created alongside the development of the provincial youth treatment centres, and specifically designed to ensure that at-risk youth with complex mental health and addictions needs receive appropriate levels of care. This position is housed within the Mental Health and Addictions Services (MHAS) department and is a specialized position that provides assessment and case management service to youth aged 12-18 within the region. The youth case manager works closely with the provincial youth treatment centres to ensure effective discharge planning and smooth transitioning back into the community. The youth case manager is directly responsible for delivering an evidence-based aftercare program, the Assertive Continuing Care (ACC) model that was adopted by the province of Newfoundland and Labrador. Research has shown that youth discharging from a sheltered environment are most at risk for relapse within the first 90 days, and ACC has been found to be effective when implemented within this time frame to help prevent youth from falling through the "treatment centre cracks."

The youth case manager also receives referrals from community mental health and addictions services. Referrals usually come when a professional recognizes that a complex youth is not benefiting from traditional counselling services and is in need of a higher level of care. Some of the issues facing this population may include:

- significant mental health and/or addiction issues
- unsuccessful community integration
- difficulty meeting basic needs (e.g. shelter, food, clothing)
- limited support of family and friends
- struggles at home (e.g. threat of placement breakdown), school (e.g. school refusal) and/or community (e.g. criminal involvement)
- aggressive and violent behaviours
- self-harming behaviours
- dangerous life style
- serious impairment in psychosocial functioning (e.g. previous suicidal ideation) and impaired judgment

Youth accessing the youth case management program may also have had numerous referrals to MHAS,

psychiatric admissions, substance abuse related hospital admissions, exhibited criminal behaviours, and regular reliance on formal or community services (e.g. Justice, Advanced Education, Skills and Labour, churches, food banks etc.).

Duties falling outside the youth treatment centre "hat" are often performed in community-based settings, including a youth's home, school, worker's own car and other health care agencies as required. The role functions as part of many teams, both internal to Central Health as well as external partnerships; however, there is a significant amount of autonomy and clinical judgment in meeting expectations. A youth case manager advocates on behalf of youth with schools, service providers and the community, liaises between the youth and other individuals and services involved with the youth, assists the youth to navigate the process of transitioning to the adult MHAS system, and the like.

Case management is by no means a panacea for meeting the needs of all at-risk youth and there are challenges. The hope is that through effective coordination of care, at-risk youth within Newfoundland and Labrador will feel empowered to draw on their strengths and capabilities, experience improved quality of life, and navigate appropriate services on their own.

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FEATURE
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These connections provide great meaning to our lives.

• The sense of purpose, pride, spirituality and joy Inuit experience when on the Land, doing traditional activities, is amazing. It's as if we see people's true selves on the Land.

• The detailed, comprehensive reservoir of Inuit traditional knowledge that has been passed down orally through the generations is impressive. This knowledge is our science and should be given the same respect as European based knowledge.

...We all know that those who have experienced trauma are very astute at reading others, picking up on judgements, body language, and so on. Well this is found ten-fold in cultures where there has been oppression over the generations. Inuit have a low level of trust for social workers based on historic injustices. By not personalizing this, learning about the cultural context and striving towards cultural competence, social workers can earn trust and build more effective working relationships with Inuit – whether clients or Leaders or community members socially...

SOME KEY POINTS TO REMEMBER AS WE STRIVE TOWARDS CULTURAL COMPETENCE:

• SELF REFLECTION IS KEY. And this is not a static thing. It is something we must consistently do over the course of our life, certainly over the course of our careers as social workers.

• Recognizing and understanding our own and others' power is vital. This includes being able to recognize the power dynamics within systems.

• Learning strategies for controlling our inherent biases; learning to mitigate the impact of these biases.

• Being aware of our Location of Self, including all aspects of our identity, paying attention to intersectionality but never downplaying any white privilege.

• Listen. Listen. Listen. And when we listen, we need to trust the voices of those who are telling us about the ways that racism impacts them, and we need to be careful not to just react defensively.

• Sit with Elders. Learn from them.

• Spend time in gatherings and activities with cultures different from you own.

• Find helpful resources. An excellent resource for working through change as an ally is Anne Bishop's book "Becoming an Ally: Breaking the Cycle of Oppression in People".

• Being constantly aware in our interactions with others, particularly those who are of different cultures than us.

• Being clear as to what we see as professional incompetence and speaking to it when we see it.

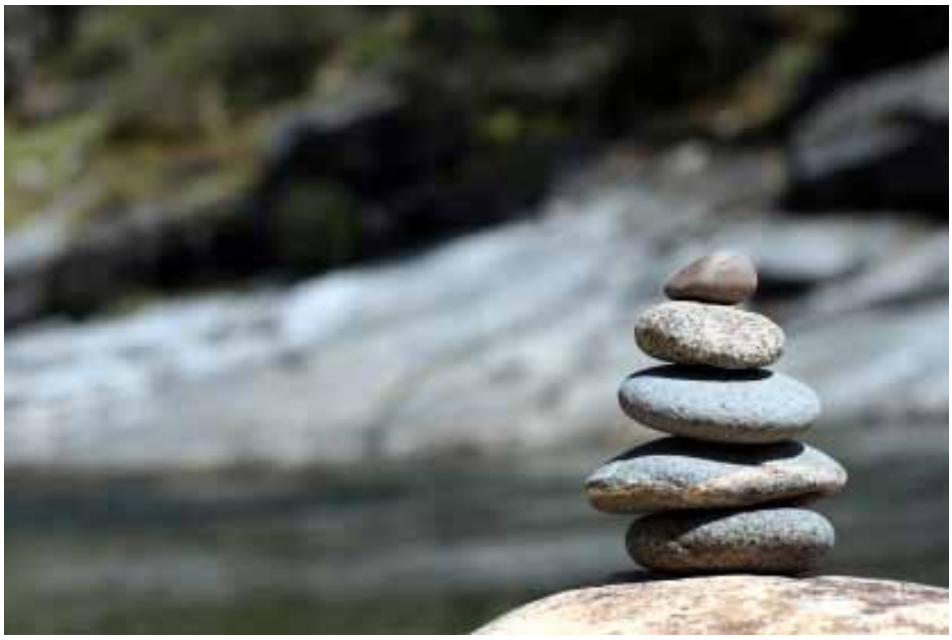
• The individual work on ourselves is vital but we must be involved in work towards organizational and systems change as well.

Let's support each other as we work towards offering safer and more culturally competent services.

Ethics

Social Networking through the Lens of Social Work Ethics

BY ANNETTE JOHNS MSW, RSW
NLASW PROFESSIONAL ISSUES COMMITTEE



The NLASW Professional Issues Committee continues to explore social networking within the realm of professional practice and ethics. Social media can create ethical challenges related to self-disclosure, dual and multiple relationships, privacy and confidentiality and informed consent. These ethical challenges often fall within the parameters of professional boundaries.

Self-disclosure and Boundaries: As professionals, it is important to consider what we may be revealing about ourselves through social media, and who has access to this information (i.e., clients, potential clients, colleagues, and employers). Does your social networking profile portray a different persona than your professional image? What does your online presence say about you? How might this reflect on your practice, or more broadly the social work profession? Social media is a public forum, and nothing on the Internet is private or secure. Whenever we post online we leave electronic footprints, so this is something we need to be thinking about and discussing with our colleagues and peers.

Privacy & Confidentiality: In the online world, we need to be attuned to client privacy and confidentiality. How might privacy and confidentiality be impacted if, for example, we accept a client's friend request or post information about our work on social media? As social workers, we have an ethical responsibility to protect client confidentiality. Even if we post information online that does not identify a specific client, this may not be enough to protect client confidentiality. Clients can be identified by case details, geographical information, and organizational specifics even if the person's name is not used. We also need to consider the impact on clients who may read and identify with an online post.

Conflicts of Interest & Dual Relationships: A dual relationship is defined as any relationship a professional might have with a client outside the professional or therapeutic relationship (i.e., business, social, personal). If we accept a client's friend request on a personal social networking platform, is this now a dual relationship? We would argue that it is as the relationship extends the professional relationship. As social workers, we need to pause and think critically about the ethical considerations and impact on the therapeutic relationship when engaging with clients on a social networking site that is not a part of service delivery. Consider whether this is an activity you would document in a client's file and how this might be viewed by a colleague or one's employer. If you feel apprehensive about accepting the friend request and documenting this in the client file, this may be an indicator that boundaries are being crossed. Having a conversation with a client about this can be quite helpful and enhance the client's trust in the professional relationship.

Informed Consent: Informed consent is integral to the therapeutic alliance between a client and social worker,

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Topics

Transformational Collaborative Outcomes Management (TCOM)

BY CHAD PERRIN BSW, RSW

When you compare our work in social work to other "service offerings" or business types, the helping professions are largely about "Transformation: notable personal change resulting from the activity or intervention, i.e., health/fitness program, behavioral health services"(Lyons, 2009a, p. 15). The focus of our work is attempting to transform the lives of our clients in some elemental way that they desire for themselves. Fundamental to this is the need to identify how we are going to help our clients change. While that appears to be straightforward, when attempting to effect real change with a client and/or family, social work often becomes one part of a multi-disciplinary team attempting to effect the desired change. We work with many other service providers such as education, occupational therapy, speech language pathology, primary care medicine, psychiatry, and advocacy groups. As a result, the systems we work within become complex with competing responsibilities and objectives. Transformational Collaborative Outcomes Management (TCOM) is a conceptual framework for managing complex systems. This is accomplished by focusing on the creation of a shared vision for the person served: whether they are a patient, child/youth in care, or family in need of support. One of the key tactics used for TCOM to be able to effectively build that vision is to know "what should we be working on?", thus the need for a structured assessment.

	Individual	Program	System
Decision Support	Treatment Planning Effective Practices Evidence Based Practices	Eligibility Admission &Step-down Continuous Quality	Resource Management Right-sizing
Outcome Monitoring	Care Transitions & Celebrations	Continuous Quality	Provider Profiles Performance/Contracting
Quality Improvement	Case Management Integrated Care Supervision	Continuous Quality Improvement(CQI)/Quality Assurance Accreditation Program Redesign	Transformation Business Model Design

Figure 1: TCOM Grid of Tactics (Lyons, 2009b).

According to the Praed Foundation (2015), "In order to accurately represent the shared vision, a structured assessment is created that directly informs service/intervention planning. This assessment tool is used to communicate the shared vision throughout the system. Since the individuals working directly with people are in the best position to already make their decisions based on the shared vision (the people they are serving), it is critical that the structured assessment is useful to them so that it is completed with reliability and validity."

To address this, the Adult Needs and Strengths Assessment (ANSA), Child and Adolescent Needs and Strengths Assessment (CANS), and the Family Advocacy and Support Tool (FAST) were all developed with the goal of aiding in the creation of a shared vision for the person served. They also serve to support clinical decision making and priorities for plans of care. While these instruments may or may not be familiar to you, they are no stranger to Newfoundland. Fowler (2008) recommended CANS for use in child protection in determining appropriate placement within the continuum of care as well as establishing service requirements and tracking of progress of challenging behaviors. Some mental health service providers in the metro area for children and youth have received training on the use of CANS. At Momentum Developmental Supports (www.momentumsupport.ca), we use both ANSA and CANS to assist with establishing a clear vision for our clients. In this way, we can work with our various stakeholders (e.g. community supports, intervention services, families) to either implement or develop a plan to meet the client's needs and work towards enhancing (their) future, as our mandate identifies.

Assessment is only the first step in the TCOM process. To be able to optimize TCOM's impact means having multiple service providers using the same approach. Chapin Hall, a research and policy center out

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Initiatives

Right Here, Right Now: A Women's Centered, Trauma Informed Drop-In Counselling Initiative

BY CATHERINE DE BOER PHD, RSW & DANA WARREN BSW, RSW

L-R: JENNY WRIGHT, EXECUTIVE DIRECTOR OF THE ST. JOHN'S STATUS OF WOMEN COUNCIL/WOMEN'S CENTER AND DR. CATHERINE DE BOER, ASSOCIATE PROFESSOR AT THE SCHOOL OF SOCIAL WORK, MEMORIAL UNIVERSITY

The Memorial University School of Social Work and St. John's Status of Women Council (SJSWC), receiving financial support from Memorial's Office of Public Engagement (OPE), have joined together in the design, implementation and evaluation of an exciting new counselling initiative. *Right Here, Right Now* is a six-month single session pilot program for women in the St. John's area. On Mondays and Tuesdays from 12:00 pm until 7:00 pm (last session at 6:00 pm), women can come to the St. John's Women's Centre and receive single session counselling. No appointment or referral is necessary and the counselling sessions are free. The office is located at 170 Cashin Avenue Extension.

The initiative began with a late-night conversation between Jenny Wright, the executive director of the SJSWC and Catherine de Boer, a professor at the School of Social Work and SJSWC board member. Jenny noted over 1400 women are served each year at the Women's Centre. During weekly drop-in, women come to share a light lunch but often linger to attend groups or to receive informal counselling support. The number of women attending has been steadily rising and encouraged by the connection women have with the Women's Centre, Jenny wondered if they could offer more.

Many of the women utilizing services have complex trauma, addictions and mental health concerns. They often face sexual and domestic violence and a lack of community and familial support. Long waiting lists in the broader system and the shortage of skilled mental health professionals further compound the problem. Jenny speculated that a single session counselling program hosted at the Women's Centre could be a useful way to meet the needs of women as they await traditional mental health services. It could also benefit any woman in need of free, accessible and immediate counselling services in the St. John's area.

In the fall of 2015, using Quick Start Funds ($1000) from Memorial's OPE, Catherine hired Dana Warren, then a 4th year BSW student to conduct a thorough literature review on single-session approaches and models of implementation. Catherine and Dana then met with key management and staff at the SJSWC to 1) gain a better understanding of the unique counselling needs of the women attending programs and 2) to discuss the design, implementation and evaluation of a drop-in counselling program that could meet these needs. These understandings informed the application for Accelerator Funds ($10,000) from the OPE, which was awarded in February 2016.

Memorial defines public engagement as "Collaborations between people and groups within Memorial and people and groups external to the University . . .drawing on the knowledge and resources brought by all involved, [it] involves mutual respect, mutual contributions and mutual benefits for

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Happenings

Good Things Happening at Her Majesty's Penitentiary

BY SUSAN GREEN MSW, RSW

We all seem to hear about the negative things that happen at our province's primary adult custody facility, Her Majesty's Penitentiary (HMP). Over the past couple of years, we have seen repeated images in the media of violence and riots within our walls. Staff and inmates alike know the daily challenges of providing safe supervision and effective programming in an old building that is not designed for modern modes of rehabilitation. Despite these difficulties, there are good things happening at HMP.

As the facilities Addictions Coordinator, I have the privilege of working with inmates on a daily basis who are in various stages of change in their substance usage. Guided by the principles of the Recovery Model and Harm Reduction, HMP offers various group programs ranging from awareness programs for inmates who may be thinking about change, to Recovery Programs for inmates who are actively working on substance use goals in their lives. For inmates receiving Methadone Maintenance Treatment, there is a weekly group where inmates can share their experience and knowledge with others who use methadone as a treatment for opiate addiction.

Addictions programs at HMP are enriched by the presence of various community partners. This includes Alcoholics Anonymous (AA) which have been offering weekly AA meetings at the prison for decades. John Howard Society offers a structured relapse prevention program for inmates who want to work on a relapse prevention plan.
An addictions counsellor from Eastern Health co-facilitates the Recovery Group meetings with me once a week, thereby providing a link to the community and a connection to the Addictions Drop-In Group following release. Tree Walsh from the AIDS Committee of Newfoundland and Labrador offers monthly harm reduction workshops in which inmates learn ways to reduce some of the risks associated with drug use. Recently, I partnered with a social worker with the Justice Program at the Canadian Mental Health Association to offer a program called Healthy Minds to inmates who are living with both addiction and other mental health challenges. Once a year HMP welcomes these and other community partners for a mental health day in the prison gymnasium. This is a full-day event in which inmates meet service providers in the community and participate in mini-presentations on topics related to mental wellness.

In the last couple of years, the addictions programs at HMP has embraced a more holistic and participatory approach to health and recovery. We now offer weekly yoga and guided meditation classes. We have a Peer Support Group led by inmates for inmates, during which they provide peer support through common lived experiences. In August of 2016, we trained twelve inmates in Mental Health First Aid, thereby giving them the skills and knowledge to respond to fellow inmates who may be experiencing mental health problems or crises. Last year, we also had volunteers from the arts community come to the penitentiary for a 12-week art project and we recently began a Horticulture Therapy Program in partnership with MUN Botanical Gardens.

Despite the age of our building and the high levels of stress that surround this place, HMP is a community. Every day, I work with correctional officers who take risks to make the prison safe and who show humanity to the people sentenced to serve their time here. I see acts of kindness and compassion amongst the inmates, and I continually learn about resilience and the strength of the human spirit. HMP has its challenges, but there are good things happening here. An inmate shared this quote me with recently from Antoine de Saint Exupery as a way of explaining his experience of personal liberation and change from behind the walls of HMP: "What makes the desert beautiful is that somewhere it hides a well."

SOCIAL WORK MONTH – MARCH 2017

SOCIAL WORK: ROOTED IN DIVERSITY...CULTIVATING CHANGE

Practice

Documentation and Self-Reflection

BY ANNETTE JOHNS MSW, RSW

"A social work record refers to a written or electronic document that contains client information, professional observations, clinical decisions, intervention strategies, and outcomes generated throughout the delivery of social work services" (NLASW Standards for Social Work Recording, 2014, p.4).

Social work documentation is an integral and essential component of social work practice. As noted in the NLASW Standards for Social Work Recording (2014), the purpose of social work recording is to provide:

• A clear statement of social work assessment, intervention, and decision-making

• Professional accountability and transparency to the client and organization and in keeping with relevant legislation

• Opportunity for critical thought and reflection on professional practice and service delivery

• Relevant information to facilitate service delivery, continuity of care and termination of services

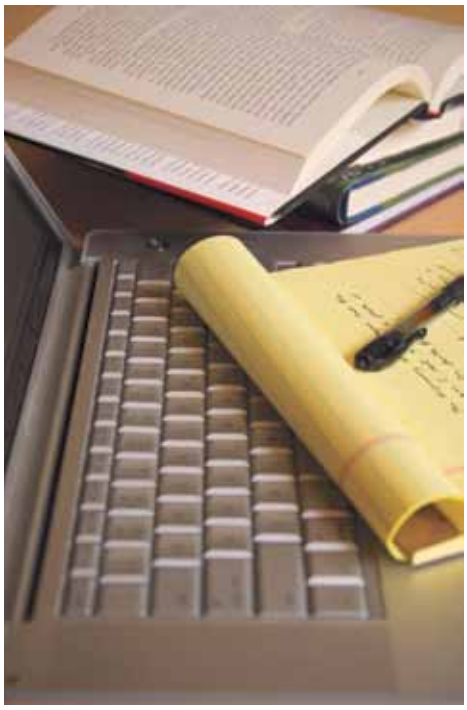
• Information for the purposes of supervision

• Documentation for the purposes of research and program evaluation

• Information for risk management and quality assurance

• A record to facilitate inter-disciplinary communication and collaboration

Given the importance of social



work documentation, social workers are encouraged to reflect on their professional practice of documentation on an ongoing basis. The following questions can be used for professional self-reflection, with colleagues to foster dialogue on social work documentation, with a supervisor/manager to access continuing education needs, and with BSW students to enhance their understanding of the importance of documentation in the provision of high quality social work interventions.

• How do I view documentation in my practice?

• What do I see as the primary purpose for social work documentation? Does this have an impact on how I document?

• How familiar am I with the professional standards for documentation?

• How would I describe the link between assessment and documentation?

• How do I make decisions on what to include in my documentation?

• What are my documentation strengths?

• How would I describe my writing skills?

• What areas do I need to improve on in my documentation? How can I further my skills and competencies in documentation?

• What gets in the way of my documentation and recording? What strategies might be helpful in addressing these barriers?

It is through self-reflection, continued professional education and discussions with colleagues, supervisors, and managers that social workers can enhance their documentation and recording practices. Knowledge and understanding of best practice guidelines is also important. Members are encouraged to review the NLASW Standards for Social Work Recording (2014) and the Practice Matters publication on social work documentation, both of which can be accessed on the NLASW website.

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School

News from the Memorial University School of Social Work

Photo credit: Casey Wall

L-R: TODD STRIDE, CAF - MILITARY FAMILY SERVICES, DR. HEIDI CRAMM, CANADIAN INSTITUTE FOR MILITARY AND VETERANS HEALTH RESEARCH, COLONEL DAN HARRIS, DIRECTOR MILITARY FAMILY SERVICES CANADIAN FORCES MORALE AND WELFARE SERVICES, NORA SPINKS, VANIER INSTITUTE OF THE FAMILY, DR. GAIL WIDEMAN, ASSOCIATE PROFESSOR, MEMORIAL UNIVERSITY SCHOOL OF SOCIAL WORK

HELPING MILITARY FAMILIES

Some of the work being done at Memorial's School of Social Work includes work with our military and veterans and their families. Most recently, Dr. Gail Wideman, with the support of Memorial's Conference Fund and Office of Public Engagement, convened an Atlantic Regional Military and Veteran Families Leadership Circle event.

This community capacity building initiative brought together national and local civilian and Canadian Armed Forces (CAF) providers of health and social services, researchers, and CAF families. Existing strengths and resources were explored, as well as gaps, at all levels (community, military, research, government) in an effort to work towards collaborative practice and research initiatives that meet the complex and unique needs of military personnel, veterans, and their families.

Photo credit: Laura Woodford

L-R: DR. SHERI MCCONNELL, CHERYL MALLARD, JOAN DAVIS-WHELAN

FIELD EDUCATION

Our Field Education Team has moved!

Dr. Sheri McConnell, Joan Davis-Whelan and Cheryl Mallard have moved from Tiffany Court to Coughlan College. They can be found via Door 5 on the back of the Coughlan College Building that houses Student Aid (across the gravel parking lots from St. John's College). Their email addresses and phone numbers remain the same.

The new location has allowed for a Field Education Room, which is fully outfitted, including a SMART board, and video conferencing equipment to enable enhanced group field instruction, continuing education and supervision from afar of our national and international students.

Our leading-edge field preparation seminars for our BSW students will now be offered at this location.

In addition, there is a student lounge and a seminar room, which will now house the MSW Institutes and PhD residencies.

PRACTICUM PLACEMENTS

If you're looking for a rewarding connection with someone eager to learn, why not take on one of our social work students for a practicum? For more information about supervising a student for a practicum, please contact Sheri McConnell for MSW at smcconne@mun.ca or for BSW, contact Joan Davis-Whelan at joandw@mun.ca or Cheryl Mallard at cmallard@mun.ca.

Check out http://www.mun.ca/socwrk/home/ for information on our on-line field instructor course which is free of charge to any social worker, self-directed, and can be completed with a small time commitment. The course can also be claimed under NLASW's Continuing Professional Education Policy.

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Issues

Can They Hear You? Tips for Working with Clients with an Invisible Disability

BY BRITTANY HISCOCK BSW, RSW

The Hearing Foundation of Canada (n.d) notes that "hearing loss is the fastest growing, and one of the most prevalent, chronic conditions facing Canadians today"; yet it is often misunderstood. Hearing loss is an invisible disability. Even if a client is wearing amplification (such as hearing aids), it may not be easily noticed by you as a professional, and the client may not disclose a hearing challenge to you.

There are many types and causes of hearing loss, but general symptoms can include:

• difficulty understanding speech, especially with background noise

• complaining that others are mumbling when speaking

• turning up the volume on the television or radio

• asking others to repeat themselves

• avoiding social settings

• difficulty hearing at a distance

• responding inappropriately to questions

According to Statistics Canada (2015), 20% of adults have at least mild hearing loss and it is more prevalent in older age groups, with 47% of adults aged 60 to 79 experiencing hearing challenges. If you have previously worked with a client with hearing loss, did you consider how hearing loss impacted all aspects of their life?

Hearing loss is an important health concern which is often unrecognized and untreated. "Hearing loss can have many emotional and social consequences including social isolation, depression, safety issues, mobility limitations and reduced income and employment opportunities" (Statistics Canada, 2015).

Often when a person loses hearing later in life, they experience loss and grief for the changes in their daily life (Harvey, 1998). Not everyone is aware or accepts that they have hearing challenges. Some people may be in denial about how much it's affecting their life (Carmen, 2005).

Hearing loss changes relationships. The person with hearing loss may feel left out of conversations, and may feel stressed and frustrated from repetition and they may withdraw from interactions and social activities. A person's self-esteem may also be affected by hearing loss. They may be embarrassed by misunderstandings, or do not want to be seen as different (Harvey, 1998; Carmen, 2005). This is common for youth with hearing loss, who are already trying to fit in with their peers.

These challenges are all important to consider during a client assessment if your client presents with depression or withdrawal from daily activities. Keep in mind that hearing loss can also play a significant role in feelings of stress, anxiety and depression (Kvam, Loeb & Tambs, 2006). Even if a client is using hearing aids or other hearing technology, many of their communication challenges may not be resolved. A hearing aid does not restore normal hearing, it is simply an aid to communication.

Good communication is essential for working with a wide variety of clients but each person with hearing challenges has unique needs. Here are some helpful tips in working with this population:

1. Get their attention before you start speaking.

2. Have good lighting on your face and look at the person directly while speaking.

3. Speak clearly.

4. Reduce or eliminate background noise so your voice is not competing with other sounds.

5. Do not shout or exaggerate your speech. Many people with hearing loss rely on lip reading to give them clues on missed words; distorted or unnatural mouth movements make communication more challenging. People with hearing loss are trying to achieve clarity, not loudness.

6. Be prepared to repeat, rephrase or write down what you are saying. Have a pen and paper on hand at all times.

7. Include the person in your conversation. Make sure you are looking at the client and not at a hearing person who may be accompanying them.

8. Use a universal assistive listening device such as a "Pocket Talker" (ask if your workplace has one). This type of listening device can be used by a

person with, or without, hearing aids. The device usually has headphones attached to a small box with a microphone and adjustable volume, to help amplify and improve the clarity of your voice.

(Canadian Hard of Hearing Association, n.d.b)

Using Hearing Assistive Technology is a very effective way to improve communication. The Canadian Hard of Hearing Association – Newfoundland and Labrador (CHHA-NL) offers a free provincial two week lending program for hearing assistive technology such as telephones, personal amplifiers, and alerting systems. Clients can try devices and access information and resources about hearing loss, funding programs and supports, workplace accommodations, and more. Professionals can refer clients to CHHA-NL, borrow technology to use with a client, or contact the Association for information on how to best support a client with hearing loss. For more information about these services and supports please visit www.chha-nl.ca or call 1-888-753-3224.

Brittany Hiscock is the Facilitator of Programs and Services with the Canadian Hard of Hearing Association NL.

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SCHOOL
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ADVANCING THE PRACTICE TOGETHER (APT) UPDATE

Heather Thistle, Learning and Development Consultant with the Advancing the Practice Together partnership between Children, Seniors and Social Development (CSSD) (formerly CYFS) and the School of Social Work, is working with the CSSD Training Unit to develop educational events that advance the practice skills of child protection social workers. An educational video presentation has been produced in collaboration with pediatricians at the Janeway Children's Health and Rehabilitation Centre on "Indicators of Child Abuse and Neglect". In addition, work has begun to translate CSSD Core Training Modules from classroom-based learning to on-line curriculum. This significant project will greatly increase accessibility of training to social workers in the field. Work is continuing on future initiatives.

CONGRATULATIONS TO OUR FALL 2016 GRADUATES!

Fifteen MSW students and one PhD student graduated during Memorial's fall convocation. We also had one Fellow of the School of Graduate Studies. Congratulations to all!

BSW PROGRAM

New cohorts began in September for the BSW as-a-first-degree program and in January for the BSW as-a-second-degree program.

MSW PROGRAM

We welcomed 30 new MSW students in September 2016. We anticipate having funding available for full-time applicants to the thesis-track MSW program.

Did you know you can pursue your MSW from a distance? For information, visit http://www.mun.ca/socwrk/master/ or contact mswinquiries@mun.ca.

PHD PROGRAM

We have admitted a new cohort of students to our PhD program, starting May 2017 (admission of top 30% of applicants).

For more information, visit http://www.mun.ca/socwrk/doctoral/ or contact phdsocialwork@mun.ca.

There continues to be a high level of competition for admission to our BSW, MSW, and PhD programs.

News you'd like to share? We're always interested in the personal and professional successes of our alumni. Email socialwork@mun.ca and tell us what you've been up to!

Check out our website for more news: www.mun.ca/socwrk.

Avoid All Late Fees!

Renew your registration by February 15, 2017.

Community

The Just Us Women's Centre: Responding to the Needs of Women Involved in the Justice System

BY VANESSA MCENTEGART MSW, RSW

Stella's Circle is a leading community organization that transforms lives by offering *Real Homes, Real Help, and Real Work*. We provide various housing, counselling, and employment programs to people who face many barriers to fully participating in their community. These barriers can include mental health issues, addictions, homelessness, poverty, criminal justice involvement, low literacy and unemployment. For the purpose of this article, I am going to speak to one program that falls within the core area of *Real Help*. The Just Us Women's Centre provides counselling services to women over the age of 18 who have had involvement with the criminal justice system. What is unique about our programming is that we offer services within the community, as well as in-reach within the Newfoundland and Labrador Correctional Centre for Women (NLCCW) located in Clarenville.

The Just Us Women's Centre offers post-release support for women to assist with housing, locating services such as food banks, and program enrollment in groups such as employment training. We offer a safe, substance free, and welcoming environment where women can meet other women who have similar lived experience and engage in counselling, both individual and group, to achieve long term goals. This is a quote from a participant who describes the environment of The Just Us Women's Centre in the community, "*Just Us Women's Centre is a supportive, comfortable, welcoming place for individuals of all ages. Throughout the years I've attended here, I've always felt at home from everyone; staff and visitors. I am so grateful for Just Us! Hope does live here.*"

L-R: JUST US TEAM

NICOLE AYLWARD (OUTREACH WORKER), VANESSA MCENTEGART RSW, KERRI COLLINS RSW, AND DENISE HILLIER RSW (DIRECTOR OF CLINICAL SERVICES)

Programs at Just Us are innovative and offer flexibility within the community. When I consider the work I am involved in, I would describe it as community-based counselling and advocacy that truly hears the voice of lived experience. We have a strong clinical focus within our programming that includes individual counselling, as well as group counselling on issues such as addictions, trauma, anger management, and impulse control. What makes us unique is our ability to meet women where they are and offer a connection to programming via peer support. Once a week, women can come to a safe environment where they are offered a meal, a safe space to meet other women, and engage in substance free activities. As well, our centre offers visiting times for

women to drop in. Some unique programming we have been involved in includes: a Green Team comprised of our Just Us women funded through the Conservation Corps; a Photovoice project with local photographer Greg Locke working with the women to help reduce stigma; and currently we are offering a Women's Leadership Program in conjunction with our Employment Services Division.

Since joining the Just Us team I see the importance of having a program with a gender lens. Women are uniquely stigmatized in the criminal justice system and this is why we need to advocate for women. More understanding of gender issues within the justice network is imperative. Our Director of Clinical Services, Denise Hillier, describes it best, "*Many of the women we work with have experienced challenges within our social structures, sometimes with substance abuse or mental health issues, and often have experienced poverty and stereotyping – some of that as a result of their gender. Through the Just Us Women's Centre we work to offer a nonjudgmental environment with a gender lens that allows women to safely share their knowledge and experience. And, the women who participate in programs continually teach us and help us build our skills!*"

In-reach within the NLCCW is a part of my job that I truly love. Not only is it a privilege to work alongside the women within the institution, but also it offers a lot of growth and knowledge for me as a clinician. Within the NLCCW, Just Us staff offer group and individual sessions, assistance with pre-release groups, consultation with Classification, and other supports as required. Stella's Circle Annual Report 2015-2016 was recently released and was titled *Making An Impact and Changing Lives Together.* A statistic within this report illustrates the impact that the in-reach work done by Just Us staff within the NLCCW is having: "83% of those incarcerated at the NLCCW in Clarenville who participated in programs with Just Us staff, reconnected with staff after their release from prison" (p.15).

I am proud of the work that we do at Just Us. If you are working alongside a woman with justice involvement that you think would benefit from our programming, please refer to us. We accept self-referrals or professional referrals from correctional supervision programs, court programs, health care providers, and other agencies that provide services to women. Check out our website www.StellasCircle.ca for referral information or call us at 709-738-0658.

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Advocacy

Volunteering with the ONE Campaign

BY ANGELINA BUTT BSW, RSW

ONE is an advocacy organization consisting of 7 million volunteers worldwide fighting for change via global activism. Some may be familiar with ONE's work through its cofounder Bono, and other well-known activists such as Bill and Melinda Gates who support its work. ONE advocates for the end of extreme poverty and preventable diseases, particularly in poverty-stricken areas such as sub-Saharan Africa. ONE strives to achieve significant change through grassroots activism and political lobbying. Specifically, ONE pressures political leaders worldwide to do more to combat preventable and treatable diseases such as AIDS, Malaria, and Tuberculosis in the most impoverished areas of the world. A compelling slogan used by ONE is: "where you live shouldn't determine whether you live."

In September, I was chosen to attend ONE's 2016 Canada Leadership Summit in Montreal, Quebec. ONE strategically planned the Leadership Summit to coincide with The Global Fund Replenishment hosted by Canada's Prime Minister, Justin Trudeau. Every three years, global leaders meet to replenish The Global Fund to Fight AIDS, Malaria, and Tuberculosis, which is used to treat these preventable diseases in the poorest places on our planet. ONE volunteers from Canada spent months discussing The Global Fund and encouraging local politicians to pressure our government to increase Canada's contribution. The two-day event in Montreal concluded with $12.9 billion dollars being contributed by donors, which in turn will save 8 million lives worldwide.

Going forward, members of the Canadian Leadership Summit return to their provinces to spread awareness about ONE and start campaigning for continued initiatives. As a Parliamentary Riding Leader (PRL), I will be encouraging folks to support ONE by lending their voice. One of the most exciting things about this organization is that they will never ask for monetary donations. They ask you to lend your support to worthwhile causes using your voice to raise awareness and promote action.

In October 2016, ONE members held the first Canadian campaign. The campaign focused on global poverty and people were asked to sign cards to tell Finance Minister Bill Morneau to increase Canada's development assistance from 0.28% to 0.34% of the annual budget. The timing was essential, as Canada's federal government held consultations in October to learn what Canadians want for the 2017 budget. PRLs from across Canada gathered the cards, and ONE members in Ottawa delivered them to the Finance Minister's office.

One of the common questions I receive when discussing ONE is: why should I care? When I am asked this question I think of Patricia and her daughter Consolata, who travelled from Africa to share their story at the Leadership Summit. Patricia discovered that she was HIV+ when her daughter Consolata was weeks old. At the same time, she was told that she passed the virus to her baby and there was nothing that could be done for them. Patricia and Consolata were among some of the first people to receive HIV treatment through support from The Global Fund. Consolata is now in her early twenties and has begun a support group for young girls living with HIV. She speaks to participants about self-esteem and healthy relationships. Consolata is truly inspiring in how much she gives back to her community. So when people ask why, I think of all the Patricias and Consolatas in the world who deserve the opportunity to live and thrive, despite where they were born.

As an activist and social worker, the pursuit of social justice is critical to the way I live and practice. I feel it is necessary to lend my voice to causes that make a difference. ONE is fighting to make differences on a global scale and is a clear example that, as Margaret Mead once stated, "a small group of thoughtful, committed citizens can change the world."

If you would like more information on ONE, visit www.ONE.org or email angelinabutt@gmail.com.

Perspectives

Vicarious Trauma & Your World View

BY TAMMY EARLE MSW, RSW

In my 22 years of practicing social work, I have experienced many different thoughts and feelings about my work. I have loved being a social worker. Social work has offered me richness in my career. I have been humbled to be invited to walk alongside people navigating the most difficult times in their lives, and I have been honored to help people prepare to die. Every day, I have seen the power and resilience of the human spirit and the very best of what we, as humans, have to offer one another.

Of course, we cannot navigate through years of social work practice without being exposed to the worst of what humans are capable of, the hurt that some people can inflict, and the suffering that other people endure. When we are exposed to people's pain and suffering, especially their trauma, we are touched, and we are changed. "The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet" (Remen, 1996, p.52).

In defining vicarious trauma, Pearlman and McKay (2008) have pointed out that when we care about, or empathize, and identify with the pain of people who have endured terrible things, we bring their grief, fear, anger, and despair into our own awareness and experience and feel it along with them in some way. Coupled with that, we also have a sense of commitment and responsibility, which can lead to high expectations and eventually contribute to feeling burdened, overwhelmed, and perhaps hopeless. Vicarious trauma is said to be a process of change; it is not the result of one incident, but happens across clients, across time, and is cumulative - as you witness cruelty and loss, and hear distressing stories - day after day, and year after year.

Vicarious trauma can impact our psychological and physical well-being; it can also impact our behaviour and relationships. What is unique to vicarious trauma is how it changes our spirituality – when it deeply impacts the way we see the world and our deepest sense of meaning and hope. Although seemingly harmless, these examples are meant to show how our world view can shift because of what we witness:

• You see an older man sitting on a bench in a playground and your first thought is - I wonder if he is a sex offender

• Standing on a mountaintop overlooking a beautiful landscape and your first thought is - I wonder how many people have jumped from here

• Seeing a woman wearing sunglasses indoors and your first thought is - I wonder if she is hiding bruises from being beaten

Sometimes we have these thoughts because there is real risk. Many times, we have them because of the impact of our work. When we come to recognize and acknowledge this, we may be better able to filter our experiences, avoid self-blame, and be accountable for addressing our wellness.

Pearlman and McKay (2008) suggest that we really strive to understand what works for us as individuals, to help us cope and to thrive in spite of the risk of vicarious trauma. They suggest we always aim to do three things - escape, rest, and play. We escape by getting away from work and its reminders, and we do that both physically and mentally. We can escape in many ways – take lunch (so important), use vacation time (not optional), read, watch television or movies, and spend time with family and friends (and do not talk about work). We rest when we have no goal or time line, and do things we find relaxing – have a bubble bath, sip a cup of tea, take a nap, get a massage, or take a vacation. When we take mindful time to rest, we allow our bodies and mind to recover. We play when we engage in activities that make us laugh or lighten our spirits - sharing funny stories with a friend, playing with a child, being creative, and being physically active.

What are you doing to escape, rest and play? Congratulate yourself for those things. If you are not addressing your well-being, or you do not know how, set aside some time to figure it out. If you need professional help, go ahead and seek it out. Many social workers have access to great employee assistance services. As social workers, we are compassionate beings, and we need to offer ourselves the same compassion we offer others. We are so completely worth it.

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Health Promotion

Social Determinants of Health: A Quick Guide for Social Workers [1]

This article was published in the British Columbia Association of Social Workers (BCASW) Perspectives Spring Summer 2016 magazine and has been reprinted with permission.

BY DENNIS RAPHAEL, PHD

Dennis Raphael writes tellingly about the social determinants to health, mapping the connection between good social policy and positive social outcomes and, sadly, the equally strong connection between bad policy, or no policy, and bad outcomes for Canadians. As Raphael notes, decades of research and hundreds of studies keep pointing this out but Canadians remain largely unaware of the connection.

One of the reasons for that is that social workers, who work where policy and practice meet, do not often participate in the national or provincial discussion. As you read this article, consider the following questions. Why do we not work within a workplace mandate for advocacy? How is this discouraged? Are we protecting ourselves from yet another source of workplace stress? Do we blame the victims?

Robert Hart, BCASW Advocacy Committee

INTRODUCTION

The primary factors that shape the health and well-being of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of health (SDH). The importance to health of living conditions was first established in the mid-1800s and has been enshrined in Canadian government policy documents since the mid-1970s. In fact, Canadian contributions to the SDH concept have been so extensive as to make Canada a "health promotion powerhouse" in the eyes of the international health community. Recent reports from Canada's Chief Public Health Officer, the Canadian Senate, and the Public Health Agency of Canada continue to document the importance of the SDH. But this information—based on decades of research and hundreds of studies in Canada and elsewhere—tells a story that is still unfamiliar to most Canadians. Canadians are largely unaware that our health is shaped by how income and wealth are distributed, whether or not we are employed, and if so, the working conditions we experience. Furthermore, our well-being is determined by the health and social services we receive, along with our access to quality education, food and housing, and other factors.

Contrary to the assumption that Canadians have personal control over these factors, in most cases these living conditions are—for better or worse—imposed upon us by the quality of the communities, housing situations, work settings, health and social service agencies, and educational institutions we have access to. There is much evidence that the quality of the SDH Canadians experience helps explain the wide health inequalities that exist. How long Canadians can expect to live and whether they experience cardiovascular disease or adult-onset diabetes is very much determined by their living conditions. The same goes for the health of their children; differences among Canadian children in surviving beyond their first year of life, in experiencing afflictions such as asthma and injuries, and whether they fall behind in school, are strongly related to the SDH they are exposed to.

Research is finding that the quality of these health-shaping living conditions is strongly determined by decisions that governments make in a range of different public policy domains. Governments at the municipal, provincial/territorial, and federal levels create policies, laws and regulations that influence how much income Canadians receive through employment, family benefits or social assistance, along with the quality and availability of affordable housing, the kinds of health and social services and recreational opportunities we can access, and even what happens when Canadians lose their jobs during economic downturns.

These experiences also provide the best explanations for how Canada compares to other nations in overall health. Canadians generally enjoy better health than Americans, but do not do as well as when compared with other nations that have fully developed public policies that strengthen the SDH. The World Health Organization sees health-damaging experiences as resulting from "a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics".

Despite this evidence, there has been little effort by Canadian governments and policy-makers to improve the

SDH through public policy action. Canada compares unfavourably to other wealthy developed nations in its support of citizens as they navigate the life span. Our income inequality and poverty rates are not only growing but are among the highest for wealthy developed nations. Canadian spending in support of families, persons with disabilities, older Canadians and employment training is also among the lowest for these same wealthy developed nations.

THE ROLES OF INSECURITY AND STRESS

Canadians who suffer from adverse social and material living conditions also experience high levels of physiological and psychological stress. Stressful experiences arise from coping with conditions of low income, poor quality housing, food insecurity, inadequate working conditions and insecure employment, as well as various forms of discrimination based on Aboriginal status, disability, gender or ethnicity. The lack of supportive relationships, social isolation, and mistrust of others further increases stress.

At the physiological level, chronic stress can lead to prolonged biological reactions that strain the body physically. Research evidence is convincing that continuous stress weakens resistance to diseases hormonal and metabolic systems function. Physiological tensions provoked by stress make people more vulnerable to many serious illnesses, notably cardiovascular and immune system diseases, and adult-onset diabetes.

At the psychological level, stressful and poor living conditions can cause continuing feelings of shame, insecurity and worthlessness. In adverse living conditions, everyday life often appears to be unpredictable, uncontrollable and meaningless. Uncertainty about the future raises anxiety, reinforces a sense of hopelessness or exhaustion that makes everyday coping even more difficult. People who experience high levels of stress often attempt to relieve these pressures by adopting unhealthy coping behaviours, such as the excessive use of alcohol, smoking, and overeating carbohydrates. Damaging behaviours can be seen as responses to adverse life circumstances even though they make the situation worse in the long run. Stressful living conditions make it extremely hard to make positive health changes; most of a person's energy is directed toward coping with day-to-day life.

KEY SOCIAL DETERMINANT: INCOME AND ITS DISTRIBUTION

Income is perhaps the most important social determinant of health. Level of income shapes overall living conditions, affects psychological functioning and influences health-related behaviours such as quality of diet, extent of physical activity, smoking, and excessive alcohol use. In Canada, income determines the quality of other SDH, such as food security, housing and other basic prerequisites of health. More equal income distribution has proven to be one of the best predictors of a society's overall health.

Income is especially important in societies which provide fewer important services and benefits as a matter of right. In Canada, public education until grade 12, necessary medical procedures, and public libraries are funded by general revenues. Child care, housing, post-secondary education, recreational opportunities, and resources for retirement must be paid for by individuals. By contrast, many wealthy developed nations provide these services as citizen rights.

Low income predisposes people to material and social deprivation. The greater the deprivation, the less likely individuals and families are to be able to afford the basics such as food, clothing, and housing. Deprivation also contributes to social exclusion by making it harder to participate in cultural, educational and recreational activities. In the long run, social exclusion affects health and limits a person's ability to live a fulfilling day-to-day life.

A recent report by the Organisation for Economic Co-operation and Development (OECD) identified Canada as one of the two wealthy developed nations (among 30) showing the greatest increases both in income inequality and poverty from the 1990s to the mid-2000s. Canada is now among those OECD nations with higher income inequality. From 1985 to 2005, 60% of Canadian families experienced a decline in their market income in constant dollars, while the top 20% of Canadian families did very well.

Increasing income inequality has led to a "hollowing out" of the middle class in Canada, with significant increases from 1980 to 2005 in the percentages of Canadian families who were either poor or very rich. The percentage of Canadian families who earned middle-level incomes declined from 1980 to 2005.

But the percentage of very wealthy Canadians increased, as did the percentage of people near the bottom of the income distribution range.

Increasing wealth inequality in Canada is even more troubling. Wealth is probably a better indicator of long-term health outcomes because it is a better measure of financial security than income. From 1984 to 2005, the bottom 30% of Canadian families had no net worth and moved into greater debt over this period. By contrast, the net worth of the top 10% of Canadian families in 2005 was $1.2 million, an increase of $659,000 in constant dollars from 1984.

PUBLIC POLICY IMPLICATIONS

Social workers need to engage in public policy discussions about how to

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and is in keeping with a client's right to self-determination, autonomy, dignity, privacy and respect. In relation to social networking, it is important that clients are aware of your social media policy. Having this conversation up-front with a client can help avoid difficult and awkward situations later. This not only includes social networking platforms such as Facebook, but should incorporate e-mail and text communications. If you do not currently have a social media policy, this is something you might want to develop. These policies should be in keeping with best practice standards of the profession. Helpful documents include the NLASW Standards for Technology Use in Social Work Practice (2012), CASW Social Media Use and Social Work Practice (2014), and the Association of Social Work Boards Model Regulatory Standards for Technology Use and Social Work Practice (2015).

Long before the advent of social media, social workers had to balance their professional and personal lives and develop strategies for addressing boundary issues in practice (i.e., running into a client at a birthday party or the grocery store and having them ask you for advice; having a relative who is a close friend of a client; having your child attend the same class as a client's child). Social media has added another dimension highlighting the need for social workers to reflect on how online technology interfaces with our professional practice. We use our professional judgment to navigate ethical issues in practice, we examine our Code of Ethics, use ethical decision-making models, and ultimately make decisions that are in the best interests of the client.

The Professional Issues Committee produced an ethical decision-making resource guide for members in 2015. This document can be accessed on the NLASW website (www.nlasw.ca).

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of the University of Chicago, along with the Praed Foundation have been doing excellent work in assisting state (USA) and province level (Canada) organizations implement the TCOM tactics for outcome management. As has been shown in these jurisdictions, implementing TCOM principles could have an exceptionally positive benefit for our clients by helping service providers make integrated decisions as part of a holistic plan.

Chad Perrin is the Program Director with Momentum Developmental Supports in St. John's. He oversees the program on a provincial level.

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all participants"(Public Engagement Framework, 2012, p. 6). *Right Here, Right Now* is a collaborative effort that embodies this concept.

Using the Accelerator Funds, the School of Social Work designed the therapeutic model, provided training for staff, created program evaluation tools and are now collecting and analyzing data from the program. The SJSWC is providing the staffing and space for the program. The knowledge and experience of the staff at the Women's Centre is imbued in the model and what Catherine and Dana learned from the literature flowed back to staff to ensure what was designed made sense "on the ground". Notably, after completing her BSW, Dana transitioned from research assistant to becoming one of the counsellors in the program. Sharon Samson, MSW Intern, is also a vital part of the team, truly making it a collaborative initiative.

Although Single-Session Therapy (SST) is not new, the model is unique. Using a narrative single-session design, the approach is both feminist and trauma-informed. The emphasis is on the entire experience – not just the time spent in session. Every element, from the warm welcome to the skilled assessment completed by the intake/crisis worker to the counselling session itself, has been carefully planned. The enfolding of continual training for the team, immediate supervision and ongoing program evaluation into the model is also distinctive. With no referral necessary, this purposeful approach breaks down the already significant barriers women face and enables them to make choices, be connected, and engage in a meaningful service. The pilot will run until the end of February 2017 with the intention that with sustained funding the program will continue.

REFERENCE:

Memorial University's Public Engagement Framework (2012). Retrieved from http://www.mun.ca/publicengagement/memorial/framework/PEF_descriptive.pdf

HEALTH PROMOTION CONTINUED FROM PAGE 21

strengthen the SDH. They can do this through their professional associations or as citizens. Below are some key issues where their involvement can make a difference:

• There is an emerging consensus that income inequality is a key health policy issue that needs to be addressed by governments and policy-makers.

• Increasing the minimum wage and boosting assistance levels for people unable to work would provide immediate health benefits for the most disadvantaged Canadians.

• Reducing inequalities in income and wealth through progressive taxation is a highly recommended policy option shown to improve health.

• A greater degree of unionization in workplaces would help reduce income and wealth inequalities in Canada. Unionization helps to set limits to profit-making that comes at the expense of employees' health and well-being.

Social workers are ideally positioned to see the effects of adverse SDH upon Canadians. There is increasing evidence they are willing to join in public policy debate around how to strengthen the SDH. Public dialogue and advocacy activities need to be maintained and even increased. Without such efforts, there will be a continuing decline in the SDH, along with the unnecessary suffering that results from preventable illnesses and disease.

1 This article is adapted from J. Mikkonen and D. Raphael's Social Determinants of Health: The Canadian Facts. Toronto: School of Health Policy and Management, 2010.

Dennis Raphael is a professor of Health Policy and Management at York University in Toronto. He will be a keynote speaker for the 2016 BCASW Conference in November.

Private Practice Roster

The NLASW has established a voluntary roster of social work private practitioners. The following social workers have elected to be included on the roster. They meet the criteria for private practice in the profession of social work in Newfoundland & Labrador. Contact information for these social workers is available on the NLASW website.

ST. JOHN'S REGION
MAUREEN BARRY, MSW, RSW
MONA BUDDEN, MSW, RSW
AGATHA CORCORAN, MSW, RSW
TOBIAS DUNNE, MSW, RSW
JANET FITZPATRICK, PHD, RSW
JILLIAN HAND, MSW, RSW
DARRELL HAYWARD, BSW, RSW, M.ED., CCC
BRIAN KENNY, MSW, RSW
ROSEMARY LAHEY, MSW, RSW
DENISE LAWLOR, MSW, RSW
GREG MCCANN-BERANGER, MSW, RSW
CATHERINE MORRIS, MSW, RSW
MAXINE PAUL, MSW, RSW
E. MICHELLE SULLIVAN, PHD, RSW
HEATHER THISTLE, MSW, RSW
DIANA WAMSTEEKER, MSW, RSW

EASTERN REGION
WANDA GREEN, MSW, RSW

CENTRAL REGION
KIMBERLY BROWN, MSW, RSW
RENEE ETHERIDGE, MSW, RSW
SHANNON FUREY, MSW, RSW
VIVIAN HOUSE, MSW, RSW
RUTH PARSONS, MSW, RSW
SIMONE PELLEY, MSW, RSW

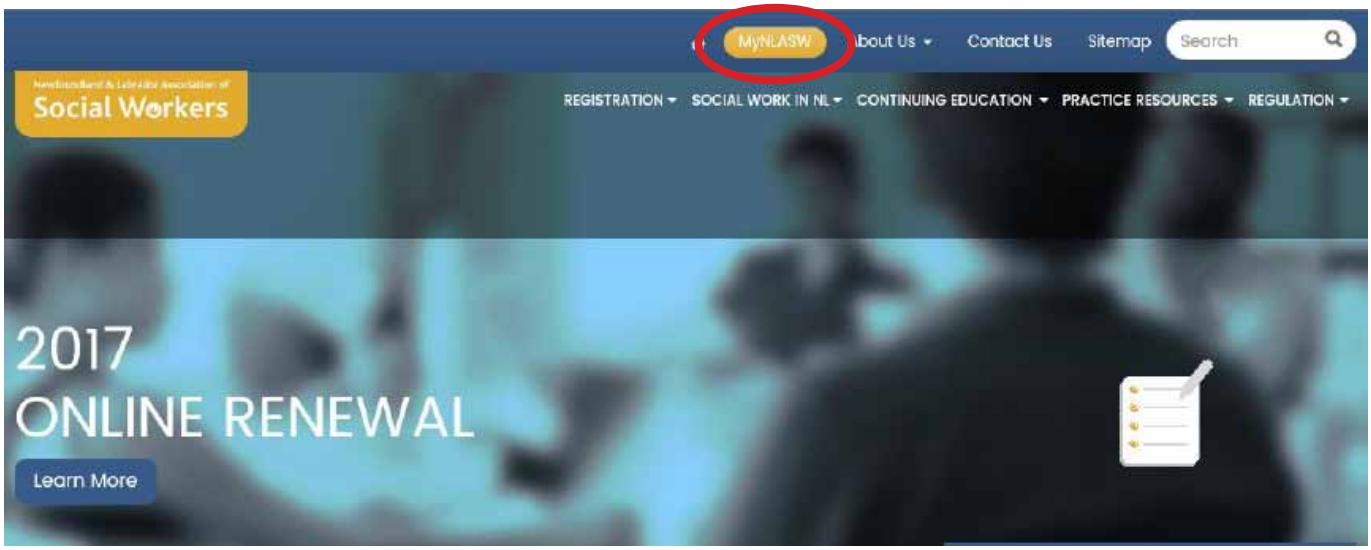
WESTERN REGION
RENEE ETHERIDGE, MSW, RSW
BONNIE HANCOCK-MOORE, MSW, RSW
B. ELAINE HUMBER, MSW, RSW
BARBARA LAMBE, BSW, RSW

LABRADOR REGION
SUZANNE FELSBERG, MSW, RSW

In Memorial

Wanda Jackson Hoddinott was a member of the NLASW Promotion of the Profession Committee since 2010. Through her employment and volunteer work, Wanda strived to promote the profession and was proud to call herself a social worker. She was a mentor and inspiration to many social workers and those aspiring to enter the profession. Wanda passed away on November 7, 2016. Her passion for the social work profession, humor and level of professionalism will be missed greatly by her friends and colleagues.

Photo courtesy of Kevin Hoddinott



MyNLASW - Our new online application and renewal portal built specifically for NLASW members. Available through our website (www.nlasw.ca), MyNLASW offers many exciting member benefits.

ACCESSIBLE

Members can access the MyNLASW portal from any desktop computer or mobile device, at any time using their registration number and unique password. This information will be mailed to all members.

SAFE & SECURE

The safety and security of member information has always been paramount for NLASW. A range of security features are incorporated into the online portal including password criteria, data encryption, timed logouts and compliance with Payment Card Industry security standards.

USER-FRIENDLY

Members can easily renew their active registration or non-practicing membership through MyNLASW. Renewal is broken down into easy to follow steps. The system will perform validation checks along the way, letting members know if information is missing. Members will also have an opportunity to review and edit information before submission.

ADDITIONAL FEATURES

Online renewal is just one feature of the MyNLASW portal. Throughout the 2017 registration year, members can use the portal to update their personal information, track their CPE credits and retrieve tax receipts.