NSCSW | NOVA SCOTIA COLLEGE OF SOCIAL WORKERS

Clinical Committee Meeting

September 13th, 2021, 5:00pm - 7:00pm

Members in Attendance	
Andrea Shaheen	Alex Hill
Brandy Gryshik	Catrina Brown
Errin Williams	Jacquelyn (Jaqi) Allan
James Dubé	Jessica Heidebrecht
Jim Morton	Kelly Breau
Lida Abdulrahaman	Patrick Daigle
College Staff in Attendance	
Alec Stratford (Executive Director/ Registrar)	Neha Singh (Admin)
Regrets	
Robyn Hazard	Barbara Roberts

1. Welcome and Call to Order

- Meeting was called to order at 5:05 pm by chair Andrea Shaheen

1.1. Approval of Agenda

- ED/R reiterated to the group that as Dr. Campbell wasn't able to join us today; the approval is just for parts two and three on our agenda document

Motion: Moved that the Meeting Agenda is accepted as amended
Mover: Patrick Daigle
Seconder: Jim Morton
Motion Carried

2. Approval of Minutes:

ED/R welcomed the comments/discussion from the members after we put up our next motion to approve the minutes on the table

Motion: Moved that the minutes from August 10th meeting are approved as presented

Mover: Jim Morton
Seconded: Errin Williams
Motion Carried

One of the members missed last meeting had various observations from the minutes of meeting, presented there ideas to the group:

- Member got an impression that various discussions were being held back because of the idea that there wasn't consensus, believes it's misguided

to think that we will ever have consensus and it's not advisable to try to homogenize an entire group. It will be better to think about what we can agree to agree about and what can we agree to disagree about

- With regards to survey, surveys are meant to be open ended, so that we are going to actually get the real point of view of the people, we shouldn't be planning to have it planned in a way that we are going to get the answers back as we are expecting them to be, what is important is that we ask questions in such a way to encourage all of those different points of view to be heard

- Also, there's a steady tension in the discussions that was observed in the minutes from last meeting on the topic '*who's defining social work'*,. Member believes, we would once again be misguided if we think the best way to respond to that tension is to allow other professions to define us. Therefore, we should start from a place of ideal or perfection, defining what social work should be and then we play with the idea of how do we best put that into place, given the actual reality of the system

ED/R opened up the floor to the group if anyone might want to respond or pick up on what member's point of view, and in terms of continuing to examine our process moving forward

- Member: feeling two different challenges, there's the challenge of what a social worker for our own purposes is (just for this committee) to then, do the work of deciding, what a clinical social worker is, and how do we regulate, with the tensions of, how a social worker operate in the field with these other professions. ED/R thinks, picking up from what the member mentioned (above), its best to think about, what might 'the ideal look like', as, that is what our role in the regulatory world is, to define that scope and make it safe for people of the public who are interacting with those services. The social justice committee and other parts of the college would then work on a longer-term strategy of promoting that vision in a way that's meaningful and robust. That is how ED/R is envisioning this strategy to be, with this group really being committed to focusing on what it is and how do we regulate, and having the social justice committee as well as the other committees of the college, continuing to do that broader advocacy work.

- Another question that came up in the discussion is 'how do we do a better job of having the public and other professions know what social work is', because in general, people seem to see social work as child welfare or income assistance. if you ask most people in the world out there, that would be how they would define it, on the other side if you look at how it gets presented, it's not a very positive presentation either. So, there is a need for social workers to reclaim that and say, we have to figure out

what it is we're talking about first, to proudly put it out there in a way that is systematic.

- Another member believes that the differences that we're experiencing so far in our understanding of things are probably reflective of the confusion within our discipline, particularly within the clinical part of our profession, about what we are, and it seems worth struggling with this a bit longer. The goal necessarily is not to reach consensus, but it would be useful to reach a level of clarity about what we think that just seems to be a useful thing, member here doesn't see advocacy as the heart of our core discussion

- Another question was asked about the goal of this committee, whatever we end up with as an end result of this committee, is that going to be a replacement for regulating private practice. ED/R clarified that is what the goal is for us. How we regulate private practice right now is an over regulation. It's not necessary in terms of some of the risks that we're trying to mitigate; the creation of this committee is to figure out what that could look like, doing some more broader surveys, to inform that process around what professional identity of a clinical social work should be in Nova Scotia, defining clinical practice, assessing risk, and then determining what regulatory tools might mitigate that risk.

- One of the Members think that the clinical practice, and private practice should continue to be something we'll have to pull the threads on. We should also examine what we mean by evidence based and what the evidence actually is. ED/R expressed to the group that, he really liked how the Australian Association of Social Workers documented and defined what clinical practice is. One of the things they have in there are these theories that underpin clinical social work practice, which is not a really robust set of modalities and theories that would drive that practice in some way, it wasn't super narrow or super broad either, but it captured a good, robust amount of that, that's why that could be one way that we might tackle the scope issue and the evidence-based issue as we wade through what we are determining the scope could look like. This will give us a good background on a bunch of different jurisdictions and how they look at it.

3. Updated Commitment and Project Plan:

ED/R presented the revised commitments and project plan document with the amendments from the last meeting

- As we got a sense from the conversation last time, we were struggling with how we could move forward in process without first having a clearer definition of what we were talking about. So, ED/R removed some of the aspects from the

commitment document, for example- surveying piece from the project plan, to bring us closer to having the conversation around differentiating the scope. ED/R asked, did we want to shift to having the conversation around a clearer scope, and move that up first, and then come back to understanding the components that inform that scope. Conversation opened on 'what should be the flow of the process and what should be dealt with first". Part of the exploration that we need to get to is, to not limit but define the scope of Clinical Practice more succinctly, perhaps.

- One of the members suggested it might be helpful to have a conversation about the definitions that are already out there in BC and Alberta, or even globally and discuss what we may agree or disagree with. At this point, it seems like we're all going to define it differently. We perhaps can come to a common place of what do we like or not like about the other definitions? What fits for us? What doesn't fit? ED/R agreed, as that is where we landed last time as well, and asked the group if that is where we want to continue on, everyone agreed to have that as a landing place as to where we want to start this exploration now
- Member asked if it's possible, to get a summary of common complaints that are coming up, just so to get an idea around what risks the public is coming forward with, ED/R said that can be done. Off the hop, the number one complaint is geared around communication, not being able to meet folks where they are, not having a clear sense of what their role is in that moment, that is predominantly what we see in complaints. ED/R can bring in some of the more challenging ones in which we see some scope creep happening as well.

4. Adjournment:

Wrap up Comments by ED/R: We'll have our next meeting on ***October 18th***, will rebook Dr. Campbell for the November meeting and we'll get together. Lida (student member) is working on the definitions and scope statements from other Jurisdictions right now, we'll focus our conversation on that next time.

As we start to move through some of this process, we'll feel that forward movement. October 18th, everyone is invited to come to the office, we're happy to provide a meal to those coming in for in-person and we'll continue to use zoom as well.

Meeting was adjourned at 6:11 by the chair.