

Clinical Social Work Regulation: Phase 1

Policy & guidelines for clinical social work specialists in private practice



Who we are

The Nova Scotia College of Social Workers (NSCSW) exists to serve and protect Nova Scotians by effectively regulating the profession of social work. We work in solidarity with Nova Scotians to advocate for policies that improve social conditions, challenge injustice and value diversity.

To learn more visit: <http://nscsw.org/about>

Land acknowledgement

The NSCSW is in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq, whose inherent rights were recognized in the Peace and Friendship Treaties that were signed from 1725 to 1779. This series of treaties did not surrender Indigenous land, resources or sovereignty to the British Empire, but instead established rules for an ongoing relationship between nations. The treaties were later reaffirmed by Canada in Section 35 of the Constitution Act, 1982, and remain active to this day. The NSCSW joins our members and our communities in the labour of reconciliation, and we are grateful to live and work together as treaty people in Mi'kma'ki.

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Table of Contents

| | |
|---|-----------|
| Who we are..... | 2 |
| Land acknowledgement | 2 |
| Introduction..... | 4 |
| Phased approach to clinical regulation..... | 4 |
| By-Laws | 6 |
| Grandparenting of Current Private Practitioners Policy #..... | 8 |
| Entry to Clinical Social Work Specializations BOE Policy# | 9 |
| Procedure..... | 12 |
| Assessment of Criteria..... | 13 |
| Decision..... | 13 |
| Clinical Social Work Specialization -Supervision BOE Policy#..... | 15 |
| Qualifications for clinical supervisor..... | 15 |
| The general qualifications to provide supervision are:..... | 15 |
| Role of clinical supervisors | 15 |
| Procedure for reporting supervision | 18 |
| Guidelines for Clinical Supervision | 20 |
| Substantial Equivalency to an MSW..... | 29 |
| Eligibility..... | 29 |
| Social work practice experience | 30 |
| Graduate level related education assessment | 30 |

Introduction

The NSCSW continues its goal to create a framework for the regulation of clinical social work practice. Following a resolution adopted by the NSCSW membership on May 12, 2022, the NSCSW is committed to further developing policy and standards towards clinical regulation and pursuing legislative changes to the Social Workers Act to ensure the public is protected and clinical social work is strengthened.

There are several considerations that the NSCSW Council must consider to advance the work of achieving clinical regulation. First, to achieve the full scope of the proposal, legislative changes to the Social Workers Act will be required to create a unique scope of practice for clinical social work as well to ensure title protection. Legislative change is a time consuming and costly endeavour, between 2011 and 2016, the NSCSW worked to update its legislation to provide a nimble and updated regulatory framework. Several thoughtful amendments were put forward to government and only a few were adopted.

In addition to this the Department of Health Wellness has been pushing a “Modernization of Health Regulation” agenda which is seeking to re-establish a long held social contract between professions, government, and the public, to reform regulation to be more compliant with the neo-liberal agenda. More specially the efforts of health regulation modernization push dissolution of regulatory bodies integrated with professional associations.

Before the NSCSW council moves to peruse legislative change council needs to measure the outcomes produced over the past 5 years towards the NSCSW’s strategic ends, to evaluate the strengths, opportunities, and results of the integrated regulatory and association roles, to better determine if this governance structure meets the needs of the public the College serves.

Phased approach to clinical regulation

Given the challenges of legislative change, council and the clinical committee will be working through a phased approach to achieve clinical regulation.

Phase 1

Phase one will focus on developing entry to practice criteria and Standards of Practice as outlined in the clinical proposal. The focus on phase one will be to use the NSCSW’s existing legislative framework to bring in clinical regulation in a private practice.

Currently the Section 11(1) of the Social Workers Act allows the bylaws to

- (j) prescribe the requirements and qualifications necessary for a social worker to engage in private practice.
- (k) establish areas of specialization and prescribing the qualifications required to practise social work in such an area of specialization.

This phase will involve

1. Deregulating private practice by removing section 32 of the bylaws and replacing with a bylaw that reflects that a Registered Social Worker or Social Worker Candidate in good standing can engage in a private practice in areas of services where they can

demonstrate competencies to do so, unless those services are clinical social work which will be defined in section 32 (b) of the by-laws.

2. There would be a new section of the by-laws stating that clinical social work is a specialized practice, and social workers providing specialized clinical services in private practice, as defined by section 2(J) of the act, must meet entry to practice requirements and be authorized to practice privately as a clinical social work specialist. Entry to this specialization would require
 - a. Completion of an MSW or equivalent graduate degree.
 - b. Demonstrated academic course work that aligns with scope of clinical practice (or formal or informal professional development that is equivalent to academic course work).
 - c. A defined period of supervision.
3. Policy that would allow for the grandparenting of social workers currently practising with the clinical scope of practice in a private setting.
4. Developing new Standards of Practice specific to clinical social work that provide a guide to the knowledge, skills, judgment, and attitudes that are needed to practise safely. They describe what each clinical social worker is accountable and responsible for in practice.
 - a. Knowledge and competence.
 - b. The use of assessments.
 - c. Professional boundaries.
 - d. Anti-racism.
 - e. Services to clients with disabilities.
 - f. Specialized practice skills.
 - g. Professional environments.
 - h. Documentation.
 - i. Professional development.

Consultation on Phase 1 will occur after more detailed policy has been drafted and will include Black and Indigenous practitioners, private practitioners and members of the public representing Indigenous, Black, Disability and 2SLGTBQIA+ communities.

By-Laws

Section 32 and 33 are removed from NSCSW By-laws and replaced with:

- (1) Registered Social Workers or Social Worker Candidates who are in good standing can engage in private practice in areas where they are competent to provide social work services, unless those services are clinical social work services.

Clinical social work is a specialization that:

- a. provides mental health and well-being, addiction, trauma, grief/loss/illness and crisis assessments which situates the individual within their social context inclusive of the family, political, economic and cultural factors with a focus on the social determinants of mental health;
 - b. utilizes therapy through principles of research – based, bio-psycho-social-spiritual approaches that are culturally relevant to the social context of the client to achieve their mental health and well-being, addiction, trauma, grief/loss/illness and crisis goals;
 - c. engages directly with individuals, couples, families and groups focused on complex issues impacting on individual and family functioning and their relationships including, but not limited to, mental health, addiction, trauma, grief/loss/illness and crisis; and
 - d. clinical social work is informed by the broader concepts intrinsic to social work including human rights and social justice.
- (2) Only Registered Social Workers who are approved by the Board of Examiners are entitled to engage in the private practice of a clinical social work specialization.

- (3) An applicant to the Board of Examiners for the approval of a clinical social work specialization must have:
 - a. completed a MSW from an accredited school of social work or demonstrated a substantial equivalency to a MSW through combination of graduate level academic course work and practice experience as outlined in policy #?;
 - b. completed 12 academic credits from an accredited social work program that aligns with course requirements identified in Board of Examiner policy #?. Or completed formal or informal professional development that is equivalent to 432 hours of training that is aligned with the academic course requirements identified in the Board of Examiner policy#?;
 - c. completed 1800 hours of supervised practice experience in a clinical setting;
 - d. completed 24 hours of clinical social work supervision; and
 - e. completed an assessment of their clinical abilities conducted by a clinical social work supervisor.
- (4) Applicants for the clinical social work specialization who have not met the supervision and/or practice hour requirements may be authorized by the Board of Examiners to

practice clinical social work in a private practice setting with “restrictions to complete supervision.” These restrictions will be viewable in the applicant’s public profile while they meet the requirement of completing the supervision and practice experience.

- (5) The Board of Examiners may require an interview or request further information for clarification where an application is inadequate or inconclusive in assisting the Board to determine the suitability of the member to be approved for the clinical social work specialization.
- (6) Any person seeking to engage in the private practice of a clinical social work specialization shall provide evidence of appropriate insurance coverage acceptable to the Board for malpractice liability for the applicant's private practice.

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-Grandparenting of Current Private Practitioners Policy

Private Practice Registrants who have been approved for clinical specializations as defined by existing NSCSW policy #BOE 35, will be automatically transitioned to the new Clinical Specializations designation. Private Practitioner who have not been approved for clinical specializations will be contacted by the College and informed about the new policy and that they are no longer required to maintain a private practice designation.

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Entry to Clinical Social Work Specializations BOE Policy#

The clinical social work specialization in a private setting requires an additional level of regulation. In Nova Scotia to engage in clinical social work specialization in a private setting a Registered Social Worker must first apply to the Board of Examiners and receive their authorization.

Section 2 (j) of the Social Workers Act (j) defines “private practice” as the provision of social work services by a person who is self-employed as determined by the Board.

The Board of Examiners defines self-employment as the provision of social work services as defined by section 5(a) of the Act in which the social worker:

- is solely responsible for the liability of their practice,
- operates independently of clinical and administrative supervision, and
- bills a client or client affiliated organization for the provision of those services.

Clinical social work is considered an area of specialization and requires specific qualifications to practise independently. In accordance with Section 11(k) of the Social Workers Act and section 32 of the NSCSW by-laws, clinical social work practice is considered advanced practice and involves individuals, families, and groups. Clinical practice situates the individual within their social context including the family, social, economic, cultural, and political structures that affect health and well-being. Through research-based modalities, culturally relevant approaches and a focus on the social determinants of mental health, clinical social work utilizes assessments, therapy, interventions, and prevention practices through bio-psycho-social-spiritual approaches to help clients achieve their goals.

Clinical social work is informed by the broader concepts intrinsic to social work practice: a theoretical grasp of individuals within the contexts of their environments; a commitment to the principles of social justice and human rights, and an orientation to client and family centred, strength-based, goal-oriented practice. Further to this, clinical social work:

- Requires complex decision making, systemic analysis and advanced critical thinking skills gained through academic education, supervised practice, continuous improvement, and focused professional development (which includes graduate education).
- Engages directly with individuals, couples, families and groups focused on complex issues that affect individual and family functioning and their relationships including, but not limited to, mental health, addiction, trauma, grief/loss/illness and crisis.

To be eligible to specialization in clinical social work in a private practice a Registered Social Worker must demonstrate advanced knowledge and skills in clinical social work.

1. The applicant must be a member in good standing and not currently the subject of an outstanding disciplinary order.
2. Successfully completed a master’s or doctoral degree in social work from an accredited School of Social Work as listed with the Canadian Association of School Work Educators or complete the NSCSW’s substantial equivalency process outline in BOE policy # .

- a. International applicants with a MSW degree must have their degrees assessed by the CASW for equivalency to an accredited degree.
3. Applicants need to demonstrate they have completed 12 academic credit hours, or equivalent of 4 academic half credit courses that are aligned with clinical social work specialization that are aligned with the objective. 6 academic credits must be completed at the MSW level
 - a. Understanding the conceptual, historical, political, gender, and societal factors that influence values, beliefs, and practices regarding mental health and well-being, addiction, trauma, grief/loss/illness and crisis services and systems from bio-psycho-social and spiritual perspective.
 - b. Assessment with persons, families and communities with mental health and well-being, addiction, trauma, grief/loss/illness and crisis with a strong focus on human development and social behaviour.
 - c. Therapy and research-based modalities of service that involves working with persons, families, and communities with a focus on developing the abilities required to support persons, families and communities affected by mental health and well-being, addiction, trauma, grief/loss/illness and crisis .
 - d. A practicum must be completed in a clinical setting where the direct provision of the clinical scope is utilized in the provision of service for mental health and well-being, addiction, trauma, grief/loss/illness and crisis issues.

To demonstrate completion of the academic course work applicants must upload course syllabus. If a course syllabus is not available then the applicant must outline the objectives of the course and sign an undertaking indicating that they have completed the course.

4. Applicants who have not met or partially met the academic requirements may use the NSCSW registration portal to demonstrate equivalency to the academic requirement by outlining 432 hours of informal and formal training that aligns with the objectives of the academic courses required.
 - a. Formal professional development is expected to orient social workers to current research and peer reviewed materials in a structured format. This can take multiple forms.
 - i. *Continuing education*
 - Seminars related to clinical social work practice
 - Continuing education workshops related to clinical social work practice
 - In-service education sessions related to clinical social work practice
 - Online course work related to clinical social work practice

- Professional conferences related to clinical social work practice
- Webinars related to clinical social work practice
- ii. *Knowledge transfer, knowledge creation & contributions to the profession*
 - Teaching or presenting continuing education activities related to the field of clinical social work
 - Engaging in research, including interdisciplinary collaboration, or writing articles for peer reviewed publication related to the field of clinical social work
- b. Informal professional development includes informal activities and independent learning related to furthering clinical social work competencies.
 - i. *Critical review of published materials*
 - Reading (books, peer reviewed journals, etc.)
 - Watching documentaries on social work-related content
 - ii. *Supervision/Consultation*
 - Receiving clinical supervision (this can be paid or unpaid)

Applicants must verify completion of formal professional development by providing:

- A syllabus or general outline of the course provided at the beginning
- A continuing education certificate
- An educational program with written educational goals and specific, measurable learning objectives
- Website documentation of registration, payment, or certification from an online course or conference
- Other formal documentation of the event or activity
- Evidence of formal professional development activities, such as published research

Applicants must verify completion of informal professional development by providing:

- A signed undertaking declaring that their informal professional development declaration form has been filled out honestly and accurately.
5. Applicants who have partially met the academic requirements may count the academic course work completed. The remaining hours of informal and formal training that aligns with the objectives of the academic courses will be calculated using a ratio of 3 course credits as the equivalent of 108 hours of informal and formal professional development.
 6. Applicants must demonstrate 1800 hours of supervised practice experience in a clinical setting that occurred after completing an MSW.

5. Applicants must demonstrate having received 24 hours of clinical social work supervision.
6. Applicants must provide an assessment from their clinical supervisor that indicates that they have developed the abilities outlined in BOE Policy # regarding clinical supervision.
7. Applicants who have not met the supervision and practice hour requirements can be authorized to specialize in clinical social work in a private setting with restrictions placed on their practice and viewable in the public profile while they met the requirements of supervision and practice experience.

Procedure

To apply for private practice status, review these steps, assemble your necessary documents and then complete an online application:

1. Visit your [member profile](#).
2. Select [Member Class](#) from the menu options.
3. Select the checkbox option to change your member class.
4. Select **clinical social work specialization** as your requested member class.
5. Fill out the online form and upload the following documents:
 - Current resume
 - Completed academic course work and/or academic course work equivalency through NSCSW member portal
 - Any supporting documents you wish to include regarding course work.
 - Proof of liability insurance will be required upon approval of Liability Insurance.
 - Name and email of a clinical supervisor – A digital assessment form will be emailed to them.
6. Pay the \$50.00 application fee.
 - For applicants applying through a substantial equivalency route an additional fee of \$350 (for a total of \$400) will cover the professional assessment and administrative costs.

After completing the online application, mail the following original documents to the College

1. Criminal Record Check completed within last six months (contact local police or visit: backcheck.net/nscsw)
2. [Child Abuse Registry Check](#).
3. If the College does not already have your MSW or PhD transcript on file: An original transcript sent directly from your university registrar's office to the College.
 - a) If an applicant does not have an MSW from an accredited school of social work, they must complete a substantial equivalency assessment in the NSCSW member profile

Assessment of Criteria

The Executive Director/Registrar will review all applications for the clinical social work specialization to ensure:

- a. An applicant is in good standing and completed their Candidacy Mentorship Program
- b. An applicant has a MSW from an accredited CASWE program, or that the applicant has demonstrated a substantial equivalency to an MSW.
- c. An applicant has completed the required academic course work or has completed an equivalent to the academic course work.
- d. An applicant has completed the required supervision and practice experience requirements.
 - Experience gained in clinical practice relates to the integration of the knowledge and skills gained through the completion of an MSW or equivalent; work experience prior to completing an MSW or equivalent is generally not applicable.
- e. A clinical supervisor has provided an assessment of the required competencies.

Upon completing the assessment, the Executive Director/Registrar may take one of the following actions:

1. Recommend to the Board of Examiners the applicant be approved for the clinical social work specialization.
2. Recommend to the Board of Examiners the applicant be approved with restrictions to complete the practice experience and supervision requirement.
3. Refer the whole application to the Board of Examiners for assessment.

Board of Examiners Assessment

The Board of Examiners may require an interview or request further information for clarification where other information is inadequate or inconclusive in assisting the Board to determine the suitability of the member to be approved for the clinical social work specialization.

Decision

Upon receiving the Executive Director/Registrar's assessment the Board of Examiners may:

- approve the application for clinical social work specialization.
- approve the application for clinical social work specialization with conditions and/or restrictions; or
- deny the application for private practice registration.

Where the Board of Examiners denies the application or imposes conditions or restrictions on the social worker applicant, the Board shall notify them by providing the applicant with a written decision with reasons; and inform the applicant of their right to have the decision reviewed by the Registration Appeal Committee. Within 30 days of the date of the receipt of the decision, the

applicant may seek a review of the decision by the Registration Appeal Committee. An applicant requesting a review shall stipulate the grounds for review and pay the applicable fee.

Only Registered Social Workers authorized by the Board of Examiners to engage in clinical social work specializations may provide clinical services independently as private practitioners.

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Clinical Social Work Specialization -Supervision BOE Policy#

Clinical supervision focuses on the skills, abilities, knowledge, and regulation of the practitioner to build on their clinical abilities.

Qualifications for clinical supervisor

The general qualifications to provide supervision are:

- A Registered Social Worker in a Canadian Jurisdiction authorized (where applicable) as a Clinical Social Worker.
- In good standing with the NSCSW or a legislated regulatory body.
- A minimum of three years of clinical social work experience.
- Demonstrated competencies in clinical supervision.

In addition, clinical supervisors should have knowledge and skills in the theories and various modalities aligned with the clinical scope of practice as outlined in the NSCSW By-laws. Effective clinical supervision requires knowledge of the principles of supervision and the ability to demonstrate necessary skills such as

- addressing both strengths and challenges of the supervisee,
- modeling and discussing ethical practice, and
- providing support and encouragement in the learning context.

Clinical supervisors should be familiar with the practice domain of the supervisee.

Role of clinical supervisors

Active participation in professional clinical supervision is core to the development of a clinical social work specialization skills, values and knowledge. Professional clinical supervision makes a pivotal contribution towards the development of the below abilities and is responsible for assessing that a clinical social work that supervisee can persevere at a satisfactory level in the following areas:

(1) Assessments

- Recognize human struggle and suffering throughout the stages of life and its impact on mental health, substance use and trauma.
- Locate various theories of human behaviour shaped by family, social, economic, cultural, spiritual, and political structures.
- Construct a person in environment assessment to apply and critique mental health assessments in solidarity with clients.
- Gather and organize appropriate information to create a multidimensional biopsychosocial assessment in a written format.

- Formulate an understanding of the client including precipitants to the presenting problem, interpersonal dynamics, historically relevant events, and cultural influences.

(2) Relational

- Recognize that all individuals live in a social and relational context.
- Demonstrate and clarify the client's request for support, readiness for change and presenting challenges.
- Recognize that social and relational context is always affected by, and in turn affects, the social relationships and social context in which their lives are embedded.
- Demonstrate the importance of human relationships, which are the basis of all social work practice.
- Effectively engage with clients collaboratively using empathy, observation, dialogue, listening self-reflection and other interpersonal skills.
- Develop relationships with clients that are professional, purposeful, and differential - characterized by clear boundaries.

(3) Critical focus

- Demonstrate a distinct professional ethical commitment to human rights.
- Recognizes the profound ways in which structural and cultural inequities contribute to a broad range of human troubles rooted in social oppression and marginalization.
- Examine how poverty, sexism, racism, colonization, homophobia and ableism influence psychological and social functioning throughout the lifespan, producing anxiety, depression, substance use problems, post-traumatic stress, and use of violence.
- Use social justice principles to focus on the social context of people's lives – including experiences of oppression, marginalization and violence and the effect of power and powerlessness – to promote human rights in clinical goals and interventions
- Identify how diversity and difference shape therapeutic relationships, assessment, goals and intervention in clinical practice.
- Demonstrate anti-racism in clinical practice, integrating cultural self-awareness with knowledge of and openness to learning from clients about their own culture to guide interventions.
- Demonstrate skills to advocate for increased access to clinical and other social services to insure protection of human rights.
- Critique their personal experiences and affective reactions and mitigate risks that may influence their clinical practice with clients.

(4) Collaborative

- Implement effective collaborative practice where both the practitioner and the client bring knowledge to therapeutic conversations and share responsibility for the intervention to address mental health, emotional, and other behavioural issues.
- Demonstrate the capacity to collaborate with the client to define goals within the context of the social work services.
- Demonstrate the ability to initiate and implement intervention plans with the client to meet goals, based on appropriate clinical and human behaviour theory, research, and/or Indigenous, Afrocentric and other cultural ways of knowing.
- Utilize clinical concepts such as transference/countertransference and differential use of self in clinical practice.
- Demonstrate the ability to collaborate with other professionals as appropriate to achieve beneficial outcomes.
- Use effective transitions and endings that promote mutually agreed-upon goals.
- Identify the importance of inter-professional collaboration and communication, recognizing that beneficial outcomes may require interdisciplinary and inter-organizational participation.
- Demonstrate the ability to document as in accordance with NSCSW guidelines and standards on documentation.

(5) Collective responsibility

- Implement a shared responsibility with clients, colleagues, organizations, and community for creating a strong, connected, and supportive society that enhances the well-being of persons in their environment, inclusive of principles of social justice and human rights.
- Weigh how social policies influence the delivery of, and client access to, social services.
- Use critical thinking to analyze, formulate, and advocate for policy changes that advance human rights and social, economic, and environmental justice.

(6) Reflexive

- Demonstrate 'reflexivity' through the development of self-awareness and agency to take an active role in the knowledge-making process.
- Examine how theory and practice are used to make sense of ambiguous and complex situations in practice.
- Demonstrate an understanding of human social behaviour and knowledge and skills related to mental health, substance use and trauma for effective clinical interventions with individuals, families, couples, and groups.

- Use a process based on research in and that is culturally relevant to identify and apply effective clinical interventions for populations, problems and settings.
- Implement practice experience in the development of new knowledge through participation in research.
- Use research methodology from multi-disciplinary sources to evaluate clinical practice effectiveness and/or outcomes.
- Demonstrate self-reflection and self-regulation in clinical practice.
- Actively engage in supervision, collaboratively setting an agenda and demonstrating openness to feedback regarding professional strengths and challenges.
- Use technology ethically and appropriately to facilitate practice outcomes.
- Demonstrate the ability to make ethical decisions in clinical practice using NSCSW Code of Ethics and Standards of Practice, and other relevant laws and regulations, models for ethical decision-making, and consultation.
- Demonstrate the ability to communicate clearly and professionally in a timely manner, in both writing and speech.
- Select and use appropriate methods to monitor and evaluate outcomes.
- Use evaluation findings to improve practice effectiveness.
- Demonstrate ability to document client progress in agency records as required by agency.

Procedure for reporting supervision

1. An applicant who has completed the required practice and supervision hours will complete a final assessment of clinical social work approaches form in the NSCSW member portal. The supervisor who provided the clinical supervision will:
 - Review the assessment and provide their reflection on the progress of the supervisee on each of the approaches.
 - Declare that this assessment was completed in truthful and accurate manner.
 - Confirm that all practice and supervision hours have been completed.
 - Declare that the supervisee has the good character, values, knowledge and skills to safely practice as a clinical social work specialist.
2. If an applicant has not completed the required practice and supervision hours, then:
 - That applicant must create a supervision plan online in their NSCSW member profile and identify how they will demonstrate learning in each of the above listed clinical abilities.

- The supervision plan will be reviewed and approved by the Executive Director/Registrar.
- The applicant will record practice and supervision hours.
- The applicant will complete the final assessment of clinical social work abilities form in the NSCSW member portal after they complete their required hours.

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Guidelines for Clinical Supervision

1. Introduction

The field of social work has long viewed professional clinical supervision as essential to maintaining best practices and has taken the lead in advancing the importance of supervision in settings providing health and human services. By clarifying expectations for the professional clinical supervision of social workers in contemporary and different contexts in which clinical social work specialists practice, these NSCSW clinical supervision standards develop higher quality services.

The aims of these clinical supervision guidelines are to:

- 1.1. Articulate the purpose, functions and value base of professional clinical supervision for clinical social work specialists.
- 1.2. Provide a guide for good practice in professional clinical supervision relevant to clinical social work specialists.
- 1.3. Outline the modes and processes for clinical supervision.
- 1.4. Specify the requirements and responsibilities of participants in supervision.

2. Purpose of clinical supervision

2.1. Active participation in professional clinical supervision is a core practice standard for social workers. Professional supervision makes a pivotal contribution toward:

- enhancing the professional skills and competence of clinical social work specialists and thereby strengthening the capacities of clinical social work specialists to achieve positive outcomes for the people with whom they work;
- engaging clinical social work specialists in ongoing professional learning that enhances capacities to respond effectively to complex and changing practice environments; and
- ensuring clinical social work specialists provide quality, ethical and accountable services.

3. Core values guiding social work supervision

3.1 Clinical social work supervision is an aspect of professional practice and, as such, all clinical social work specialists are required to meet their ethical responsibilities as outlined in the NSCSW Code of Ethics and Standards of Practice:

- *Respect for persons* – This value relates to the nature of supervisory relationships and in the way client issues and relationships are addressed in supervision. Efforts should be made to understand different viewpoints.
- *Social justice* – A core obligation of clinical social work specialists is upholding social justice principles which should guide content, choices, processes and

goals of supervision, with special regard for those who are vulnerable, disadvantaged and/or oppressed.

- *Professional Integrity* – The principles of honesty, transparency, reliability, empathy, reflective self-awareness, discernment, competence and commitment are expected to underlie professional clinical supervision relationships and processes. Professional supervision is part of the social worker’s ongoing responsibility to ensure quality of practice performance.

4. Functions of clinical social work supervision

4.1 As a framework for understanding and approaching the work that is done in supervision, broad division of these functions are used in these clinical supervision guidelines. The three functions of supervision are referred to here as *Education, Support and Accountability*.

- Education** – The development of knowledge, comprehension, and skills grounded in practice is a core focus of clinical supervision and is utilized to increase a clinical social work specialist’s professional resiliency and competence. For clinical social work specialists to better understand the people they work with, themselves as practitioners, the effect they have on the people and systems around them, and the knowledge, theories, values, and perspectives that can be applied to improve the quality and outcomes of their practice. Education in supervision involves a facilitated process of exploration and critical reflection on practice. Clinical social work specialists assess interpersonal dynamics and relationships as well as the larger effects of policy and structures in society, which requires both self-reflection and critical analysis. The new information and understanding has implications for practice, which can be followed and improved through time.
- Support** – Clinical social work practice can affect practitioners in a personal context. During supervision, clinical social work specialists can learn more about how their work affects them and how their own feelings and behaviours affect their professional practice. There are methods for handling such reactions and increasing resilience. In supervision, social workers can find support and acceptance, work through professional and personal limits, and identify situations where they might require outside personal assistance.
- Accountability** – Attention is focused on the NSCSW Code of Ethics and Standards of Clinical Practice, including accountability for client outcomes. Supervision is a forum for reviewing practice according to the ethical and practice standards of social work. Supervision assists to clarify the role and responsibilities of the clinical social work specialist in their practice context. Linked to accountability are administrative activities such as managing workload for effective outcomes and attending to record-keeping practice. This function of supervision relates to the broader professional, inter-organizational, political, and legislative context of the field of practice with which social workers are expected to engage. At times supervisors may take on a mediation role between the supervisee and these other systems. Through the process of supervision, good

practice is further enhanced and strategies for resolving concerns and instigating systemic change may be identified.

4.2 These three aspects of supervision are not distinct; rather, they interact, overlap, and complement one another in various ways. A clinical social work specialist, for instance, is likely to need help and instruction if they are to raise their standards and practices. However, there could also be ambiguities and conflicts between the various functions. For instance, a social worker may be experiencing mental stress due to the demands of their job, but workload distribution policy does not permit them to take on less work. The ideal strategy is for each clinical social work specialist to analyze, interpret, and negotiate their individual practice environment in relation to the three roles of social work supervision.

4.3 While there are times when the educational, supportive, and accountability functions of supervision can all be met by a single supervisor-supervisee relationship, there are other times when social workers may make use of multiple supervisory arrangements to advance and strengthen their professional development. In all cases, social work supervision aims to guarantee that the objectives, duties, and expectations of supervision are met. To achieve this, communication and coordination procedures amongst the parties participating in the supervisory arrangements may be needed.

5. *Types Of Supervisory Arrangements*

5.1. Supervision may be accessed by a range of means including (but not limited to).

- face to face,
- online,
- telephone,
- video/web conferencing.

5.2. The types of supervisory arrangements that are set in place will reflect the different locations, practice cultures, nature of practice/services, type of team (e.g. multi-disciplinary) and access to experienced clinical social worker specialists. Clinical social work specialists move between roles of supervisor and supervisee with different people, or with the same people when engaging in a peer supervision arrangement.

5.3. The guiding concept in determining whether the supervisory arrangements are adequate for achieving the goal of supervision is to provide equal attention to the three roles of supervision mentioned above (education, support, and accountability). Implementing a supervisory procedure that encourages critical reflection on practice and professional development should also be given emphasis. While valuable resources for professional development, informal debriefing, in-service training, workshops, and seminars are not a replacement for qualified supervision.

5.4. Social workers engage in a range and combination of supervisory arrangements that can meet the supervision standards if they address the purpose, functions, standards and requirements of professional supervision. These supervisory arrangements can include:

- *A supervisor being engaged by the clinical social work specialist.* The supervisor focuses largely on the educative and supportive functions and supports an understanding of the accountability function relating to the clinical specialization in which the social worker is engaged.
- *Group supervision, where a supervisor facilitates a supervisory forum with a group of social workers or a multi-disciplinary group.* Participants benefit from both the collaborative contributions of the group members as well as the guidance of the supervisor, who also requires skills in working with group dynamics.

Each of the supervisory arrangements are likely to have strengths, challenges and ambiguities associated with the practice context in which it is implemented. Clinical social work specialist supervisees and supervisors are expected to be attentive to emerging tensions in reflexive practise settings and to analyse and negotiate agreements to produce the greatest results. These conflicts frequently result from the supervisor concentrating too much on one aspect of supervision at the expense of others. For instance, if accountability is given too much attention, it may compromise the development of the kind of trusting, supportive relationships necessary to engage in processes of critical self-reflection and professional development. Similarly, if emotional support is given too much attention, it may compromise the personal challenges necessary for professional growth.

- 5.5. Reporting and coordination, within the parameters of confidentiality and supervision plan agreements, can facilitate and support an integrated approach to supervision. When a supervision plan agreement is being determined negotiating a fee for service is appropriate.

6. Supervisory processes

- 6.1. For supervision to be effective, the supervisory relationship is crucial. The development of respect and trust makes room for a secure and encouraging environment where the difficulties of critical self-reflection and professional development can take place. At the beginning of a supervisory relationship, power dynamics, expectations, duties, and obligations all need to be discussed and agreed upon. The foundation for future work is established at the early stages of the supervisory relationship through positive interaction and the development of a supervision plan agreement. Both the supervisor and supervisee have obligations in supervision. However, the supervisee is accountable for actively looking for opportunities for feedback, mentoring, support, and constructive criticism to constantly improve practise.
- 6.2. A range of different models, frameworks and creative or innovative approaches to supervision may be employed to guide the supervisory process. It is expected that supervisory approaches are dynamic and responsive to clinical social work practice and to the presenting issues for the clinical social work specialist. The supervisory process should facilitate critical reflection on practice that encourages analysis of values and ethics, power dynamics, inter-personal dynamics, structural factors, theoretical understandings, alternative perspectives, professional knowledge and current research findings, in developing a more sophisticated understanding of practice issues and more

informed practice choices. Such explorations often centre on case studies, scenarios or issues of concern encountered by the clinical social work specialists in practice but may also include practices and ideas that extend the social worker beyond their experience. It is expected that supervision also provide a forum where clinical social work specialists can engage in reflection on their use of self and the skills of social work practice.

- 6.3. Professional supervision should provide a safe space for clinical social work specialists to report on their practice, be challenged and extended and to be supported and affirmed.
- 6.4. Where applicable, informal 'in the moment' supervision can be an effective way to develop practice insights as it works with the heightened awareness and experiential engagement with the issues at the time. This should, however, be balanced with formal, scheduled supervision that allows for more holistic planning and reflection in a place and time that is dedicated for that purpose.
- 6.5. Attention to the supervisory relationship and processes is of particular importance when supervision is conducted through online, telephone, video/web conferencing or other remote means. Participants are expected to actively attend to strategies that will maximise the quality of the engagement and communication so that the purpose, functions and standards of supervision can be achieved and maintained, as is expected in face-to-face supervision.

7. *Guidelines for supervisors*

Supervisors must uphold ethical standards

- 7.1. Supervisors uphold their professional ethical responsibilities when engaging in the supervisory relationship.
- 7.2. Supervisors model and ensure clear professional boundaries with supervisees.
- 7.3. Supervisors avoid supervision of practitioners where close personal, social, business, therapeutic or sexual relationships are contemplated or have existed.
- 7.4. When alternative supervisory arrangements are unavailable (e.g. in rural settings or for cultural reasons), potential conflicts of interest should be declared to the NSCSW and boundaries negotiated, in line with requirements in the NSCSW Code of Ethics and Standards of Practice.
- 7.5. Supervisors maintain the confidentiality of the supervisees, including client information discussed in supervision, unless circumstances arise which limit such confidentiality.
- 7.6. Supervisors negotiate with supervisees the limits to confidentiality that will exist in the supervisory relationship, in line with requirements in the NSCSW Code of Ethics and Standards of Practice.

8. *Supervision contract /agreement*

- 8.1 Supervisors establish a supervision contract /agreement and maintain a record of supervision maintained for the duration of the supervisory relationship.

8.2 A supervision contract/agreement is negotiated between supervisor and supervisee and finalized/documentated within the first three supervision sessions.

8.3 A supervision contract / agreement outlines:

- Purpose, goals and functions of supervision.
- Roles, responsibilities and conduct of participants.
- Frequency and duration of supervision.
- How the sessions will be recorded, where records will be stored, who will have access to these records and if/how they will be disposed of.
- How confidentiality and privacy will be managed, and what the limits are to this.
- Reporting responsibilities to the NSCSW.
- How difference of opinion and conflict will be managed.
- Supervision agreement review date.
- Fees and payment method (if applicable.)

8.4 Supervisors maintain records and report on supervision as agreed in the supervision plan and in line with legal and ethical requirements.

9. *Supervisor training*

9.1 Supervisors are appropriately trained and experienced to provide supervision and demonstrate a commitment to professional practice and currency of knowledge.

9.2 Social work supervisors have professional qualifications in clinical social work specialization as recognized by the NSCSW.

9.3 Supervisors have a minimum of 3 years post qualifying experience relevant to the clinical social work specialization of the supervisee and bring a range of skills to assist others in their learning.

9.4 Supervisors have a clear understanding of the contemporary professional and practice issues, legislation and policy relating to the clinical social work.

9.5 Supervisors engage in continuing professional development for the provision of professional supervision.

9.6 Supervisors undertake relevant continuing professional development to ensure currency of knowledge in relevant fields of practice.

9.7 Supervisors engage in their own supervision as part of their commitment to professional practice.

10. *Dynamics of a supervisory relationship*

10.1 Supervisors manage the dynamics of a supervisory relationship appropriately.

- 10.2 Supervisors remain aware of the power differential within a supervisory relationship and manage this in an honest and respectful way by encouraging contributions from supervisees within a supportive and trusting relationship.
- 10.3 A time and place that is free of interruptions is set aside for supervision.
- 10.4 Supervisors manage and work to resolve any conflict that might arise in the supervisory relationship or group.
- 10.5 In group supervisory arrangements, supervisors manage group dynamics to facilitate the contributions and constructive outcomes for all participants.

11. *Supervisory practice*

- 11.1 Supervisors facilitate a process designed to achieve the purpose and functions of supervision, as outlined in the supervision guidelines.
- 11.2 Supervisors work with supervisees to identify learning needs and professional goals and how these may be addressed through supervision or beyond.
- 11.3 Supervisors facilitate a learning process that supports practitioners to critically reflect on their practice, identify ways to enhance their positive impact for service users (including through the application of research findings and theoretical perspectives) to develop clinical skills.
- 11.4 Supervisors encourage supervisees to discuss work/practice issues of concern, offering support and guidance to resolve these issues.
- 11.5 Supervisors assist supervisees to identify circumstances when external assistance with personal matters may be required, when these matters interfere with work practice.
- 11.6 Supervisors work with supervisees to understand their practice within the broader goals and context of clinical social work, as well as the policy, legislative, social, economic and political environment.
- 11.7 Supervisors engage with supervisees to examine their roles and responsibilities in clinical practice, and accountability to service users
- 11.8 Supervisors recognize cultural influences on practice and the diversity of knowledge and meanings that supervisees bring, collaborating with supervisees to access culturally relevant supervisory arrangements that serve to strengthen practice from cultural perspectives.
- 11.9 Supervisors engage with supervisees to evaluate agreed learning goals as outlined in the supervision agreement/contract and adjust approach if required.

12. *Professional misconduct*

- 12.1. Supervisors manage any suspected or actual misconduct or unethical behaviour of supervisees in line with ethical responsibilities outlined in the NSCSW *Code of Ethics, Standards of Practice and Standards of Clinical Practice*.

- 12.2. When occurrences of misconduct or unethical practice are identified or suspected by supervisors they will raise these matters in the first instance with supervisees, where appropriate, to seek a resolution.
- 12.3. Where it is not appropriate to raise the issue directly with the supervisee, or if the issue is not resolved after discussion with the supervisee, supervisors decide if the matter needs to be reported to an appropriate person, in line with supervision contract or Code of Ethics. It may be important for supervisors to also seek their own professional supervision in relation to this.

13. *Guidelines for supervisees*

Ethical responsibility of supervisee

- 13.1 Supervisees ensure they maintain the confidentiality and privacy of their colleagues, peers, and people they provide professional service to when engaging in individual, group or peer supervision, except where legislation requires otherwise.
- 13.2 To maintain confidentiality, supervisees de-identify case material (remove names, personal identifying information, and intimate details) for discussion in supervision, unless the supervisor and/or peers have approved access to this information in accordance with legislation, policy, or when written, informed consent to discuss information has been provided by the client. Any such material presented at supervision should also be securely stored.
- 13.3 Supervisees always maintain clear professional boundaries when engaging in a supervisory relationship.
- 13.4 Supervisees will remain open to respectful constructive comment on their practice or behaviour.

14. *Active participation in the supervisory process.*

- 14.1. Social workers actively participate in the supervisory process.
- 14.2. Social workers attend supervision that is relevant to their area of practice with an appropriately trained, social work qualified supervisor or peer.
- 14.3. Social workers attend all scheduled supervision meetings.
- 14.4. Social workers seek and respond openly to feedback and actively contribute to the agenda for supervision sessions.
- 14.5. Social workers plan and come prepared for supervision sessions by compiling records and evidence relating to practice such as case studies, feedback or research literature to support the reflective learning process.
- 14.6. In cases where the supervisee believes that the *Supervision Standards* or their learning needs are not being met, they alert their supervisor to this.

15. *Establishing supervisory processes*

- 15.1. Clinical social work specialists take an active role in establishing supervisory processes that meet their needs.
- 15.2. Clinical social work specialists contribute to the maintenance of the supervisory relationship and use supervision to critically reflect on their practice.
- 15.3. Clinical social work specialists use supervision to identify learning and continuing professional development needs, to set work and career goals and to plan for how these needs and goals will be addressed, either within the supervisory context or through other means.
- 15.4. Clinical social work specialists use supervision to review current workload and responsibilities, monitor accountability and competence in their practice and discuss any requirements in relation to role.
- 15.5. Clinical social work specialists discuss and reflect on their relationships, field of practice and profession, identifying how their role relates to broader goals, standards, legislation, policies and ways to engage more fully with these requirements.
- 15.6. Clinical social work specialists identify the need for cultural supervision and take steps to implement supervisory arrangements that could strengthen practice from cultural perspectives.

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Substantial Equivalency to an MSW

Eligibility

If you are currently a Registered Social Worker in good standing and hold a graduate degree from a related discipline, you may be eligible for registration for the clinical specialization through the “Substantial Equivalency” route of entry.

Evaluation of Substantial Equivalency applications consider the extent to which the applicant can demonstrate that their practical knowledge and experience is equivalent to content learned in Graduate Level Social Work Degree. The length, quality and nature of the applicant’s practical experience must be sufficient to determine competency to practice clinical social work.

The Board of Examiners will have regard to:

- the applicant’s prior practicing in a clinical scope as outlined in the NSCSW By-laws, in Nova Scotia or elsewhere.
- the applicant’s theoretical knowledge of clinical social work as a basis for their practice, including sociology, psychology and human development, social work theories and types of social work practice, and knowledge in clinical social work.
- the applicant’s educational qualifications relevant to a Master of Social Work degree;
- the extent to which the applicant has participated in regular training and professional development relevant to the clinical social work specialization,
- the extent to which the applicant can demonstrate their familiarity with culturally relevant knowledge for practicing social work with respect to Indigenous peoples or other cultural groups, which may include:
 - knowledge of historical events and trends of social, economic and political change involving ethnic or cultural groups in Nova Scotia;
 - cultural and social characteristics of individuals, families and communities, including matters related to cultural identity and helping;
 - preparations that are necessary for working with individuals, families and groups of a different ethnic or cultural background; and
 - the unique work carried out by ethnic and cultural organizations within their own communities.
 - Recognition that clinical social work requires approaching any and each client - individual, family or group - as unique, with cultures that have evolved across generations

An assessment of applicants’ current and past employment, formal education and theoretical knowledge of clinical social work will be completed to determine whether the registration criteria have been met.

Evaluation of Substantial Equivalency applicants will include the following elements, as required by the policies of the Nova Scotia College of Social Workers.

Social work practice experience

A review of an applicant's current and former employment/volunteer work will assess the following:

- Must have completed graduate education in a related field of study.
- applicant has demonstrated that the 5600 hundreds hours of practice experience and that the quality, and nature of their practical experience is sufficient to determine competency to deliver services as a clinical social work specialist.
- applicant has demonstrated their familiarity with culturally relevant knowledge with regards to social work with indigenous people and other cultural groups.

Graduate level related education assessment

A review of applicants' formal graduate level post-secondary educational qualifications and the extent to which they are master of social work-related will be completed using the Canadian Association for Social Work Education (CASWE) curriculum learning objectives and the content categories as follows:

I. Requirements

- a. An applicant must possess a minimum of a university-level master degree based on a norm of 30 course credits with a minimum of 9 course credits in the liberal arts, humanities and social sciences.
- b. Included in the degree, or in some combination of acceptable education and training obtained outside of the degree, there must be specific clinical social work content as stated in BOE Policy (?) assessed to be minimally equivalent to 12 credit hours graduate university-level courses, with remaining hours related to education required in MSW program. Courses are assessed using CASWE's *2021 Educational Policies and Accreditation Standards*.

Each course submitted for evaluation is eligible to fulfil the requirements of only one sub-area.

- c. If courses are submitted from a program for which a degree was not conferred, each course must meet the minimum pass grade established by the program in which it was completed for the course to be considered.

II. Content Areas

1. Professional identity

Social work students have opportunities to...



- a. identify as a professional social worker and adopt a value perspective of the social work profession;
- b. critically reflect on the practice and regulation of social work in Canada;
- c. develop professional identities as practitioners whose goal is to advance social justice and facilitate the collective welfare and wellbeing of all people;
- d. acquire abilities of critical self-reflection as it relates to engaging in professional practice through a comprehensive understanding and consciousness of the complex nature of their own social locations, identities, and assumptions;
- e. foster effective professional attributes such as caring, humility, honesty, integrity, passion, and empathy.

2. Engagement with individuals, families, groups, and communities through professional practice.

Social work students have opportunities to...

- a. develop the knowledge and skills to perform various interactive practices (e.g. intake, assessment, planning, action, evaluation) and relational practices (e.g. engagement, relationship-building, power-sharing, collaboration, accompanying, negotiation, mediation, advocacy and activism);
- b. analyze complex social situations and make professional judgements;
- c. acquire skills to practice at individual, family, group, organization, community and population levels;
- d. attain skills for interprofessional practice, community collaboration and team work;
- e. develop knowledge related to human development and human behavior in the social environment;
- f. gain knowledge and skills in advanced and/or specialized practice with individuals, families, groups, and/or communities; and g
- g. reflect on their own social location and implications for their roles and responsibilities in engaging in anti-racism and anti-colonialism practice within their professional practice.

3. Development of a professional practice

Social work students have opportunities to...

- a. apply social work knowledge, as well as knowledge from other disciplines, to advance professional practice, policy development, research, and service provision;
- b. recognize the importance and legitimacy of multiple approaches to values (axiology), being (ontology), knowing (epistemology), and doing (praxeology) that are consistent with the paradigms of anti-racism and anti-colonialism, and principles of social justice and equity;

- c. know a variety of social work theories, perspectives, and methodologies and use this knowledge to critically analyze professional and institutional practices;
- d. articulate a practice framework to guide their professional work; and
- e. use their professional role to advance equitable and just policies, services, and practices.

4. Colonialism and social work

Social work students have opportunities to...

- a. recognize the multiple expressions and experiences of colonialism that exist within Canada and globally;
- b. understand that colonizing narratives, have been, and continue to be embedded in social work practice, policy, research, and education;
- c. recognize and challenge how social work practitioners and the profession have been complicit in historical and current expressions of colonial violence and injustice; and
- d. explore a plurality of worldviews and the implication of the dominance of a Euro-Western worldview.

5. Indigenous peoples and communities

Social work students have opportunities to...

- a. incorporate The Royal Commission on Aboriginal Peoples, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Calls to Action of the Truth and Reconciliation Commission, Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the Viens Report from the Commission of inquiry into Aboriginal Relations and certain public services in Quebec: listening, reconciliation and progress in the development of their professional practice;
- b. demonstrate relational solidarity with the self-determination of Indigenous peoples;
- c. affirm the distinct nature of Indigenous social work and Indigenous healing practices;
- d. understand the role and importance of Indigenous languages in decolonizing; and
- e. affirm the resilience, resistance, and resurgence of Indigenous peoples, communities, and languages.

6. Francophone peoples and communities

Social work students have opportunities to...

- a. Identify and rectify the various forms of disrespect, marginalization and stereotyping towards Francophones, their communities and their cultures;

- b. recognize and advance the constitutional guarantees of status, rights, and privileges of Francophone peoples and communities;
- c. appreciate that the issues, challenges, and realities facing Francophone peoples and communities vary across geographical contexts;
- d. affirm the importance of language and cultural retention and expansion and the importance of active offer in the delivery of social services; and
- e. reflect on the implications for anti-racist and anti-colonialist social work practice in the context of diversity in francophone communities.

7. Equity and social justice

Social work students have opportunities to...

- a. identify and address structural sources of injustice and inequities;
- b. understand the role of social structures in limiting and/or advancing human and civil rights;
- c. embrace their professional role in advancing human rights, anti-racism and social justice in the context of the Canadian society and globally; and
- d. recognize that the experience of human beings is shaped by the complex intersection of their social locations and identities.

8. Anti-racism

Social work students have opportunities to...

- a. Learn about the historical context of racism and social work's involvement
- b. Learn about different forms and sources of racism (i.e. systemic, structural, interpersonal, epistemic);
- c. Understand the intersection of anti-racism, anti-colonialism, equity and social justice;
- d. Understand that white privilege narratives have been, and continue to be, embedded in social work practice, policy, research, and education;
- e. Recognize how social work practitioners and the profession have been complicit in historical and current expressions of racial violence and injustice and challenge this involvement; and Develop the knowledge and skills required to recognize and resist all forms of racism, particularly anti-Indigenous, anti-Black and anti-Asian racism, with attention to issues of power and positionality.

9. Environmental sustainability and ecological practice

Social work students shall have opportunities to...

- a. understand the need to create ecologically sustainable communities, economies and natural and built environments, in which all life forms and eco-systems can survive and thrive;

- b. identify and challenge environmental injustice and racism, i.e. the inequitable burdens borne by those who are socially and economically marginalised in relation to environmental degradation and hazards;
- c. advance environmental sustainability across individual, organizational and professional contexts; and
- d. embrace the role of social workers in advocacy for public policies and social practices that will ensure ecological health and environmental sustainability at local, regional, national and global levels

10. Values and ethics in professional practice

Social work students have opportunities to...

- a. learn about the CASW and other social work codes of ethics and processes of ethical decision-making;
- b. understand the complexities of ethical practice across various professional roles and activities and within spiritual, cultural and institutional contexts;
- c. use a critically reflexive ethical stance to navigate potential contradictions between social work ethics, employment responsibilities, and institutional Codes of Conduct;
- d. understand the ethical responsibility to rectify the historical and current social injustice experienced by Indigenous peoples and members of equity-seeking groups; and
- e. understand the ethical responsibility to respond to and address racism and colonialism.

11. Research

Social work students have opportunities to...

- a. acquire knowledge and skills to apply, participate in, and critique social work research;
- b. use research to advance professional practice, policy development and service provision;
- c. acquire advanced knowledge and skills in conducting social work research and competence in evaluating professional practices;
- d. Develop critical awareness of how research has differentially impacted racialized and other equity seeking groups and the responses that address this inequity; and
- e. Demonstrate an understanding of the importance of an anti-racist approach to research methodology, data analysis and the use of evidence, including race-based data to inform practice and address racial inequalities.

12. Policy analysis and development

Social work students have opportunities to...

- a. know how social policies and laws relate to the wellbeing of individuals, families, groups and communities in Canadian and global contexts;
- b. develop the knowledge and skills to identify positive/negative or equitable/inequitable policies and their implications and outcomes, especially for Indigenous peoples and members of equity seeking groups, and to participate in efforts to change these; and
- c. gain the knowledge and skills to contribute to the development and implementation of new and more equitable social policies.

13. Organizational and societal systems' change

Social work students have opportunities to...

- a. acquire knowledge of organizational and societal systems and acquire skills to identify social inequities, injustices, and barriers and work towards changing oppressive social conditions.
- b. recognize the role of the state in the structure of service planning and delivery and implications for community.
- c. foster the ability to critically assess the social, historical, economic, legal, political, institutional and cultural contexts of social work practice at local, regional, provincial, national, and global levels; and
- d. become prepared to take leadership ally roles in influencing organizational and societal systems.

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