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Exploring Regulation in Healthcare Social Work

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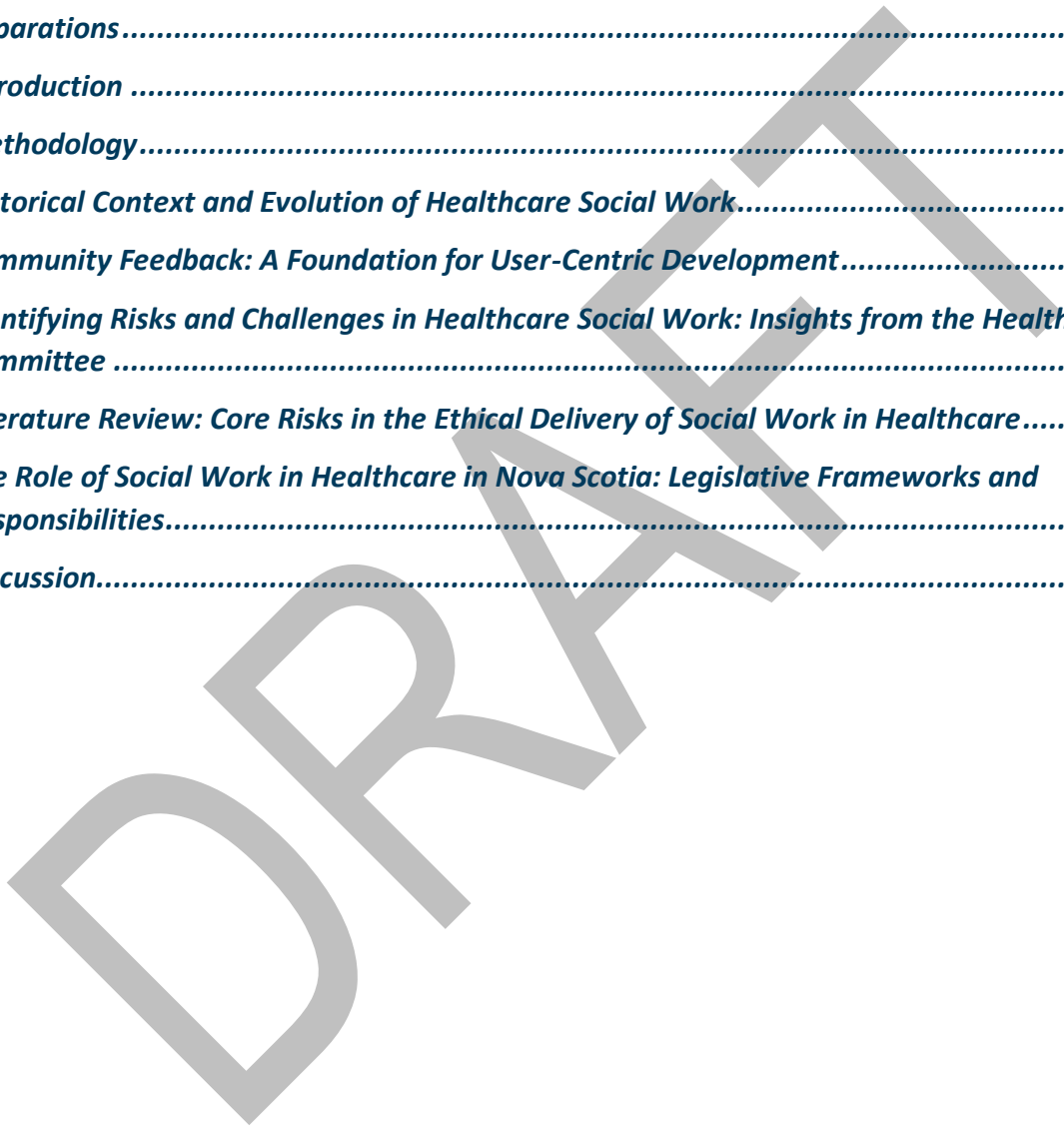
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Land Acknowledgement

The Nova Scotia College of Social Workers (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 in place to this day.

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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Decolonization

The College affirms Treaty Rights of the Mi'kmaq in Mi'kma'ki and in the rich legacy of Mi'kmaq sacred knowledge, teachings, land-based traditions, language, and ceremonies. We stand in respect and recognition of Etuaptmumk, or Two-Eyed Seeing, which teaches us to integrate Indigenous and Western knowledge systems for a more balanced and meaningful understanding of the world.

With Land Back as both a call to action and a path to justice, we honour the inherent connection of the Mi'kmaq to their ancestral lands and strive to support the reclamation of stewardship over these sacred spaces. Our work is driven by a shared philosophy and consciousness, one that seeks to uplift and strengthen Mi'kmaq and Indigenous approaches to social work, while supporting their unique practices and worldviews.

We are committed to fostering trust and understanding with Mi'kmaq and Indigenous communities, as well as advancing education and awareness among all social workers. Our vision is rooted in justice, guided by a hope for building a new, more equitable framework for social work. Through this, we recognize the need for a new Code of Ethics—one that is resilient, adaptable, and inclusive of the principles of Indigenous knowledge systems.

Together, we pledge to uphold these values as we continue to evolve, ensuring that our collective philosophy remains a living, breathing commitment to justice, empowerment, and respect for the Mi'kmaq and all Indigenous peoples.



Reparations

The College firmly recognizes that reparations are both a moral and material obligation to atone for the deep-rooted history of anti-Black racism within Nova Scotia and the broader Canadian context, which has led to human rights violations and crimes committed against people of African Descent. We are unequivocally committed to engaging with our members in proactive efforts toward reparations for the historical enslavement of peoples of African descent and addressing the systemic disenfranchisement faced by African Nova Scotian communities.

Reparations transcend mere monetary redress. They embody a comprehensive approach to healing and justice, addressing crucial areas of injury through five forms of reparation: ¹

1. **Restitution:** We advocate for measures that aim to restore lost rights and statuses, reversing the injuries endured by African Nova Scotians and their ancestors.
2. **Compensation:** We support economic recompense to address damages experienced due to employment discrimination, healthcare disparities, and other quantifiable losses.
3. **Rehabilitation:** Beyond financial compensation, we champion the restoration of land and the acknowledgment of stolen intellectual properties, and providing services that foster healing and recovery.
4. **Satisfaction:** Our commitment includes the cessation of harms through public apologies, commemorations, and tributes to the victims and survivors of historical injustices, recognizing their enduring impact on families and communities.
5. **Guarantees of Non-repetition:** We pledge to work towards preventing future human rights violations by adherence to ethical codes of conduct and promoting awareness and education on these issues.

The history of people of African descent in Nova Scotia is marked by resilience, contribution, and profound influence on the province's social fabric. From the Black Loyalists and the Maroons to the Southern American Black Refugees, the legacies of these communities have indelibly shaped Nova Scotia's cultural landscape. Their stories, marked by perseverance in the face of adversity, are central to our shared history and necessitate both recognition and restitution.

In committing to these principles of reparations, the College aims to honour the significant contributions of African Nova Scotians and ensure a future where equity, justice, and respect for human rights are not just ideals but realities for all. We stand dedicated to transforming this commitment into tangible actions that contribute to the healing, empowerment, and upliftment of

¹ Adapted from United Nations Human Rights Office of the High Commissioner, "Reparations," <https://www.ohchr.org/en/transitional-justice/reparations>.



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African Nova Scotian communities, laying the groundwork for a more equitable and inclusive society.

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Introduction

The Nova Scotia College of Social Workers (NSCSW) mandate is to ensure the public receives safe, ethical, social work practices that align with values of the profession to promote social justice and equity. The College achieves this by establishing scopes of practice, ethics and standards, setting standards for professional development and working to ensure compliance through oversight and advocacy towards social policy that achieves social justice. As part of this mandate the College is exploring the integration of social work into the health care system, a critical area where systemic barriers, patient safety, ethical complexities, and professional challenges converge. Through its [Safe\(R\) Social Work Framework](#), the NSCSW seeks to address these challenges by exploring the need for a regulatory approach that prioritizes public safety, professional accountability, and advocacy towards the delivery of more equitable and safe(R) care.

This scoping project explores the need for further regulation of healthcare social work to enhance safe and ethical practices. By identifying and addressing core risks in social work healthcare delivery, the NSCSW aims to strengthen the profession's capacity to meet the needs of Nova Scotia's most structurally vulnerable populations. The regulatory approach is designed to ensure that social workers are equipped to navigate complex healthcare systems, address social determinants of health, and balance service user – well-being with systemic constraints—all while upholding the highest standards of professional integrity.

The NSCSW's regulatory strategy is guided by a post-structural philosophy and a right-touch regulatory model, ensuring that its practices are both adaptable and minimally intrusive. This approach acknowledges the complex and dynamic realities faced by healthcare service users and those engaged in social work. Practitioners navigate interdisciplinary teams, challenge systemic structures, and respond to the diverse and evolving needs of individuals and communities, emphasizing adaptability and inclusivity in their efforts. By embedding these principles into its regulatory framework, the NSCSW ensures that its strategies are responsive to the evolving challenges of healthcare delivery.

Informed by critical reports such as the Truth and Reconciliation Commission's Calls to Action and the Mass Casualty Commission's Final Report, the NSCSW's regulatory approach is evidence-based and aligned with broader societal goals. Specifically, in the context of healthcare, the NSCSW has identified key priorities, including advocating for the integration of social, economic, and environmental factors in health policies, promoting the bio-psycho-social-spiritual model, and developing resources to educate both social workers and service users about the broader determinants of health.

To operationalize these priorities, the NSCSW has established the Health Committee, an ad-hoc council committee tasked with investigating and assessing the role of social work in healthcare delivery within Nova Scotia and the regulation needed to ensure greater safety. The committee is focused on addressing the challenges posed by the dominance of the medical



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model, neoliberal paradigms, and managerialism, while strengthen, safe and ethical social worker practice to ensure quality service-user care and community wellbeing.

This scoping paper will explore the historical context of social work in healthcare, examine current challenges, and identify opportunities to strengthen the regulation of healthcare social work. It will provide an analysis of systemic barriers and propose regulatory enhancements. By doing so, the NSCSW aims to ensure that healthcare social work is not only safe and ethical but also transformative, advancing equity, justice, and public well-being in Nova Scotia. The guiding statement will act as an iterative and constructive process, fostering deeper engagement with healthcare systems, social workers, and patient groups to collaboratively co-create regulations that serve the public interest.

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Methodology

The methodology for this scoping project is designed to align with the Nova Scotia College of Social Workers' (NSCSW) commitment to advancing safe and ethical social work practices. By employing a participatory and inclusive approach, the project design integrates qualitative and methods to ensure a comprehensive understanding of systemic barriers, opportunities, and the lived experiences of diverse populations and the unique needs of individual service users. This methodology is rooted in an equity lens, ensuring that the regulatory framework reflects the values of equity, justice, and public wellbeing.

1. Project Design

The project design is structured to capture a wide range of perspectives and insights through the following methods:

- **Primary Data Collection:** Focus groups were conducted with key collaborators, including Health Care committee members, Indigenous communities, African Nova Scotian communities, Acadian populations, Newcomers, disability advocacy groups, representative of the LGBTQ2SIA community and seniors' organizations. These focus groups provided a platform for marginalized voices to inform the regulatory framework, ensuring that the perspectives of structurally vulnerable populations are prioritized.
- **Surveys** Public feedback will be gathered through surveys to assess perceptions of the scope and impact of healthcare social work. This ensures that the regulatory approach is informed by the needs, expectations, and experiences of service users, fostering a client and family-centred perspective.
- **Partner Consultations:** Meetings with social workers, healthcare employers, and interdisciplinary teams will be held to review and refine regulatory guidelines. These consultations foster collaboration and ensure that the proposed changes are both practical and impactful, addressing the realities of healthcare delivery.

2. Analytical Framework

The analytical framework is designed to critically assess systemic barriers and opportunities within healthcare social work:

- **A decolonizing and reparations perspective is applied to identify and address systemic inequities in healthcare systems.** This lens strives to ensure that the analysis is culturally responsive to the needs of structurally vulnerable populations, challenging colonial legacies and promoting culturally responsive practices. It also emphasizes the importance of reparative actions, such as advocating for policies and practices that address historical injustices and promote equity in healthcare delivery.
- **Document Analysis:** A literature review was conducted to examine the history, evolution, and current state of healthcare social work.

3. Community Engagement

Community engagement is a cornerstone of this methodology, ensuring that the regulatory framework is informed by diverse perspectives and lived experiences:

- **Collaborative Approach:** The project actively involves community partners, social workers, and service users in the process. This participatory approach intends to foster trust and ensures that the findings are reflective of the realities faced by those most impacted by healthcare social work.
- **Focus on Structurally Vulnerable Communities:** Special attention is given to engaging Indigenous communities, African Nova Scotians, Acadian populations, and immigrant groups to address systemic inequities and promote culturally responsive practices.

4. Integration of Findings

The findings from this methodology will be integrated into the final regulatory guidelines through a structured process:

- **Critical Assessment:** Insights from focus groups, surveys, and partner consultations will be synthesized to identify key themes and priorities.
- **Framework Development:** The findings will inform the development of a regulatory framework that enhances safe and ethical healthcare social work practices.



Historical Context and Evolution of Healthcare Social Work

Historical Context and Evolution of Healthcare Social Work

Healthcare social work emerged in the early 20th century during the Progressive Era, a time of significant societal reform. Over the decades, it has evolved into a vital component of public health, addressing the social determinants of health to improve individual and community well-being. Below is a chronological exploration of the key milestones that have shaped the field of healthcare social work:

Foundational Movements and Early Developments (1890s–1930s)

- **Settlement House Movement and Charity Organization Societies (1890s–1920s):** Reformers like Jane Addams spearheaded efforts to address poverty, overcrowding, and access to essential services. These movements balanced community-level initiatives with individualized care, laying the groundwork for modern social work principles.
- **Founding of Medical Social Work (1906):** Dr. Richard Cabot and Ida Maude Cannon established the first hospital-based social work program at Massachusetts General Hospital. This marked the formal integration of social services into medical care, emphasizing the importance of addressing patients' social needs alongside their medical treatment.
- **Early Development in Canadian Healthcare (1910s–1930s):** The establishment of hospital social service departments in Canada (1910–1911) reflected a growing recognition of the social determinants of health. These departments prioritized holistic care by addressing patients' social and environmental challenges.

Ethical Challenges and Advocacy in Public Health (1910s–1940s)

- **Pivotal Role in the Eugenics Movement (1910s–1940s):** During this period, social workers became entangled with the eugenics movement, collaborating with institutions to enforce sterilization policies targeting marginalized groups, including Indigenous women, immigrants, and the poor. This involvement caused generational trauma and remains a significant ethical lapse in the profession's history.
- **The Children's Bureau and Infant Mortality (1912):** Social workers like Florence Kelley and Lillian Wald championed maternal and child health, advocating for the Sheppard-Towner Act (1921) in the USA. This act secured federal funding to combat preventable infant and maternal deaths, reinforcing the role of social workers in public health.
- **Roots of Healthcare Social work**

The roots of healthcare social work can be traced back to the early 20th century, when J.S. Woodsworth began to recognize the critical connection between social conditions

and health outcomes—what we now refer to as the social determinants of health. Through his work with immigrant communities in Winnipeg, Woodsworth became a passionate advocate for structural change, emphasizing the need for community ownership to ensure equitable access to the necessities of a healthy and fulfilling life. As he stated, "...only through community ownership can there be secured to the poor all things necessary to a proper, healthful and happy human life at cost price..." (p. 61). In 1914, Woodsworth played a pivotal role in advancing the profession by helping to establish the first social work training course at the University of Manitoba. He personally contributed to the program by teaching eight of the fifty-three lectures, laying the foundation for the integration of social work into healthcare systems (McNaught, 1959)

Expansion and Integration During Wartime and Universal Care (1940s–1970s)

- **The Second World War and Post-War Expansion (1940s–1950s):**
Social Workers in Canada played critical roles in rehabilitating wounded soldiers, supporting veterans' mental health, and shaping emerging health policies. These efforts contributed to the development of Canada's public health system and laid the groundwork for universal healthcare.
- **Advocating for Equity in Universal Care (1950–1970):**
The introduction of the Medical Care Act in 1966 established universal healthcare in Canada. Social workers became instrumental in helping marginalized populations—such as low-income families, Indigenous communities, and immigrants—navigate the healthcare system. Their advocacy worked towards more equitable access to medical services and addressed broader social factors impacting health.
- **Influence of Tommy Douglas:**
Known as the father of Medicare, Tommy Douglas's advocacy for equitable healthcare indirectly shaped the role of social workers, prompting them to address gaps in care delivery.

The Legacy of Residential Schools and the Sixties Scoop (1830–Present)

- **Residential Schools: Enforcing Cultural Erasure and Trauma:**
Social workers were instrumental in the operation and enforcement of the residential school system, which began in the 1830s and forcibly removed Indigenous children from their families. These institutions subjected children to physical, emotional, and cultural abuse, with the explicit goal of eradicating Indigenous identities and assimilating them into Euro-Canadian society. Social workers often facilitated the removal of children from their homes, justifying their actions under the guise of "child welfare" and "civilization." The abuse and cultural disconnection experienced by children created cycles of trauma that persist in Indigenous communities today. Survivors and their descendants face disproportionately high rates of mental health challenges, substance use disorders, and chronic illnesses.

- **The Sixties Scoop: Systematic Family Disruption:**

Between the 1950s and 1980s, social workers were central to the Sixties Scoop, a policy that removed thousands of Indigenous children from their families and placed them in non-Indigenous foster homes or adoptive families. This was often done without the consent of parents or communities, under the pretense of providing "better care." These actions furthered the colonial agenda of assimilation and the genocide of Indigenous peoples. Indigenous children were stripped of their cultural heritage, language, and connection to their communities, leading to lifelong struggles with identity and belonging. Survivors of the Sixties Scoop often face higher rates of mental health issues, substance use, and socioeconomic challenges, compounded by systemic racism and discrimination.

African Nova Scotian Healthcare: Exclusion and Resilience (18th Century–Present)

- **Systemic Exclusion and Racism:**

African Nova Scotians, who trace their roots to Black Loyalists, Jamaican Maroons, and Black Refugees, have faced systemic racism in healthcare since the 18th century. They were often denied access to healthcare facilities or relegated to segregated, underfunded services. Social workers, operating within these systems, frequently failed to advocate for equitable care and instead reinforced discriminatory practices.

- **Health Disparities and Mistrust:**

African Nova Scotians experience disproportionately high rates of chronic illnesses, such as diabetes and hypertension, due to systemic inequities. Historical and ongoing racism, including dismissive treatment and racial profiling, has fostered deep mistrust of healthcare and social services. Social workers, as gatekeepers to many services, often contributed to this mistrust by failing to challenge systemic racism within their institutions.

- **Community Advocacy and Progress:**

Despite systemic barriers, African Nova Scotians have demonstrated resilience through grassroots efforts. Organizations like the Nova Scotia Association for the Advancement of Colored People (NSAACP) and the Health Association of African Canadians (HAAC) have advocated for healthcare equity and culturally appropriate care. Social workers today are increasingly collaborating with these organizations to address health disparities and rebuild trust.

Addressing Crises and Redefining Care (1960s–1980s)

- **Mental Health and Chronic Conditions:**

The rise of mental health challenges and chronic illnesses in the 1970s and 1980s demanded a more holistic approach to care. Programs like the Community Mental Health Initiative integrated social workers into multi-disciplinary teams, emphasizing collaborative care.

Professional Challenges and Resilience (1990s–Present)

- **Hospital Restructuring (1990s):**

The restructuring of Canadian hospitals introduced program management systems that diluted social work leadership roles and disrupted professional identities. Social workers faced increased caseloads, limited resources, and fewer opportunities for mentorship and supervision, which negatively impacted job satisfaction and retention.

- **Rising to New Challenges (2000s–Present):**

In recent decades, healthcare social work has expanded to address complex issues such as mental health, systemic inequities, and public health crises. Social workers have been central to initiatives like the Canadian Mental Health Commission and programs for youth mental health, suicide prevention, and trauma recovery. The rise of telehealth during the COVID-19 pandemic showcased their adaptability but also highlighted challenges like digital access disparities.

The historical evolution of healthcare social work demonstrates the profession's critical role in addressing the intersection of health and social inequities. From its roots in the Settlement House Movement to its integration into universal healthcare systems, social work has consistently sought to improve individual and community well-being by addressing social determinants of health. However, this history also reveals significant ethical lapses, including complicity in systemic injustices such as the eugenics movement, residential schools, and the Sixties Scoop, which have left lasting scars on marginalized communities.

Community Feedback: A Foundation for User-Centric Development

Gathering community feedback is a critical step in the early stages of exploring a regulatory framework for healthcare social work. This process ensures that the voices of diverse populations, particularly those who are structurally vulnerable, are heard and integrated into the design and implementation of policies and practices. By engaging directly with communities, the Nova Scotia College of Social Workers (NSCSW) aims to create a user-centric framework that reflects the lived experiences, needs, and expectations of service users. This approach not only enhances the relevance and effectiveness of the framework but also is intended to foster trust, transparency, and inclusivity in its development.

Community feedback serves as a cornerstone for identifying systemic barriers, understanding cultural nuances, and addressing inequities in healthcare social work. It provides actionable insights that inform the design of user-centric features, ensuring that the framework is both practical and impactful. Moreover, this feedback helps to align the regulatory approach with the NSCSW's commitment to equity, justice, and public wellbeing.

Methods for Collecting Feedback

The focus groups conducted with various community groups, including older adults, African Nova Scotians, disability communities, 2SLGBTQIA+ youth, and newcomers, Indigenous and Acadian Communities, were designed to gather critical insights into the challenges, needs, and recommendations for improving social work practices and policies. Below is a summary of how these focus groups were structured

How the Focus Groups Were Conducted

- 1. Purpose and Structure:** Each focus group was organized with a clear purpose of fostering equity, building trust, and improving social work services. The sessions were facilitated by experienced professionals from the Association of Black Social Workers and the College of Social Work and supported by notetakers to ensure accurate documentation of discussions. The focus groups were tailored to the unique needs and experiences of each community group.
- 2. Collaborators:**
 - **Seniors:** Represented by the ACE Team (Advocates for the Care of the Elderly), the group included Collaborators with direct experience in long-term care and community support systems.
 - **African Nova Scotians:** Community members engaged in Kitchen Table Talks in Halifax and New Glasgow to focus on culturally responsive practices.

- **Disability Communities:** Collaborators included individuals with disabilities who shared their experiences with accessibility, continuity of care, and systemic barriers.
 - **2SLGBTQIA+ Youth:** The Youth Board of the Youth Project consisted of seven members who provided insights into fostering equity and building trust in social work services.
 - **Newcomers:** Two sessions were held, one with settlement workers from ISANS and another with English Language Learning students focusing on barriers in healthcare, housing, and education.
 - **Indigenous Community-** A circle conversation took place at the Mi'kmaq Native Friendship Centre.
 - **Acadian community** –A Francophone consultant was hired, and two sessions were conducted—one online and one in person at Grand Pré. Five participants shared their experiences with social work services.
3. **Engagement Approach:**
- The focus groups were designed to create a safe and supportive environment where Collaborators could openly share their experiences and perspectives. Facilitators employed active listening techniques and encouraged open dialogue to ensure that all voices were heard.
4. **Documentation:** Notetakers recorded the discussions in detail, capturing key themes, challenges, and recommendations. This documentation served as the foundation for actionable strategies and policy recommendations.

What Was Heard

Mi'kmaq Communities: Advocating for Culturally Responsive Health Care

The Mi'kmaq community emphasized the need for culturally safe and accessible health care services that respect their traditions and address systemic barriers. Their feedback highlighted the following key areas:

- **Culturally Safe Health Care Services:** Collaborators stressed the importance of integrating traditional healing practices, such as smudging and ceremonies, into health care settings. They noted that mainstream health services often lack understanding of Mi'kmaq traditions, which creates barriers to trust and effective care.
- **Access to Mental Health Support:** Participants identified long waitlists and systemic discrimination as significant challenges in accessing mental health services. They emphasized that services offered through the Friendship Centre often feel more welcoming and supportive.

- **Representation in Health Care:** The lack of Indigenous representation among health care professionals was highlighted as a barrier to trust and communication. Collaborators called for more Indigenous social workers and health care providers to bridge this gap.
- **Trauma-Informed Care:** Participants emphasized the need for trauma-informed approaches that acknowledge the intergenerational impacts of colonization and residential schools. Social workers were encouraged to advocate for equitable access to mental health supports and culturally responsive care.
- **Safe and Accessible Complaint Processes:** Collaborators noted that the current complaint process for health care and social work services feels unsafe and inaccessible for Mi'kmaq individuals. They called for a redesign of the process to ensure it is culturally sensitive and supportive.
- **Education and Training:** Participants recommended mandatory training for social workers on Indigenous health practices, history, and cultural safety to better serve Mi'kmaq communities.

The feedback from the Mi'kmaq community underscores the importance of creating health care systems that are inclusive, culturally responsive, and accessible. Their insights provide a foundation for shaping policies and practices that respect Mi'kmaq traditions and address systemic inequities in health care delivery.

African Nova Scotian Communities: Addressing Systemic Racism and Promoting Afrocentric Practices

The African Nova Scotian community highlighted systemic racism and the need for culturally responsive social work practices. Their feedback revealed the following themes:

- **Experiences with Social Workers:** While some Collaborators shared positive experiences with African Nova Scotian social workers, many noted dismissive treatment from mainstream social workers, particularly when accessing services while on income assistance. Black clients often felt deprioritized or treated dismissively by non-Black social workers.
- **Racism and Systemic Barriers:** Collaborators reported racial profiling during intake processes and systemic racism in healthcare and social services. They called for mandatory anti-racism and Afrocentric training for white social workers to address these issues.
- **Improving Accountability and Services:** Collaborators expressed mistrust of rigid survey tools and emphasized the need for conversational, open dialogue. They also

called for reforms in social work education, including making Dalhousie's Afrocentric Social Work course mandatory and increasing Black faculty representation.

- **Barriers to Complaints and Accountability:** The complaint process was described as Eurocentric, intimidating, and inaccessible. Collaborators suggested creating an independent advocate or ombudsperson outside the College to support complainants and ensure stronger protections.

Community Strength and Solidarity: Collaborators emphasized the importance of unity among Black-led organizations and called for increased funding and resources for these groups.

Francophone Communities: Advocating for Linguistic Accessibility and Cultural Inclusion

The Francophone community, represented by participants from diverse backgrounds, highlighted the challenges they face in accessing social and health services in Nova Scotia. Their feedback emphasized the following key areas:

- **Language Barriers in Services:** Participants identified significant challenges due to the predominance of English in social and health services. They shared experiences of difficulty navigating adoption processes, hospital visits, and urgent medical situations without adequate French-language support. The lack of interpreters and awareness of available interpretation services was noted as a critical issue, with language barriers often leading to trauma and health risks.
- **Cultural Isolation:** Limited opportunities to connect with other Francophones were highlighted, leading to a sense of isolation within the community. For Acadian and Francophone adoptive children, the lack of placement in French-speaking environments was seen as a threat to their linguistic and cultural identity.
- **Respecting Francophone Culture and Identity:** Participants called for inclusive practices that celebrate Acadian and Francophone culture. They emphasized the importance of clear communication in the client's preferred language, proactive service offerings, and locally relevant French-language resources. Recognizing the historical trauma and marginalization of Acadian and Francophone communities was also deemed essential.
- **Training and Tools for Social Workers:** Participants recommended integrating training on Acadian culture, history, and realities into university social work programs. They also suggested fostering collaboration with Francophone organizations and maintaining an up-to-date directory of French-speaking professionals to guide clients to services in their preferred language.

- **Improving Dialogue with Francophone Communities:** Participants emphasized the need for ongoing engagement with Francophone communities. Suggestions included appointing a Francophone representative to the NSCSW Board of Directors, utilizing French-language media platforms for communication, and conducting regular consultations to understand community needs.
- **Ensuring Quality French-Language Services:** Participants advocated for French-language training and certification for professionals, recruitment of Francophone staff, and recognition of foreign credentials for Francophone immigrants. They highlighted successful models like the Centre de santé municipale de Clare as examples to follow.
- **Reducing Linguistic Discrimination:** Participants urged the NSCSW to advocate for Francophone inclusion, increase visibility as an advocacy organization, and create entry-level positions to improve access to the system. They also suggested adopting an official French name and acronym for the NSCSW to reflect the province's bilingual reality.

The feedback from Francophone communities underscores the importance of linguistic accessibility and cultural inclusion in social and health services. Their insights provide actionable recommendations for creating equitable and culturally responsive practices that meet the needs of Acadian and Francophone populations in Nova Scotia.

Elderly: Advocating for Comprehensive Support in Long-Term Care

The senior community, represented by the ACE Team (Advocates for the Care of the Elderly), emphasized the urgent need for social workers to play a more prominent role in long-term care and community support systems. Their feedback underscored the following key areas:

- **Integration of Social Workers in Long-Term Care:** Seniors advocated for the establishment of full-time social worker roles in long-term care facilities to provide consistent support for patients and their families. They highlighted the importance of social workers collaborating with healthcare providers and facility staff to enhance patient care and address systemic challenges, trauma and dementia.
- **Dementia Training and Advocacy:** Collaborators identified dementia care as a critical area for improvement. They recommended mandatory dementia training for social workers, updated every 2-3 years, to ensure best practices. Early involvement of social workers in the assessment and intake process was also emphasized to address questions and concerns proactively.
- **Family-Centered Care:** Seniors stressed the importance of involving families in the care process. Social workers were seen as key advocates and counselors, providing emotional support and regular updates to foster trust and transparency.

- **Addressing Trauma and Stigma:** Collaborators called for trauma-informed care, with social workers providing counseling to help seniors process trauma and engage in healing. They also emphasized the need to create safe spaces for seniors to express themselves without fear of judgment or stigma.
- **Advocacy for Systemic Change:** Seniors urged the NSCSW to advocate for systemic improvements in elderly care, including medication oversight, policy advocacy, and collaborative decision-making involving families, senior communities, and healthcare providers.

Disability Communities: Advocating for Accessibility, Continuity, and Inclusion

The disability community provided valuable insights into the barriers they face and the support they need to thrive. Key themes included:

- **Accessible and Equitable Services:** Collaborators stressed the importance of clear communication about available services and simplifying processes for accessing them. They also highlighted the need for virtual and home-based services to accommodate fluctuations in health and well-being.
- **Continuity of Care:** Consistent therapeutic relationships were seen as critical to fostering trust and supporting long-term progress. Collaborators expressed frustration with having to start anew with different social workers based on consistent turn-over.
- **Recognizing the Realities of Disability:** Collaborators called for greater acknowledgment of both visible and invisible disabilities. They highlighted societal expectations of recovery as a source of frustration and emphasized the need to address caregiver pressures.
- **Advocacy and Systemic Change:** Social workers were encouraged to advocate for clients when services are unavailable. Collaborators also called for accessible employment opportunities and collaboration with healthcare partners to design inclusive guidelines.
- **Building Trust and Compassionate Practice:** Collaborators emphasized the importance of social workers approaching clients with compassion, active listening, and transparency about what they can realistically achieve.
- **Expanding Social Work Integration:** Collaborators advocated for integrating social work into primary care and other community services. They also called for mandatory training on disability inclusion and trauma-informed care.

2SLGBTQIA+ Youth: Building Inclusive and Relationship-Based Practices

The 2SLGBTQIA+ youth community provided critical feedback on how to foster equity, build trust, and improve social work services. Key insights included:

- **Equity, Fairness, and Inclusive Practices:** Collaborators emphasized the importance of recognizing historically excluded groups and creating inclusive frameworks for well-being. They also highlighted transportation barriers as a significant obstacle to accessing services.
- **Relationship-Building and Trust:** Collaborators called for meaningful community engagement and investment in staff retention to maintain continuity in relationships. They also stressed the need for transparency about system navigation and power imbalances.
- **System Design and Responsiveness:** Collaborators advocated for empowering community care through flexible models like “circles of care.” They also called for alternative wellness check systems free of police involvement to avoid retraumatization.
- **Communication and System Navigation:** Simplifying systems and providing clear guides on navigating them were identified as priorities. Collaborators also suggested shifting service language to be more compassionate and trust-building.

Newcomers: Addressing Barriers in Healthcare, Housing, and Social Work Practices

Newcomers highlighted significant barriers in accessing healthcare, housing, and culturally sensitive social work practices. Their feedback included:

- **Accessing Healthcare:** Language barriers, complex system navigation, and limited access to mental health services were identified as major challenges. Collaborators called for simplified online processes, increased language support, and culturally responsive public resources.
- **Housing Challenges:** Collaborators shared struggles with finding safe, affordable housing due to discrimination, high costs, and lack of guidance. They emphasized the need for advocacy services to support newcomers in understanding tenant rights and navigating housing systems.
- **Education Challenges:** Placement issues, cultural adjustment, and bullying were highlighted as barriers for newcomer children. Collaborators called for integration programs and culturally inclusive school environments.
- **Social Work Services:** Collaborators identified cultural sensitivity issues and the need for trauma-informed care. They emphasized the importance of building trust through honesty, empathy, and repeated engagement.
- **Integration and Advocacy:** Collaborators stressed the need for policies that prioritize newcomer integration and safety. They also called for public education campaigns to counter anti-immigration attitudes and foster positive relations.

The feedback gathered through these focus groups provides a comprehensive and invaluable foundation for shaping a regulatory framework that is inclusive, equitable, and responsive to the diverse needs of Nova Scotia's communities. Each group's unique insights highlight systemic barriers, cultural nuances, and actionable recommendations that are critical to advancing safe, ethical, and impactful social work practices.

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Identifying Risks and Challenges in Healthcare Social Work: Insights from the Health Committee

The Health Committee was engaged to provide critical insights into the current landscape of social work in health care settings. These consultations aimed to identify core risks, explore opportunities for improvement, and chart a path forward for exploring a regulatory framework social worker within healthcare to impact ethical care. The findings reveal significant risks and challenges that hinder the profession's ability to deliver safe and ethical social work practice, as well as opportunities to strengthen its role in fostering equitable and interdisciplinary healthcare systems.

Key Risks and Challenges

1. **Lack of Role Definition and Consistency**

A dominant theme across the consultations was the absence of a clear definition of healthcare social work roles. This lack of clarity has led to inconsistent job descriptions and expectations, with many social workers' tasks being directed by non-social workers. Without a framework, social workers are often left working in silos, filling gaps in the healthcare system that fall outside their scope of practice or expertise. This issue is further compounded by the lack of clarity between BSW and MSW roles, resulting in BSWs taking on complex cases without adequate supervision or support.

2. **Limited Support and Supervision**

The absence of social work-specific management positions or union representatives has left many healthcare social workers without the guidance and support they need. This has created a professional environment where debriefing, peer support, and opportunities for professional development are limited. The lack social work supervision and advocacy for specialized training exacerbates the challenges of working in high-pressure healthcare settings.

3. **Resource Constraints and High Caseloads**

Social workers consistently reported limited resources, insufficient time, and unmanageable caseloads as significant barriers to providing effective care. These challenges are often a direct result of systemic underfunding and the lack of a cohesive framework to guide healthcare social work practice.

4. **Siloed Work and Fragmented Collaboration**

The lack of integration within interdisciplinary teams has led to social workers operating in isolation, with minimal collaboration or coordination. This siloed approach undermines the potential for holistic, bio-psycho-social-spiritual care and limits the profession's ability to contribute meaningfully to healthcare outcomes.

Opportunities for Improvement

Despite these challenges, the consultations also revealed significant opportunities to strengthen the role of social workers in healthcare:

1. **Defining Roles and Scope of Practice**

Establishing a clear definition of healthcare social work roles is a critical first step. This includes delineating the scope of practice for BSWs and MSWs, as well as educating managers, team members, and the public about the unique contributions of social workers in healthcare. A well-defined role would align expectations, enhance the professional identity which is core and ensure that social workers are practising confidently to their full scope of practice.

2. **Expanding Management and Support Structures**

Ensure strong social work leadership and supervision through guidance and advocacy would ensure seamless integration into healthcare teams, facilitate professional development, and create opportunities for debriefing and peer support. Managers with a deep understanding of social work's complexities could advocate for specialized training and resources, reducing the burden of high caseloads and fragmented collaboration.

3. **Leveraging Community Momentum**

The consultations highlighted some clear system movement toward bio-psycho-social-spiritual frameworks and prevention-based care. Building on this momentum by fostering collaboration with educational institutions, community partnership, and healthcare teams could create a more integrated and holistic approach to care.

4. **Engaging in Political Advocacy**

Addressing systemic barriers such as inadequate funding, housing instability, and social inequities requires political advocacy. It was felt that social workers scope within healthcare must engage in broader systemic change to ensure that communities' fundamental needs—such as livable wages and access to resources—are met. Without addressing these root causes, the profession's ability to provide effective care will remain limited.

A Vision for Empowered Healthcare Social Work

When asked to envision a healthcare system where social workers are fully empowered to deliver safe and ethical social work practice, respondents described a system that values and respects the profession's scope of practice, which includes contributing to assessment, intervention, and follow-up with those who experience illness. In this vision:

- Social workers are integral members of interdisciplinary teams, with the time and resources needed to provide competent, compassionate, and client and family-centred care.
- The healthcare system aligns with the social work code of ethics, prioritizing equity, cultural responsiveness, and systemic advocacy.

- Communities are supported by social workers who are confident, well-trained, and equipped to address the social determinants of health.

However, respondents also stressed that even with a well-defined scope of practice, systemic issues such as poverty, housing instability, and inequitable access to resources must be addressed. Without tackling these root causes, the healthcare system will continue to fall short of meeting the needs of vulnerable populations.

The insights from the Health Committee highlight the urgent need for a regulatory framework that addresses the risks and challenges facing healthcare social work in Nova Scotia. By defining roles, expanding support structures, and fostering collaboration, the profession can move toward a more cohesive and impactful presence in healthcare. Committee members expressed that that framework must also prioritize political advocacy and systemic change, ensuring that social workers are empowered to address the root causes of inequity and build healthier, more resilient communities. Through these efforts, healthcare social work can fulfill its potential as a transformative force within Nova Scotia's healthcare system.

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Summary of "The Unspoken Burden of Women's Health" Survey Report

The IWK Foundation's 2025 survey, *The Unspoken Burden of Women's Health*, collected responses from 27,317 women across the Maritime provinces to examine their health experiences and the systemic challenges they face. The survey revealed that women's health is shaped by structural, societal, and systemic barriers, with many respondents reporting feelings of stress, anxiety, and being underserved by the healthcare system. Notably, 77% of women admitted to delaying or avoiding care due to fear of judgment, dismissal, or being too busy with caregiving responsibilities. Additionally, 70% of respondents stated that the current healthcare system does not meet their needs, and 86% called for significant reforms to improve women's healthcare (IWK Foundation, 2025).

The report highlights key areas of concern, including caregiver burnout, economic insecurity, and the dismissal of women's health concerns. Women reported a lack of access to family doctors, walk-in clinics, and specialists, with 28% unable to access a family doctor when needed. Emotional and mental health supports were identified as critical needs, particularly for caregivers, with 65% of respondents reporting impacts on their mood and emotional well-being. Furthermore, only 34% of women considered themselves to be in good or great health, underscoring the widespread challenges faced by women in the region (IWK Foundation, 2025).

Respondents identified several priorities for improving healthcare, including increased access to care, the establishment of dedicated women's health clinics, stronger education and training for healthcare providers on gender-specific health issues, and more research into women's health. The report calls for a reimagined healthcare system that listens to women, values their lived experiences, and provides proactive, compassionate, and culturally informed care. It emphasizes the need for systemic change to address the structural and societal determinants of women's health, ensuring a more equitable and responsive healthcare environment (IWK Foundation, 2025)



Literature Review: Core Risks in the Ethical Delivery of Social Work in Healthcare

The ethical delivery of social work in healthcare is a complex and multifaceted endeavor, fraught with risks that impact both the quality of care provided to service users and the well-being of social workers. These risks are deeply embedded in organizational, systemic, and professional dynamics, as highlighted in the literature.

Navigating Complex Systems

Healthcare social workers operate within intricate systems that include hospitals, and community resources. Acting as intermediaries, they are tasked with ensuring patients receive coordinated care while managing bureaucratic hurdles. This complexity often creates ethical dilemmas and logistical challenges that can compromise care delivery (*Dziegielewski & Holliman, 2019*).

Balancing Patient Welfare and System Constraints

A recurring ethical challenge for social workers is balancing their advocacy for patient welfare with the constraints imposed by institutional policies and limited resources. For instance, prioritizing cases based on urgency may leave some patients underserved, creating inequities in care (*Dziegielewski & Holliman, 2019*).

Addressing Social Determinants of Health

Social workers are uniquely positioned to address social determinants of health, such as poverty, housing instability, and food insecurity. However, these systemic issues often require long-term, multi-sectoral solutions that extend beyond the immediate scope of healthcare interventions, leaving social workers to navigate gaps in service delivery (*Fabbre et al., 2011*).

Protecting Patient Privacy

The rise of electronic health records and digital communication has introduced new complexities in maintaining patient confidentiality. Social workers must balance the ethical obligation to protect privacy with the need to share critical information with healthcare teams to ensure effective care coordination (*Anderson & Frogner, 2008*).

Cultural Sensitivity and Diversity

Cultural competence is essential for healthcare social workers to address the diverse needs of patients. This includes understanding cultural beliefs about health and illness, addressing language barriers, and navigating other factors that may influence care. A lack of cultural humility can lead to miscommunication and inadequate care (*Dziegielewski & Holliman, 2019*).

Funding and Resource Limitations



A significant barrier to ethical social work practice in healthcare is the chronic lack of funding and resources. Social workers often face constraints such as insufficient time with patients, long waiting lists, and limited access to necessary tools and services, which hinder their ability to provide comprehensive care (*Zuchowski & McLennan, 2023*)

Organizational Barriers

Structural and administrative challenges further complicate the delivery of ethical social work in healthcare. These include difficulties accessing treatment spaces, especially offices or spaces large enough to accommodate families and other groups, inadequate data systems to document social work contributions, and restrictive management policies that limit flexibility in care delivery (*Zuchowski & McLennan, 2023*)

Lack of Understanding and Undervaluing of the Social Work Role

The role of social workers within healthcare teams is often misunderstood or undervalued. This lack of clarity can result in inappropriate referrals, limited collaboration with other healthcare professionals, and a diminished recognition of the critical contributions social workers make to patient care (*Zuchowski & McLennan, 2023*).

Impact of Healthcare Reforms

Healthcare reforms, particularly those influenced by the New Public Management (NPM) framework, have introduced heightened monitoring, performance pressures, and funding cuts. These changes have shifted the focus from family and client centred care to managerial priorities, negatively affecting service quality and the well-being of social workers (*Lévesque & Negura, 2021*).

Emotional and Professional Burnout

The cumulative effects of high workloads, ethical conflicts, and inadequate organizational support contribute to significant levels of burnout among healthcare social workers. This not only impacts their mental health but also compromises the quality of care provided to patients, creating a cycle of professional distress and diminished service delivery (*Lévesque & Negura, 2021*)

The literature highlights a range of core risks in the ethical delivery of social work in healthcare, spanning systemic, organizational, and professional challenges. These risks underscore the need for systemic reforms, increased resources, and enhanced support for social workers to ensure ethical and effective care delivery. Addressing these issues is critical to improving both patient outcomes and the sustainability of the social work profession in healthcare settings.

The Role of Social Work in Healthcare in Nova Scotia: Legislative Frameworks and Responsibilities

Social workers in Nova Scotia play a critical role in healthcare, guided by legislative frameworks that define their responsibilities and ensure ethical, client and family-centred care. These roles are shaped by key pieces of legislation, including the Social Workers Act, which governs the profession, and other healthcare-related acts that outline specific duties and responsibilities. Below is an overview of the legislative acts and the corresponding roles of social workers in healthcare delivery.

1. Social Workers Act (Nova Scotia)

The Social Workers Act establishes the regulatory framework for the profession in Nova Scotia, ensuring accountability, ethical practice, and professional standards. It defines the scope of practice for social workers, emphasizing their role in addressing social determinants of health, promoting social justice, and enhancing the well-being of individuals, families, and communities. This scope explicitly includes clinical services such as assessment, intervention, follow-up, counselling, which are integral to their work in health environments. Social workers are mandated to act in the best interests of clients, uphold their rights, and provide services aligned with equity and inclusion principle

Practice Services

- **Assessment and Intervention:** Conduct biopsychosocial assessments to identify client needs and develop intervention plans addressing social, emotional, and environmental factors.
- **Advocacy and Social Justice:** Advocate for systemic changes to reduce inequities and ensure marginalized populations have equitable access to resources.
- **Counselling and Support:** Provide therapeutic counselling to individuals, families, and groups to address mental health challenges, trauma, and other psychosocial issues.
- **Crisis Intervention:** Respond to urgent situations, such as mental health crises or family emergencies, by offering immediate support and connecting clients to resources.
- **Collaboration and Coordination:** Work within interdisciplinary teams to provide holistic, client- and family-centered care, emphasizing the individual within their social context. This involves liaising with other professionals to address complex needs and ensure comprehensive support
- **Education and Prevention:** Educate clients and communities about available resources, rights, and strategies to improve health and social outcomes.
- **Policy Development and Research:** Contribute to policies and programs that address social inequities and improve service delivery.

2. Nova Scotia Hospitals Act

The Hospitals Act outlines the responsibilities of hospitals, including patient admission, treatment, discharge, and competency assessments.

Practice Services

- **Advocacy:** Ensure patients' rights are upheld and that they receive appropriate care and services.
- **Capacity Assessments:** Collaborate with healthcare teams to assess patients' decision-making capacity and support substitute decision-makers.
- **Discharge Planning:** Facilitate safe and effective discharge by connecting patients with community resources and supports.
- **Family Support:** Provide counselling and guidance to families navigating complex healthcare decisions.

3. Nova Scotia Personal Directives Act

The Personal Directives Act allows individuals to create directives for future personal-care decisions and appoint a delegate to act on their behalf if they lose capacity.

Direct Practice Education: Inform clients and families about the importance of personal directives in planning for future care.

- **Facilitation:** Assist clients in creating personal directives that reflect their values, preferences, and wishes.
- **Advocacy:** Ensure substitute decision-makers act in the best interests of the individual, respecting their directives.
- **Conflict Resolution:** Mediate disputes between family members or delegates regarding care decisions.

4. Nova Scotia Human Organ and Tissue Donation Act

This Act establishes a framework for organ and tissue donation, including deemed consent provisions and the role of substitute decision-makers.

Direct Practice

- **Counselling:** Provide emotional support to families navigating organ and tissue donation decisions.
- **Education:** Inform clients and families about the donation process, including deemed consent and their rights.
- **Advocacy:** Ensure the donor's or substitute decision-maker's wishes are respected throughout the process.

- Collaboration: Work with healthcare teams to support families during the donation process.

5. Nova Scotia Children and Family Services Act

This Act focuses on the protection and well-being of children, outlining social workers' responsibilities in child welfare and protection cases.

Practice Services

- Child and Family Well-Being: Investigate reports of child abuse or neglect and take appropriate action to ensure child safety.
- Family Support: Provide counselling and support to families to address issues that may place children at risk.
- Advocacy: Represent the best interests of children in legal and administrative proceedings.
- Collaboration: Partner with community agencies to provide resources and support for families in need.

6. Nova Scotia Involuntary Psychiatric Treatment Act

This Act provides a framework for the involuntary admission and treatment of individuals with mental disorders, emphasizing the least restrictive treatment options and patient rights.

Direct Practice Services

- Advocacy: Advocate for patients' rights, ensuring they are treated with dignity and respect.
- Support for Patients: Provide counselling and emotional support to patients undergoing involuntary treatment.
- Family Liaison: Act as a bridge between patients, families, and healthcare teams to ensure clear communication of treatment plans.
- Community Reintegration: Assist patients in transitioning back to the community by connecting them with resources and support systems.

7. Medical Assistance in Dying (MAiD) and the Criminal Code of Canada

MAiD is governed federally under Bill C-14 (2016) and its amendments, including Bill C-7 (2021), which expanded eligibility criteria. These laws allow individuals experiencing intolerable suffering due to a grievous and irremediable medical condition to request assistance in ending their lives. In Nova Scotia, MAiD is supported by provincial healthcare policies.

Practice Services

- **Counselling and Emotional Support:** Provide compassionate counselling to patients and families considering or navigating the MAiD process, addressing emotional, ethical, and practical concerns.
- **Education:** Inform patients and families about their rights, eligibility criteria, and procedural steps involved in MAiD.
- **Advocacy:** Ensure patients' decisions are respected and that they have access to necessary supports, including palliative care options.
- **Ethical Guidance:** Assist healthcare teams in navigating the ethical complexities of MAiD, ensuring alignment with legal and ethical standards.
- **Collaboration:** Work closely with interdisciplinary teams to support patients and families throughout the MAiD process, ensuring clear communication and continuity of care.

8. Nova Scotia Adult Protection Act

The Adult Protection Act is designed to protect vulnerable adults who are at risk of abuse, neglect, or self-neglect and unable to protect themselves. It provides a framework for intervention to ensure their safety and well-being.

Practice Services

- **Investigation and Assessment:** Investigate reports of abuse, neglect, or self-neglect and assess the adult's capacity to protect themselves.
- **Crisis Intervention:** Provide immediate support to vulnerable adults in urgent situations, ensuring their safety and connecting them to appropriate resources.
- **Advocacy:** Advocate for the rights and dignity of vulnerable adults, ensuring they receive the care and protection they need.
- **Collaboration:** Work with healthcare providers, community organizations, and legal professionals to develop and implement protection plans.
- **Support and Education:** Provide counselling and education to vulnerable adults and their families to address risks and promote well-being.

9. Nova Scotia Adult Capacity and Decision-Making Act

This Act provides a legal framework for assessing an adult's capacity to make decisions and appointing a representative to assist with decision-making when necessary. It emphasizes the least restrictive approach and respects the autonomy of individuals.

Practice Services

- **Capacity Assessments:** Collaborate with healthcare teams to assess an individual's capacity to make decisions about personal care, finances, and other matters.

- **Education:** Inform clients and families about the provisions of the Act, including the process for appointing a representative and the rights of individuals.
- **Facilitation:** Assist in the process of appointing a representative, ensuring the individual's preferences and best interests are considered.
- **Advocacy:** Advocate for the rights of individuals to make decisions to the greatest extent possible, ensuring their autonomy is respected.
- **Conflict Resolution:** Mediate disputes between family members or representatives regarding decision-making responsibilities.
- **Support for Representatives:** Provide guidance and support to appointed representatives to help them fulfill their roles effectively.

10. Nova Scotia Personal Health Information Act (PHIA)

The Personal Health Information Act governs the collection, use, and disclosure of personal health information in Nova Scotia. It ensures that individuals' health information is protected while allowing for its appropriate use in providing care.

Practice Services

- **Education:** Inform clients about their rights under PHIA, including how their personal health information is collected, used, and shared.
- **Advocacy:** Advocate for clients to ensure their health information is handled in accordance with their wishes and the provisions of the Act.
- **Consent Management:** Assist clients in understanding and providing informed consent for the sharing of their health information.
- **Privacy Protection:** Work with healthcare teams to ensure that clients' personal health information is protected and only disclosed when necessary and appropriate.
- **Support for Decision-Making:** Help clients navigate complex situations involving the sharing or withholding of health information, ensuring their preferences are respected.



Discussion

The historical evolution and current challenges of healthcare social work in Nova Scotia highlight the pressing need for a stronger and more comprehensive regulatory framework. Social workers have played a critical role in addressing social determinants of health and advocating for equity while providing clinical services such as assessment, intervention, follow-up, and counseling. Their holistic, client- and family-centered approach emphasizes the individual within their social context. However, the profession continues to grapple with systemic barriers, ethical complexities, and a lack of clarity in roles and expectations.

The history of social work—marked by involvement in harmful practices such as the eugenics movement, residential schools, and segregation—combined with the ongoing presence of bias, underscores the need for transformative action. Coupled with the profession's commitment to decolonization and reparations, this history makes it clear that strengthening regulation in healthcare social work is essential to ensure safe(r), ethical, and effective practices.

The Nova Scotia College of Social Workers (NSCSW) believes that achieving this requires clearly defining scopes of practice, establishing competencies, and developing specific standards tailored to the unique demands of healthcare settings. The Regulated Health Professions Act provides a foundation for this work, empowering the NSCSW to establish areas of specialization, develop and promote standards of practice, and adopt a Code of Ethics to guide the profession.

Core Areas Requiring Further Regulation

1. Defining Scope of Practice Across Healthcare Settings

A critical step in strengthening regulation is the clear delineation of roles and responsibilities for social workers in healthcare. This ensures consistency, alignment with professional expertise, and the ability to meet the unique needs of various healthcare environments. A defined scope of practice for healthcare social work could be incorporated into the NSCSW bylaws as a specialized area of practice. A scope document would comprehensively outline all areas of service, ensuring clarity and alignment across healthcare settings. Below are the key areas of practice

1. Primary Care

Social workers in primary care settings address the broader social determinants of health and provide holistic, client and family centered care.

Key Areas of Service:

- **Clinical Therapeutic Interventions:** Contributing to the assessment, treatment, and follow-up of clients and families.
- **Social Determinants of Health:** Identifying and addressing factors such as housing, income, education, and access to healthcare that impact clients' well-being.

- **Psychosocial-Spiritual Support:** Offering counseling and emotional support to individuals and families managing chronic illnesses or life transitions.
 - **Resource Coordination:** Connecting clients to community resources, such as housing programs, food security initiatives, and financial assistance.
 - **Health Promotion and Education:** Educating clients on preventive care, self-management strategies, and available healthcare services.
 - **Advocacy:** Advocating for equitable access to healthcare and social services, particularly for marginalized populations
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2. Acute Care

Social workers in acute care settings address immediate and complex needs, often in hospital or clinical environments.

Key Areas of Service:

- **Therapeutic and Clinical Interventions:** Providing counselling, crisis intervention, and therapy to patients and families facing acute medical or psychosocial challenges.
 - **Discharge Planning:** Developing and implementing safe and effective discharge plans, ensuring continuity of care through coordination with community resources and follow-up services.
 - **Interdisciplinary Collaboration:** Working closely with healthcare teams, including physicians, nurses, and therapists, to create holistic care plans.
 - **Patient Advocacy:** Ensuring patients' voices are heard in care decisions, particularly in high-stakes or complex medical situations.
 - **Trauma-Informed Care:** Addressing the emotional and psychological impact of acute medical events, such as accidents or sudden illnesses.
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3. Ambulatory Care

Ambulatory care focuses on outpatient services, where social workers support clients and family managing ongoing health conditions or receiving treatment outside of hospital settings.

Key Areas of Service:

- **Care Coordination:** Facilitating access to outpatient services, such as rehabilitation, specialty clinics, or home care programs.
- **Chronic Disease Management:** Supporting clients and family in managing long-term conditions, such as diabetes or heart disease, through education and counselling.

- **Client Empowerment:** Helping clients and family navigate healthcare systems, understand treatment options, and make informed decisions.
 - **Cultural Responsiveness:** Addressing the unique needs of diverse populations, ensuring care plans are inclusive and respectful of cultural values.
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4. Transition Care

Transition care ensures seamless movement between different levels or types of care, such as from hospital to home or from pediatric to adult services.

Key Areas of Service:

- **Continuity of Care:** Developing comprehensive transition plans that address medical, social, and emotional needs.
 - **Patient and Family Education:** Preparing clients and families for changes in care settings, including understanding new responsibilities and available resources.
 - **Interdisciplinary Coordination:** Collaborating with healthcare providers, case managers, and community organizations to ensure smooth transitions.
 - **Risk Management:** Identifying and addressing potential barriers to successful transitions, such as lack of resources or caregiver support.
 - **Follow-Up Support:** Monitoring clients and family post-transition to ensure they are adjusting well and accessing necessary services.
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5. Mental Health Care

Social workers in mental health care provide critical support to individuals and families managing mental health challenges.

Key Areas of Service:

- **Assessment:** Conducting *biopsychosocial-spiritual* assessments to identify mental health needs and develop treatment plans.
- **Therapeutic Interventions:** Providing evidence-based therapies, such as cognitive-behavioral therapy (CBT) or trauma-focused counselling family therapy, psychodynamic therapy, humanistic therapy....
- **Crisis Intervention:** Supporting clients and families experiencing mental health crises, including suicidal ideation or severe anxiety episodes.
- **Stigma Reduction:** Educating clients, families, and communities to reduce stigma around mental health and promote help-seeking behaviors.

- **Advocacy and Access:** Advocating for equitable access to mental health services, particularly for underserved populations.
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6. Emergency Care

Social workers in emergency care settings operate in high-pressure environments, addressing urgent needs and supporting clients in crisis.

Key Areas of Service:

- **Rapid Assessments:** Quickly evaluating clients' psychosocial needs and prioritizing interventions in emergency situations.
 - **Crisis Support:** Providing immediate emotional support to clients and families experiencing trauma, such as accidents or sudden illnesses.
 - **Care Navigation:** Helping *client-families* navigate complex care pathways, including referrals to specialized services or follow-up care.
 - **Interdisciplinary Collaboration:** Working with emergency healthcare teams to ensure holistic care for patients in crisis.
 - **Trauma-Informed Practice:** Addressing the immediate and long-term impact of trauma, ensuring clients feel safe and supported.
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7. Long-Term Care

Social workers in long-term care settings focus on supporting individuals with chronic conditions, disabilities, or aging-related needs.

Key Areas of Service:

- **Client-and Family Centred Care:** Advocating for care plans that prioritize the individual's preferences, dignity, and quality of life.
- **Family Support:** Providing counselling and resources to families managing caregiving responsibilities or navigating end-of-life decisions.
- **Trauma and Dementia Care:** Addressing the unique needs of clients with dementia or those who have experienced trauma, using specialized interventions.
- **Resource Coordination:** Connecting clients and families to long-term care facilities, home care services, or financial assistance programs.
- **Ethical Decision-Making:** Supporting clients and families in making difficult decisions about care, balancing autonomy and safety.

2. Establishing Competencies for General and Advanced Practice

To ensure social workers are prepared to meet the demands of healthcare settings should define clear competencies for both general practice (BSW level) and advanced practice (MSW level). These competencies should reflect the diverse and evolving needs of patients and communities:

- **(BSW) - General Practice Competencies:**
Social workers at the general practice level should be skilled in conducting bio-psycho-social-spiritual assessments and interventions, practicing cultural responsiveness, providing trauma-informed care, advocating for systemic change, and navigating systems and referrals
- **(MSW) - Advanced Practice Competencies:**
Advanced practitioners should receive specialized training that emphasizes their capacity to assess, their approach to practice, and their ability to navigate complex systems. This includes expertise in areas like harm reduction, dementia care, therapeutic interventions, disease management, mental health, and complex case management.

In addition to these foundational competencies, both general and advanced practitioners should develop specific skills tailored to key areas of healthcare practice.

By aligning competencies with these specific areas, social workers will be better equipped to deliver effective, ethical, and specialized care across diverse healthcare settings.

3. Developing Specific Standards of Practice

Standards of practice are essential for providing clear guidelines on ethical and effective care delivery. These standards should address:

- **Palliative Care:** Establishing guidelines for providing compassionate, patient-centered care to individuals with life-limiting illnesses, focusing on comfort, dignity, and quality of life.
- **Grief Support:** Offering structured approaches to help individuals and families navigate the emotional, psychological, and social impacts of loss.
- **Harm Reduction:** Implementing evidence-based strategies to reduce risks and promote safety in healthcare settings, particularly for vulnerable populations.
- **Cultural Responsiveness:** Ensuring care is inclusive, respectful, and tailored to the diverse cultural identities and experiences of individuals. This includes specific provisions for Indigenous peoples, people of African descent, Acadian populations, 2SLGBTQIA+ individuals, newcomers, the disability community, seniors, and those affected by intimate partner violence.
- **Interdisciplinary Collaboration:** Promoting teamwork and effective communication among healthcare professionals to deliver holistic, coordinated care.

- **Social Determinants of Health:** Identifying, addressing, and advocating for solutions to systemic barriers such as family situations housing instability, poverty, and limited access to care, which significantly influence health outcomes.
- **Ethical Practice:** Upholding core principles such as patient rights, confidentiality, informed consent, supervision, and ongoing professional development to maintain trust, accountability, and high standards of care.

The Need for a Comprehensive Regulatory Framework

A strengthened regulatory framework would address several critical gaps in healthcare social work:

- **Role Clarity:** Clearly defined scopes of practice would prevent role confusion, ensure alignment with professional expertise, and allow social workers to practice confidently within their full scope.
- **Professional Support:** Standards for supervision, peer support, and professional development would enhance job satisfaction, reduce burnout, and ensure that social workers are adequately supported in high-pressure healthcare environments.
- **Systemic Advocacy:** A regulatory framework that prioritizes equity and social justice would empower social workers to address the root causes of health inequities, such as poverty, housing instability, and systemic racism.
- **Public Trust:** Transparent and consistent standards would build trust in the profession, ensuring accountability to the communities served and reinforcing the value of social work in healthcare.

Conclusion

Deepening the regulation of healthcare social work in Nova Scotia is essential to addressing the complex and evolving needs patient-families or client-families and communities. By defining scopes of practice, establishing competencies, and developing specific standards, the profession can better navigate the challenges of healthcare delivery while advancing equity and justice. A comprehensive regulatory framework, grounded in the Social Workers Act, would not only ensure safe and ethical practice but also position healthcare social work as a transformative force within Nova Scotia's healthcare system. This approach would foster a more resilient, inclusive, and equitable healthcare system that meets the needs of all Nova Scotians.



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