



# SASKATCHEWAN SOCIAL WORKER

Volume 25 Number 1

*“Social Workers – Make a Difference”*

February 2014 Edition

## President’s Message



As I am writing this early in the new year and nearing the end of my term as President of SASW I would like to take the time to reflect on what I have learned. I have learned that this is a very busy job and that I had to be very organized in order to be able to manage all the phone calls, reports and meetings with Council, Advisory Board,

committees and other groups that I have attended or chaired either in person or via teleconference. There are challenges to doing that when not living in Regina where our provincial office is located. I owe a great deal of the credit for keeping me organized to the dedicated staff at the office: Debb Fisher, Richard Hazel and, more recently, Alison MacDonald. I have also learned that there is so very much more going on behind the scenes for all SASW staff and volunteers than I ever realized until I became involved myself.

I have learned about transition as SASW said goodbye to our Executive Director, Richard, and our Registrar, Bill Tingley, and welcomed our new ED/Registrar, Alison, and President Elect, Kirk Englot. We have also begun our transition to our new Strategic Plan which will include a well thought out internal/external communication and public relations plan. You will also see transition to a new website and a move to online registration in the next few months and years.

Another transition has been a return to having qualified social workers providing diagnosis in clinical practise, although this will look and operate in a completely different way than previously. Through that transition process I have learned firsthand how to work with provincial government to change legislation and develop new guidelines for implementation and policy. Again, there is so much work done behind the scenes.

It was a long process to get there but at the end things came together very quickly. There is still much to do as we prepare for the administrative changes that need to occur internally. This whole process was a huge learning curve for me.

I have also learned to cope with disappointment when important things do not work out. The cancellation of two workshop/conferences in a row was unfortunate since they provide not only an opportunity for education and professional development but also a place and time for networking and cementing of relationships. The social work community is a relatively small one and our SASW members are spread over a very big province so we often see old friends and colleagues only at these types of gatherings. I have learned that other jurisdictions across Canada are facing similar challenges as agencies that employ social workers have tightened up availability of funds to attend conferences and approval to attend off-site training has been more difficult to obtain. With this challenge, I have learned from social workers in other jurisdictions in North America that there are new ways of obtaining professional development resources that may be more accessible and economical. We will still have our SASW Annual General Meeting on Thursday, May 15, 2014, as an opportunity for networking and participation.

As the President, I have had the opportunity to be involved in social work organizations both nationally and internationally. As a result, I have learned about a lot of new places and airports. ASWB meetings have been held in Lexington, Kentucky; Nashville, Tennessee; Springfield, Illinois; and Austin, Texas. CASW meetings have been held in St. Johns, Newfoundland, and Vancouver, BC. It was very valuable to learn about similarities and differences in the practise of social work throughout North America on topics such as continuing education, new technology, regulation, public protection and online registration. (I have also learned about wonderful places

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• ADVOCATE FOR SOCIAL JUSTICE  
 • PROMOTE THE PROFESSION  
 • REGULATE THE PROFESSION  
 • SUPPORT FOR ETHICAL PRACTISE

# Executive Director/Registrar's Message: A New Year and New Plans

The 2013-2016 SASW Strategic Plan identifies six strategic priorities for action. In this report I'm going to discuss what we have been doing with respect to two of them.

## SP3: Ongoing growth and development of volunteers and branch organizations

First, let me say "Thank You" to the hundreds of social workers who responded positively to our request for committee volunteers on the renewal form. As we noted in the fall, several committees need new members so we will be following up over the coming weeks. We will not be able to accommodate everyone's committee preferences as some committees seem to be more popular than others. If you don't get selected this year please keep marking your interest as the needs change from one year to the next.

As I have been getting around the province and meeting with social workers, I am hearing some consistent messages. One is that people would like to see more opportunities for learning delivered at the local level. As part of the planning to meet this need I have been investigating opportunities to bring speakers to Saskatchewan who would be willing to travel over a few days to present in different locations. I am also looking into options for providing web-based learning through the SASW web site. Please watch for more on both of these ideas within a few months.

A second message is that social workers in some fields of practice would like to have colleagues to consult with when they are experiencing difficult situations at work. While they are aware that the Practice Ethics Committee offers consultations on questions of ethics, they suggest that at times there are practice issues that would benefit from the ability to have a conversation with others in the field. A number of social workers have mentioned interest groups that used to connect through SASW that don't exist any longer. They have expressed interest in revitalizing a "social workers in health" interest group and a "rural/northern social workers" group among others. Throughout the next few months we will be contacting social workers to see whether there is sufficient interest to get these established.

Work has begun to create a new "Children's Issues Interest Group" with members holding their first conference call meeting in December. This group, acting as a sub-committee of the Social Justice Committee, has been asked to look at ways to put the Child Welfare Principles into action. (The draft Principles were printed

in the June 2013 newsletter.) This group will have an open membership so anyone who is interested should notify the SASW office.

There are still a few branches that I need to get to. If I haven't been to your area yet I will get there sometime before the end of June. I hope to meet many of you over the next year.



## SP5: Greater utilization of technology in administration, governance, advocacy and communication

In December we saw demonstrations of two very different systems for on-line administration of membership data and renewals. One system is very flexible and would allow us to develop pages for communication between groups of social workers (committees, branches, interest groups, etc.), conduct elections on-line, send group e-mails, take payments for workshops or promotional items, as well as managing all membership and renewal functions. The other system costs quite a bit less initially but is not as flexible. Either of the systems can also manage our web site but neither requires it. We will look at one or two other systems before deciding which one is best to meet SASW needs.

By the time you are completing your renewal for 2015, we expect to have a new system running and all the bugs worked out. This will take some time so we will begin the work in the spring and do our best to manage the changes without any disruption in member services. We are also working on several updates for the web site, so watch for these throughout the year. We also welcome suggestions from our members on what you would like to see on the web site or in our communications. Please contact us any time with your ideas.

*Submitted by:*  
*Alison MacDonald, MSW, PhD, RSW (SK)*  
email:ed.registrar.sasw@accesscomm.ca

## *President's Report, continued*

to eat, hats for horse racing, kissing a cod, mechanical bull riding, line dancing and millions of bats that live under a bridge. Ask me about those sometime.)

Those are only a few of the things I have learned, but the most important one has been learning about the wonderful people I have met and worked with during my term. The SASW volunteers are a hardworking, dedicated group who care very much about making this a valuable, well-run and progressive organization. The people at ASWB and CASW are a diverse, knowledgeable and interesting group that I have found are concerned about the same issues as Saskatchewan social workers are. I have gotten to know people in government that work with us to facilitate social workers operating to the full scope of their abilities. I have worked with people as group of representatives from various professions in the province to address social justice and poverty issues through the Partnership of Professionals for Social Justice and Poverty Free Saskatchewan.

And finally, I have had the honor to get to know and serve our members: a caring, energetic, knowledgeable group of social workers. I have learned how you deal with complex social, educational and health issues. How well you deliver services in rural, inner city, and aboriginal communities, and how you work as team members with other agencies/professionals to tackle

the big issues. I am proud of you all and thankful that you have provided me with the opportunity to serve as your President.

*Submitted by:  
Joanne Schenn, MSW, RSW (SK)*

## **Notice of SASW Annual General Meeting**

The SASW annual general meeting will be held on **Thursday, May 15, 2014,** in Regina.

## **Call for Nominations – SASW Distinguished Service Award**

### **Eligible Criteria**

1. Outstanding contribution in any area of social work practice.
2. A high degree of professional commitment & contribution to the furthering of the work of SASW in the province.
3. Current/valid registration with SASW.

**Procedure for Nomination:** The name must be submitted for nomination having the written support of **three** registered members of SASW. A brief biographical sketch must be included along with a curriculum vitae.

**Selection Process:** Selection of the Distinguished Service Award will be made by a majority vote of the SASW Awards Committee. The plaque will be presented at the SASW Annual General Meeting.

### **Nominations must be sent to:**

SASW - Selection Committee  
2110 Lorne Street  
Regina, SK S4P 2M5  
Fax: (306) 545-1895

**Deadline for Nominations: March 15, 2014**

*In Memoriam***Ruth Dafoe**

Ruth Dafoe passed away on Friday, January 4, 2014, at Pasqua Hospital in Regina, SK. Ruth was born in Yorkton, SK, on December 10, 1929.

Ruth began her career in health sciences where she organized the first isotope laboratory in Saskatchewan in the Cancer Clinic that pioneered radiation treatment. She was well known for her outstanding contributions to social policy, health and social service research and program development during her many years with the provincial government and in active public life. As a Medical Social Work Consultant, she was heavily involved with the development of the home care program, social work services in hospitals, implementation of rehabilitation services, the development of the Saskatchewan Aids for independent living (SAIL) program and the development of the first community psychiatric program in North America.

Ruth was a tireless contributor and passionate proponent of improved services, enhanced public support and better understanding in the mental health field. Ruth was a major contributor to numerous community and government committees and authored many significant reports in the health and social services field. She was active on many Boards of Directors and was a Governor of the University of Regina where she had assisted with planning for the faculty of Social Work. Ruth received numerous awards including the Caring Canadian Award from the Governor General of Canada, the YMCA Life Time Achievement Woman of Distinction Award, The Commemorative Medal for the Centennial of Saskatchewan, The Commemorative Medal for the Queen's Jubilee, The Distinguished Service Award from the Association of Social Workers, The Rays of Hope Award from the Schizophrenia Society of Saskatchewan, the Lifetime of Service to Mental Health Award, the Dr. Lionel and Mrs. Mary Hastings Award for Clinical Practice Excellence and many others.

Ruth had season tickets to the Saskatchewan Roughrider games for more than 50 years, and the team gave her a magnificent farewell by capturing the Grey Cup in 2013. A special thank you to the palliative care team for their care and comfort, to Gladys and Hugh Foster for their years of support, to Diane and Mervin Phillips for their outstanding assistance in her last months and hours and to her many friends who visited during her long illness. A memorial service was held at Regina Funeral Home, Hwy #1 East, Regina, SK on Saturday, January 11, 2014 In lieu of flowers, those wishing may make a donation in memory of Ruth to a charity of their choice. Family and friends are invited to sign the online obituary and tributes page at [www.regina-memorial.ca](http://www.regina-memorial.ca).



## CASW/AON Scholarships

In 2013 CASW revised the process for members to apply for and receive education funds. Rather than applying directly through CASW, members must now apply to the provincial association, and each association has a designated amount available for the calendar year. In the fall, SASW Council approved a policy for the fund distribution and application forms are now available on our web site.

At the end of 2013, there was money left over for the year so we decided, as per the new policy, to offer scholarships to student members of SASW currently in full time studies. Three recipients were approved to receive \$500 each to support their educational activities in 2014. Here, in their own words, is how they will be using the money:



**Alicia Blakley**  
(BSW Student, U of R,  
Saskatoon Campus)

I have recently decided to decrease my paid employment so that I can increase my volunteering at SWITCH (Student Wellness Initiative Toward Community Health) and community involvement. This award would be beneficial because I would be able

to continue to volunteer without the stress associated with finances. Furthermore, I plan to complete my degree by doing my major practicum in the summer in Humboldt so this money could be used for transportation purposes. I am the President of the Social Work Student Society (SWSS). I act as liaison for SWITCH. I have actively participated on the Grad Committee, Social and Fundraising Committee, Clothing Committee, Activism Committee and Mentorship Committee. I have also organized several tours for the social work students to provide students with insight into the different roles social workers do at institutions within the province.



**Bobbi-Lynn Foster**  
(BSW Student, U of R,  
Regina Campus)

I am in my final year, with my major practicum coming up in January, in Rwanda, Africa. Although it is a bit more complicated to have an international placement, I deem it worth the extra effort and money, as my long-term goal is to work with NGO's

internationally. For the purpose of continuity and completion of my own goals and community involvement, my husband and I have chosen to be working for the organization for six months instead of the allotted three months. Naturally, this means that costs are increased. While in Rwanda I am planning on getting involved with the Rwandan Social Work Faculty; they are doing a co-operative work with three faculties in Canada to establish a strong social work presence in Rwanda. I see this as valuable project. This is not the main focus of my time there; I will be doing groundwork in a village mainly with young women and children. I do not want my length of stay to be compromised by lack of funds.



**Kelsey Parker**  
(BSW Student, First  
Nations University)

I have been working with children from all economic and cultural backgrounds for the past six years. Taking my degree at the First Nations University has immensely helped me become aware of all the Aboriginal issues that there are. I have been doing

my practicum with the health region in the Mental Health and Addictions with Children's Services, Monday to Friday, 8:00 to 4:30. Even with the help of a part-time job it isn't enough to make ends meet. I am currently living off student loans. Financial need is paramount as a social work student in my fourth year. I am very excited to be in my last year and happy that I will soon be putting my education into practice. I love the field I am in and I cannot think of a better fit for me.



**SASW**  
**Toll Free Number**  
(outside Regina)  
**1-877-517-7279**



## Article Section

# A Day in the Life of an Itinerant School-Based Social Worker



When I was presented with the opportunity to write about a day in the life of a school-based social worker, I was happy to accept. Along with experiencing social work in the school system, this article will also show what it is like to be a rural Social Worker.

When I graduated with my BSW, I had plans to further

my career in a law enforcement agency. I had no intention of using my degree in the social work field. Staffing changes in the agency I was planning on joining forced me to reconsider my plans, so I pursued an opening with Prairie Valley School Division. I intended on completing a one-year replacement position for a maternity leave with Prairie Valley School Division and then apply with the other agency when the staffing changes were completed. However, once I began working in my four schools with the students, I realized I really loved the job and I did not want the year to end. My one-year contract ended up turning into a permanent one and I cancelled my application to the other agency.

When I first began the job, I wasn't exactly sure what the role of a social worker in a school would involve. I certainly was not aware of the steep learning curve that would occur in the beginning. I received immense support from my supervisors and the other social workers on my team. This made the transition much easier. Collaborating with a team of various professionals in my schools has allowed me to grow as a professional myself. I work with teachers and administrators in my schools along with an interdisciplinary team which consists of psychologists, occupational therapists and speech pathologists.

The responsibilities of a social worker in our division

are wide-ranging and diverse. Priority items within the social work role that take precedence over other daily work tasks include risk assessments and crisis response. Crisis response may occur at one of a social worker's own schools or at a school in close proximity and can be set in motion due to many events including a tragic accident, violent incident, or any other traumatic event in which students may require emotional support.

Some of the week-to-week tasks in the schools include safety and behaviour planning support, managing a caseload of students at the assigned schools, assisting students who have difficulties with emotional regulation or mental health diagnoses, or teaching students coping strategies and problem-solving skills. As a school-based social worker my role is also to help families connect

with supports in the community and help develop stronger connections at the school. Counselling and one-on-one work is done with older students where necessary. With younger students, coaching and modelling are more often utilized.

Targeted social skills groups and development of problem-solving skills help students who struggle with peer interaction.

There really is no "typical" day for me as each day tends to be very different depending on what comes up at each school and whether any students in the schools are struggling at that time. There are some elements of the role which are constant no matter what task is being completed. Advocacy, empathy and collaboration seem to be the threads that are wound throughout every task that I complete, which I believe comes from the foundation in social work practice I received from the classes in my BSW. Whether advocating for students in the classroom, or advocating for families to access outside agency supports, advocacy is an important part of my duty as a social worker. Without empathy towards students, there is no social work role. However, it is equally important to have empathy for parents who may be struggling at

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*There really is no "typical" day for me as each day tends to be very different depending on what comes up at each school and whether any students in the schools are struggling at that time.*

## A Day in the Life of an Itinerant School-Based Social Worker, continued

home. Collaboration is also a key concept in the work that is done by social workers in Prairie Valley School Division. We collaborate with teachers and other members of our interdisciplinary teams to assist students in classrooms, with outside agencies, and with families to ease the transition from home to school. Collaboration is a valuable tool in learning, and I have gained a great deal of knowledge and experience from partners in other agencies with which we collaborate.

I work at four schools in the division: two prekindergarten to grade 12 schools, one elementary (kindergarten to grade 6) and one high school (grades 7 to 12). My home base school is located in the small town in which I live and the division pays my mileage from my home base to my other schools. The head office for our division is in Regina where I regularly participate in social work team meetings and student services team meeting for learning and support. Working for a rural school division as an itinerant social worker involves a significant amount of driving. That being said, I find myself enjoying my drives as it allows me the required down-time after some pretty intense days.

Most of the challenges that I face in this position would be typical, I would imagine, to what other rural social workers would experience. It is often difficult for clients to travel to appointments or access services. It sometimes seems as though agencies and various offices are perpetually understaffed. It is often difficult to live in the same community where you work with clients. Some of the challenges of the job are similar to what most social workers may face, such as balancing documentation time with client time and managing to see all the students on my caseload.

In spite of the few challenges that I face in my job, I would definitely choose this path again if I were presented with the opportunity to do so. I plan to continue learning and growing in my career with the intention of supporting the students in the communities in which I serve.

*Submitted by:  
Jennifer Bender, BSW, RSW (SK)*

*It is often difficult for clients to travel to appointments or access services. It sometimes seems as though agencies and various offices are perpetually understaffed. It is often difficult to live in the same community where you work with clients.*

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Cameron C. R. Godden – extension 8201 Lisa E. Hamilton – extension 8207

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# Refugees and the Interim Federal Health (IFH) Program

On June 30, 2012, the Government of Canada implemented changes to the Interim Federal Health (IFH) program that resulted in eliminating or limiting health services for refugees, with devastating consequences. All refugees (not including government-assisted refugees) lost access to supplemental coverage for medication, vision and dental care. People from designated countries of origin (DCOs) lost access to health coverage which included urgent and essential care. The only exceptions to this are for issues of public health and security (Canadian Doctors for Refugee Care, 2013). Note: Government assisted refugees are Convention Refugees Abroad whose initial resettlement in Canada is fully funded by the government (Government of Canada, 2013).

Beginning in 1957 the IFH provided emergency and essential health coverage to eligible people who did not qualify for provincial health coverage. All refugees were eligible for the same services (Canadian Council for Refugees, 2013). When refugees arrived in Canada, they received basic health-care services (similar to services provided by the provinces) and access to supplemental services (medication, dentistry and vision care), similar to what is provided to people on social assistance.

This longstanding Canadian tradition of refugee care changed on June 30, 2012, when the amendment to the IFH came into effect. The changes made to the IFH are bureaucratic and confusing. This in itself has impacted care and put refugees at risk. There are new complex categories making it unclear to both claimants and service providers as to what is covered and what is not (Canadian Council for Refugees, 2013). Due to these changes, refugees are being denied access to health care (Barnes, 2013).

The federal government gave three points as rationale for the IFH changes (Government of Canada, 2012). The

first rationale was cost saving. However, the resulting situation is that all provinces and territories are now bearing the brunt of the financial fallout (Barnes, 2013). Also, failure to offer preventative care and initial treatment for health conditions has resulted in an increased

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## Refugees and the Interim Federal Health (IFH) Program, continued

incidence of complex health conditions. These conditions may easily have been treated at an early stage, but develop in severity, complexity and cost to treat (Barnes, 2013). Subsequently, the costs and burden for refugee care are shifting to hospital emergency departments (one of the costliest forms for care) and to public programs and organization such as community health centres and provincial social support services (Immigration Matters in Canada Coalition, 2012).

The second rationale the government gave for the IFH changes was to make it a deterrent to refugees coming to Canada for the purpose of acquiring free health care. This aim is incongruent with people fleeing war, famine and other life threatening situations. Equity was the third reason given for the changes to the IFH. The government indicated that refugees were receiving higher health coverage than many Canadians. In actuality, refugees received an equivalent to Canadians living on social assistance (Canadian Doctors for Refugee Care, 2013).

Many Canadian citizens (comprising of doctors, lawyers, health care workers and provincial health ministers) support the reversal of the changes to the IFH. Leading the charge for change is the organization Canadian Doctors for Refugee Care (CDRC). Participating with the CDRC campaign to stop the cuts to health care services are numerous individuals and organizations including over 20 national health care organizations, legal experts, student organizations and the Canadian Association of Social Workers.

The Canadian Doctors for Refugee Care (CDRC) and the Canadian Association of Refugee Lawyers (CARL) recently launched a legal challenge asking a federal court to declare that the cuts to the IFH are illegal and unconstitutional. The challenge is in the process of being heard in the Federal Court of Canada in Toronto (December 17 and 18, 2013, and January 30, 2014). According to the CARL (2013) website, the legal challenge argues that the Charter of Rights and Freedoms has been violated with specific references to section 7 (threatens the rights to life and security), section 12 (cruel and unusual treatment) and section 15 (discriminates against specific types of refugees). This issue is not solely a domestic issue. The challenge argues that Canada is also failing to fulfill its commitment to international law which protects the rights of refugees.

Cuts to the IFH have resulted in many negative impacts on the vulnerable refugee population. In order to stop the harm that continues to be inflicted, the cuts to the IFH must be reversed. To learn more about this issue and to support the reversal of cuts to the IFH, please

visit the CDRC website at [www.doctorsforrefugeecare.ca](http://www.doctorsforrefugeecare.ca).

*Submitted by:  
Linda Albinet,  
social work student, U of R*

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### Contributions to the newsletter are always welcome.

Read any good books lately?  
Working on an interesting project?  
Have an area of interest that you would like to share with other people?

Write to SASW Editor and see your name in print!

**Deadline for the next newsletter is  
April 30, 2014.**

# Recommended Policy Changes for the Respite Policy 8.2 in the Child and Family Services Manual for the Ministry of Social Services: Government of Saskatchewan

As a social worker and a parent, I have developed a personal connection to the issue of respite for foster families. Beginning in 2011, my husband and I acted as alternate caregivers for our son, until his recent adoption. Through our experience with the foster system, we have seen, firsthand, the need for a change in respite policy and how the current inadequacies are directly impacting the foster parents and children in Saskatchewan. The most recent statistics state that as of June 30, 2013 there are 4585 children in Saskatchewan in out-of-home care. Of those children, 2926 are in foster care and residing in 614 Saskatchewan foster homes (Ministry of Social Services, 2013). As an integral part of our child welfare system, foster parents care for children when they are at their most vulnerable.

Many foster children have high needs, leading to behaviors that can be extreme and draining on caregivers. Most foster parents care for more than one child and, out of the 614 foster homes in Saskatchewan, 52 homes have more than four foster children (Ministry of Social Services, June 2013). This number does not include the foster parent's birth children. Many foster children experience multiple foster placements, due in part to a lack of support in the form of respite. In looking at current policy and practices, it is clear that changes need to be made to provide respite that is easy to access and meets the needs of the caregiver.

Respite services are intended to be a "planned block of time to provide the foster family with temporary reprieve from the day to day responsibilities of foster care" (8.2 Government of Saskatchewan, 2013). Foster parents who are receiving the basic rates for children are eligible for 10 days a year at \$40.00 a day for the first child and \$20.00 a day for subsequent children. The respite is to be approved by the caseworker while the foster parent is responsible for finding the respite provider and must provide the caseworker with their personal information and ensure a criminal record check is completed.

A main concern with the current respite policy is the practicality and accessibility of respite for foster parents. Many foster parents do not use all of their respite days because it can be difficult to find qualified, dependable people who are willing to provide respite for a minimal rate. Respite can ultimately be more work

for caregivers, as they have to find and train the respite provider, as well as provide upfront payment in order to receive reimbursement.

The current policy by the Ministry of Social Services outlines babysitting and respite but does not address the need for respite in crisis situations involving the child. Foster children's behavior can be unpredictable and a crisis can happen at any hour of the day or night potentially impacting safety for both the caregiver and child. In order to mitigate the risk, preserve the placement and stop children from experiencing further trauma, the opportunity to use immediate crisis respite is needed.

Our community, both personally and professionally, has a responsibility to children who are living in foster care. Children have a right to be protected and cared for. It is imperative that foster parents get the support that they need. I recommend the policy be changed to move the responsibility of respite off of the caregiver and designed to accommodate both planned long-term and short-term crisis respite. In keeping with meeting the needs of foster families, the respite must be designed for them. Once Social Services' improves their policy for foster parents, future research and advocacy needs to be done to illustrate the same needs that adoptive and other kinship care families have for respite. For example, a family who is caring for a child living in various types of out of home care can also experience a crisis with that child which may require a respite service.

Social Services' policy change needs to address the unique needs of parents and children who have Social Service involvement. Social Services is currently in the process of reviewing the *Child and Family Services Act*, therefore it is an opportune time to make the changes needed to support our caregivers and help decrease placement moves due to lack of respite. Respite needs to be easy to access and available as a service for all current foster children. It is the right of foster children to live in a home where caregivers are supported and given the tools needed to provide the best possible care.

*Submitted by:*

*Erin Field Ingrouille, BSW, RSW (SK)  
MSW Student, U of R*



## CASW Report

CASW through many activities promotes the profession and provides a national voice for social work on a range of social policy and social justice issues, this report will describe some key and current initiatives.

### CASW & CASWE Joint National Conference 2014

The first joint conference of association members and social work educators is being planned for Brock University in St. Catherines, Ontario, May 26 to 29, 2014. CASW is sponsoring many of the costs associated with keynote and plenary speakers. The conference planning committee comprising two CASW board members and the two executive directors has been meeting twice a month since April, 2013 to design a program of paper presentations, panels, posters, roundtables and a speakers' corner. The theme "Borders Without Boundaries: Navigating the New Frontiers of Social Work" with four sub-themes will determine the papers chosen for the conference. This exciting conference is part of the Congress 2014 Humanities and Social Sciences confer-

ence. See [caswe-actfs.ca](http://caswe-actfs.ca) for more information and call SASW office for possible scholarship eligibility.

Along with the conference, the board of CASW and CASWE will hold their annual meetings as well as meet together to further our working relationship. CASWE's tenancy at CASW office has helped to facilitate this working relationship for conference planning.

### Social Policy Initiatives

The CASW Policy Interest Group, guided by the International Federation of Social Workers (IFSW) 2013-2016 Global Observatory on Equity theme and the 2014 National Social Work theme "Social Workers Promoting Equity for a Stronger Canada," is having a paper on equity drafted. The areas of focus will include a review of health equity by Dr. Glen Drover, economic equity by Dr. Jim Mulvale, and social equity by Dr. Alan Mosovitch. The paper will incorporate the move towards developing a proposed *Canada Social and Welfare Services Act* similar to the *Canada Health Act*. The paper after adoption (March 2014) will guide conversation with a range of coalitions and form recommendations to federal finance committee for 2015, and hopefully enter the discourse of policy discussions for 2015 federal election. As well the paper will provide input from Canada into the IFSW Global Observatory on Equity for 2015 conference.

### CASW Affiliate Individual Members

CASW is entering its second year with over 250 individual members. The affiliate members are being advised (January 2014) under new CASW bylaws they can form a chapter on their initiative once 300 members have joined. It is likely a representative from the chapter would then sit with partner member representatives on CASW board.

Individual affiliate members can only apply for membership from Alberta, Ontario and Quebec, since these jurisdictions are hoped will rejoin as partners in the federation in the future. The CASW provincial and territorial partners welcome these members who believe

*continued on page 13*

**Website: [www.sasw.ca](http://www.sasw.ca)**

## CASW Report, continued

in supporting a national association with a national social work voice.

### CASW Coalitions and Advocacy

CASW is a partner in planning an emerging national coalition to bring together Partners for Mental Health, CAMIMH, and Clara's Big Ride into a large coalition to develop a national 'consensus' position on mental health for 2015.

CASW is lobbying in opposition to Bill C-54 (now Bill C-14, the Not Criminally Responsible Reform Act) before the Senate. CASW with a national coalition is attempting to influence the government to drop the dangerous offender designation and is proposing other amendments since the government is clear it will not drop the bill.

In December 2013, CASW issued a request to Minister Baird to continue opposition to newly passed anti-homosexual act by the Ugandan parliament. IFSW issued a public response at the urging of the CASW president.

On November 22, 2013, CASW issued a release entitled *Affordable Housing is Harm Reduction* on National Housing Day.

### Administration

At the Vancouver annual general meeting the federation adopted newly drafted bylaws and changes to the policy governance manual. The bylaws were submitted and approved in September 2013 by Industry Canada enabling our association to move forward unencumbered.

CASW, while small in comparison to other professional national associations, seems mighty; thanks to the CASW staff and Fred Phelps, Executive Director. Fred has become a sought-after coalition planning member by other national groups in Ottawa. He brings his remarkable skills in policy analysis,

in communications and political lobbying on Parliament Hill. The board is grateful for his many endeavours on behalf of creating a larger national voice for CASW.

Submitted by:

Ray Pekarul, MSW, RSW (SK)

CASW Representative

## Celebrate Social Work Week in Saskatchewan

### Social Workers Promoting Equity for a Stronger Canada



## March 16 to March 22, 2014



[www.sasw.ca](http://www.sasw.ca)





## Committee, Branch & Task Team Section

# Upcoming Changes to SASW Continuing Education Policy

Like many other professions, social work is adapting to rapid change in our environment. Social workers need to “keep on top” of practice requirements, ethical implications as well as the needs of our clients, stakeholders and other professionals with whom we work.

Accordingly, in the spring of 2014, SASW reviewed its Continuing Education Policy and determined amendments were required. The intent of the continuing education policy continues, as always, to provide members with an opportunity to reflect on their professional development needs and plan accordingly; however, changes are coming which will come into effect for the 2015 renewal year.

These changes include:

- 1. Removal of the 20-hour carry-over provision:** While SASW believes the national standard of 40 hours of professional education per year continues to be appropriate, especially since it includes formal and informal activities, the 40 hours is seen as a minimum requirement. As such, effective January 1, 2014, SASW’s policy has been amended to remove the 20-hour carry-over provision. This means that for the 2015 renewal year and for future years, a minimum of 40 hours of continuing education must be achieved.
- 2. Auditing Process:** The 2014 renewal year will be the last time all members will be required to complete their continuing education inventory form and send it with their registration renewal form to the SASW office as part of the annual registration process.

For the 2015 renewal year, members will continue to be responsible for tracking/recording their continuing education hours and retaining their documentation, but will only

be required to submit the SASW continuing education inventory form along with their renewal form, if they are randomly selected for an continuing education audit. Members will be notified if they are being audited, via a letter from the Registrar which will be included in their 2015 registration renewal packages. This will alleviate the SASW administrative burden of reviewing the increased number of continuing education forms but will still ensure members are accountable for fulfilling their professional continuing education obligation.

As well, in the future, SASW intends to adopt other measures to modernize its processes including enabling on-line registration, renewal and payment of fees. Stay tuned!

*Submitted by:*

*Shelley Whitehead, MSW, RSW (SK)  
Chair, Education Committee*

### Navigating an Ethical Minefield? Pondering a “Grey Area”?

The **Practice Ethics Committee** is a confidential support service for SASW members that offers guidance on ethical decision-making. The committee will make every effort to respond in a timely fashion, and will provide alternate ways of viewing and acting on ethical issues.

To contact the Practice Ethics Committee with your questions or dilemmas, please put your consult in the form of a letter, email, or fax and send it to the SASW Office. Sufficient detail should be given so that an informed response can be made.



Saskatchewan  
Ministry of  
Agriculture

**FARM STRESS LINE**  
**1-800-667-4442**  
[www.agr.gov.sk.ca](http://www.agr.gov.sk.ca)

## Ethics Corner: You asked us ...

*The SASW Practice Ethics Committee is responsible for providing education and consultation to SASW members on questions related to ethical conduct. Members submit questions in writing, providing sufficient detail to the committee to enable a reasoned response, while ensuring that client confidentiality is maintained. In order to share the learning with the broader membership, the committee decided to prepare an on-going column for The Saskatchewan Social Worker with fictitious examples of consultations. If you have an ethical issue that you would like to see addressed, please submit it to the SASW office by e-mail: [sasw@accesscomm.ca](mailto:sasw@accesscomm.ca).*

### Practice Ethics Committee Scenario – Personal knowledge about a client

I am a social worker working with geriatric patients in a hospital. Recently a client who is a neighbour of mine was admitted to my unit. He appears to be in the early stages of dementia, although he is still capable of making his own decisions. He was brought in by ambulance after a fall and will likely be here for a few weeks, after which he will need to go into long-term care. When the intake was completed and he was asked for the name of his “next of kin” he stated that he has no living family. I happen to know that he has two adult children, both of whom live in this city. I don’t think they are aware that he is in hospital or that he won’t be able to return to his home.

*When the intake was completed and he was asked for the name of his “next of kin” he stated that he has no living family. I happen to know that he has two adult children, both of whom live in this city. I don’t think they are aware that he is in hospital or that he won’t be able to return to his home.*

#### Questions for the Practice Ethics Committee:

Can I contact his children?

Can I tell other members of the health care team that the information he provided wasn’t accurate?

#### Response:

Dear SASW member:

Based on your questions, we understand that you want to know if you can share information about his health condition without his consent with his adult children and if you can tell other members of the health team that he has adult children. Based on our discussion we determined that there are several issues that must be considered in order for you to make a determination in this case. You state that he “is capable of making his own decisions.” We have a number of questions. We wondered if a formal capacity assessment had been completed to

assess his level of cognitive impairment. If not, should one be completed now? Does he have a health care directive with him, on file at the hospital or with his family doctor? Do you know what the relationship is with his children? Do you know whether he estranged from them, trying to protect them, or forgetting them? Are you able to explore his relationship with his adult children and reasons he does or does not want them contacted?

We consulted with the CASW Code of Ethics (Value 5) and Standards of Practice (Section D6) which both state that client confidentiality must be maintained unless consent is granted to release information. This would preclude any disclosure to the client’s children. The Health Information Protection Act (HIPA) takes the same position, stating:

5(1) Subject to subsection (2), an individual has the right to consent to the use or disclosure of personal health information about himself or herself.

(2) A trustee shall use or disclose personal health information about an individual only:

(a) with the consent of the subject individual; or

(b) in accordance with a provision of this Act that authorizes the use or disclosure.

The more difficult issue is determining whether there is a provision within HIPA that would allow you to disclose this information without consent. The Health Information Protection Act does allow disclosure without consent for certain reasons. Section 27(4) reads in part

as follows:

(4) A trustee may disclose personal health information in the custody or control of the trustee without the consent of the subject individual in the following cases:

(a) where the trustee believes, on reasonable grounds, that the disclosure will avoid or minimize a danger to the health or safety of any person;

(j) subject to subsection (6), where the disclosure is being made for the provision of health or social services to the subject individual, if, in the opinion of the trustee, disclosure of the personal health information will clearly benefit the health or well-being of the subject individual, but only where it is not reasonably practicable to obtain consent.

It is suggested that you apply professional judgment

*continued on page 16*

## Ethics Corner: You asked us ..., continued

in the circumstances to determine whether there is a health or safety issue involved that would permit you to act without your client's consent. For example, will the lack of disclosure put your client at risk of harm? What are the potential risks to his health or safety? Does he fully understand his current and future health care needs? We recognize that it can be particularly difficult to answer these questions with a client in the early stages of dementia. Therefore we also consulted the literature. Similar confidentiality requirements exist in the United Kingdom. Clark (2006) cites a report by Doctors Hughes and Louw as follows:

"We believe the guidance does not adequately

address the reality of confidentiality, in modern practice, particularly in relation to patients with dementia. It seems to be naïve or lacking in the subtlety required in complex clinical situations, perhaps because it is legalistic, professional ethics have a philosophically limited view of confidentiality. A more sophisticated philosophical picture regards people as embedded in a shared, worldly context, in which relationships and mutual engagement become crucial. Attending to the reality of cognitively impaired people emphasizes this context and suggests that confidentiality cannot be an overriding principle – it is best regarded as a token of trust." (p 120)

This quote suggests a great need, in your situation, to fully explore your client's capacity to understand his own needs. If you ultimately determine that he is able to understand the risks associated with his decisions and that he definitely does not want his family involved, it appears that you must maintain his confidentiality. Alternatively, if you believe that he lacks the capacity to fully understand the implications of his health concerns and alternative planning for long term care, you may decide that sharing your knowledge with the health care team might assist them in the overall assessment of his condition, and to protect him against risks to his health and safety.

To clarify, the role of the Practice Ethics Committee is to provide ethical consultation based on the information provided to us and should not be considered a substitute for professional supervision or judgment. Our consultation is not a substitute for the judgements of the social worker who has relevant background information, context and detail that we may not have. We welcome your feedback as to whether you found this consultation helpful.

For your reference, the web addresses for the SASW Standards is: <http://www.sasw.ca/standardspractice.pdf> and the CASW Code of Ethics (2005) is [http://casw-acts.ca/sites/default/files/attachments/CASW Code%20of%20Ethics.pdf](http://casw-acts.ca/sites/default/files/attachments/CASW%20Code%20of%20Ethics.pdf) and the CASW Guidelines for Practice is <http://www.sasw.ca/codeofethics/guidelinesforethicaluse.pdf>. All are also accessible from the SASW website. Clark, Chris. (2006). Against Confidentiality?: Privacy, Safety and the Public Good in Professional Communications, *Journal of Social Work*, 6:2 (117-136).

*The Practice Ethics Committee consists of: Donald Halabusa, chair, and committee members Andy Fields, Deb Bryson-Sarauer, Kim Lees, Arlene Tangjerd, Sha'wna Gray and Morgan Avanti.*

### Saskatchewan Association for Marriage and Family Therapy 2014 Conference

#### Shame and Love: Interpersonal Neurobiology and the Embodied Affects of Rupture and Repair

Dr. Curt Thompson

Date: March 28, 2014

Location: The Willows Golf and Country Club, Saskatoon, Saskatchewan

The SKAMFT, a division of the American Association for Marriage and Family Therapy is pleased to present this conference, a one day training event with Dr. Curt Thompson, psychiatrist and author of "Anatomy of the Soul". Dr. Thompson will present fundamental aspects of interpersonal neurobiology, define basic features of the polyvagal theory, shame, and their interlocking neurobiological functions; and identify practices that enhance the psychotherapeutic process of healing. Dr. Thompson, a contemporary of Daniel Siegal, follows similar pathways in uncovering new insights into the complexities of human experience and relationships from a neurobiological perspective.

Registration fee: \$150

Early Bird (Before February 28): \$135

Student Fee: \$80

Continental Breakfast & Lunch included

For further information contact

Dennis Arbuthnott at 306-522-1800 or

e-mail: [arbuthnott@sasktel.net](mailto:arbuthnott@sasktel.net)

CEUs available upon request



# Faculty of Social Work, University of Regina Section

## Acting Dean's Message



Every year when we get to the end of the old year and begin the new one, I find myself reflecting on the many gifts I have been privileged to have. I begin each year with an awareness of the responsibilities we each have to make use of our gifts. And an even greater appreciation for the profession of social work which is committed to goals

of social justice and equity.

I was born and grew up in Trinidad and Tobago—tiny island which is oil rich, and where the social and economic disparities are very obvious. Between January 1 and January 6, 2014, the island had already recorded 9 murders. Some of this violence is drug related (many will say all of it); but much of it is driven by the thirst for money, quest for power, by poverty, and by the disparities. This is also the island that citizens of other islands migrate to—seeking their fortune. More than anything else, this is the island where there is an amazing energy and joie de vivre that is contagious. It is hard to resist the laid back approach to life, the music, the food, and the appreciation for the arts.

It is also where I began my university studies. The University of the West Indies (UWI) was this vibrant place where there were debates about colonization and imperialism. But those were also the days when we didn't understand about learning disabilities, or the importance of strong student services. As a student, you had to “fend for yourself” (if you came from a middle class background, you were a bit ahead of the game, because your parents probably understood what being a university student meant). But I was home and quickly made friends, and we supported one another. I enrolled at the University of Regina, shortly after migrating to Canada. I remember the sense of isolation I felt as a student. The campus was not very diverse and it was difficult to find

many others who looked like me. Similar to UWI, the University of Regina did not always understand how to support all students.

As a faculty member, and now Acting Dean, I continue to be awed by the changes at the University of Regina. These are occurring at many levels. They include the physical environment: green spaces that are both inside the campus buildings, and those that are outside. For people like me who come from the tropics, there is an emotional connection to, and appreciation for green and for light. I am thrilled that international students will arrive at a campus where there is a commitment to providing supports and a welcoming environment. I am thrilled that indigenous students, students living

with disabilities, older adults, and young students, will find different kinds of supports and activities to enhance their university experience. It means that the campus is different, that we have to teach in different ways, live in different ways, and that we are spending money in

different ways. Supports cost. For those who have been accustomed to the university being a particular way, it means giving up a bit of power and space to accommodate others, to welcome others. This should not just be about protecting our jobs.

The Faculty of Social Work, like the rest of the university, is also in transition, and trying to embrace change. Our faculty will be focusing on indigenization of our curriculum, on enhancing our field education program, on reflecting on, and addressing racism and discrimination among ourselves, and within our student body. We are now exploring the concept of a Community and Family Centre project at our College Avenue campus, as part of our commitment to community outreach. On a personal level, my visits to Trinidad, remind me that we have to remain focused on the goals of equity and social justice, ensure there are supports and resources for all peoples, or risk the kind of chaos and violence that continues to be prevalent in that island.

*Submitted by:*

*Judy White, Ph.D., RSW (SK), Acting Dean*

*Some of this violence is drug related (many will say all of it); but much of it is driven by the thirst for money, quest for power, by poverty, and by the disparities.*

# Field Education Report

Things continue to be busy at the University of Regina Faculty of Social Work. For the Winter 2014 term we have approximately 200 students in field placements in Saskatchewan, Canada, United States, South Africa, Italy, Croatia, and Australia.

We continue to offer Field Instructor Training in Regina, Saskatoon, and other locations throughout the province. Upcoming training dates are:

Regina: March, 2014 (date TBA)

Prince Albert: Date(s) TBA

If you would like information on an upcoming training session, or to discuss opportunities to bring Field Instructor Training to your community or agency, please contact Angie Yung (Southern SK) at 306-585-4572 or [angela.yung@uregina.ca](mailto:angela.yung@uregina.ca) or Erin Beckwell (Central/Northern SK) at 306-664-7380 or [erin.beckwell@uregina.ca](mailto:erin.beckwell@uregina.ca)



**SASW  
Student  
Award Fund**



**Climb on Board....**  
*Make a Difference*

*What does your donation do?*

- increases the amount of the award yearly; as the fund increases so does the award
- attracts students to the profession and to SASW while still in school
- an opportunity to pay back for support you received as a student
- official income tax receipts are issued for individual donations

*How can donations be made?*

- individual donations
- bequests from estates
  - as a beneficiary of your life insurance policy
  - through fund raising events

*The SASW Student Award Fund is established through and managed by the South Saskatchewan Community Foundation.*

*Your donations can be sent to:*  
**South Saskatchewan  
Community Foundation**  
#2 - 2700 Montague Street  
Regina, SK S4S 0J9

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Saskatchewan Association of Social Workers  
**www.sasw.ca**



## Resource Section

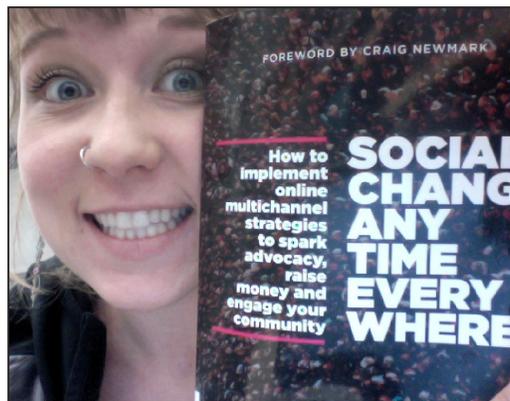
### Book Review

# Social Change Any Time Every Where

## Social Change Any Time Every Where

By Allyson Kapin & Amy Sample Ward

I recommend this book for three reasons. First, we live in a society tied to technology. Secondly, because social workers should be pursuing effective ways to do social change, advocacy, fundraising and community building. Finally, because this book was full of practical ideas on how to use technology as a tool for the purpose of engaging the community. After all, I'm sure we will all agree that change really comes from the bottom-up... right? Learning how to effectively work with our communities and for our communities ought to be a central focus of our practice, no matter where you practice. Kapin & Ward do a good job of explaining complicated techy terms, new ways to use search engines, creative strategies for Facebook and Twitter, and wise ways to communicate with the people you want to collaborate with. As a baby from the '90s, I have grown up with computers, but I never took the time to intentionally learn the potential power of technology; I just used it in the way I knew best. However, I have become



increasingly more interested in macro-level practice and have enjoyed figuring out how to network with people during my practicum at the SASW. I decided it was time for me to read a book on this topic as I saw gaps in my toolbox. I found myself staring at the wall blankly, wondering: "How should I address this email?" "Where do I find participants?" "What should a poster say to elicit the most feedback?" These were questions I had and I feel that this book provided a lot of answers. With the not-for profit sector increasing rapidly as the provincial budget for social-spending shrinks, the ability to organize ourselves to support valuable causes will be crucial to the continued development and integrity of our profession and for benefit of our communities. I would recommend this book to anyone who sends email, needs to fundraise, is trying to get a movement off the ground, and anyone who is looking for relevant ways to pursue social justice.

Find it at a public library near you!

*Submitted by:*

*Bobbi-Lynn Foster, Student,  
Faculty of Social Work, UofR*

## Resources for Social Workers

Among recent changes to the SASW Web site is an updated and expanded list of resources with links to relevant web sites. Below is a list of the content areas you can find by going to [www.sasw.ca](http://www.sasw.ca). If you have suggestions for other links that we should add please contact us at [ed.registrar.sasw@accesscomm.ca](mailto:ed.registrar.sasw@accesscomm.ca).

- Social Work Organizations/Associations
- Social Work Education
- First Nations/Indigenous Resources
- Information on Social/Practice Issues
- Child Welfare/Children's Issues
- Family Violence

- Health/Mental Health Resources
- Poverty Resources
- Workplace Bullying
- Policy Organizations
- Free On-Line Journals
- Practice Guidelines
- Social work and social media
- General Social Work Sites
- Saskatchewan Links
- Employment Opportunities
- Records Storage
- Grant Writing
- Advocacy & Social Action

# UPCOMING CONFERENCES, WORKSHOPS & EDUCATIONAL EVENTS

## ***Conflict Resolution Skills***

March 20, 2014 (Saskatoon)  
March 26, 2014 (Regina)  
ACHIEVE Training Centre  
Saskatoon - SK  
Trainer: Trish Harper  
Contact: info@achievecentre.com  
(204) 452-0180

## ***Mediation – An Informal Process for Conflict Resolution***

March 27, 2014 to March 28, 2014  
ACHIEVE Training Centre  
Regina, SK  
Trainer: Mike Labun  
Contact: info@achievecentre.com  
(204) 452-0180

## ***Dealing with Difficult People***

April 16, 2014 (Regina) and  
April 17, 2014 (Saskatoon)  
ACHIEVE Training Centre  
Trainer: Janelle Jackiw  
Contact: info@achievecentre.com  
(204) 452-0180

## ***Certified Laughter Leader Workshop***

Saskatoon, SK  
Saturday, April 26 & Sunday, April 27, 2014  
(must attend both days)  
Local contact: Helen Bzdel  
Web: www.laffingoutloud.com; www.worldlaughtertour.com  
E-mail: laffingoutloud@sasktel.net; steve@worldlaughtertour.com  
Phone number: (306) 222-0563; 1-800-NOW-LAFF

## ***Coaching Strategies for Leaders - Conflict, Performance, Change***

April 30, 2014  
ACHIEVE Training Centre  
Regina, SK  
Trainer: Aaron Lyons  
Contact: info@achievecentre.com  
(204) 452-0180

May 14, 2014 (Regina) and May 15, 2014 (Saskatoon)  
ACHIEVE Training Centre

## ***Assertive Communication***

Regina - SK  
Trainer: Janelle Jackiw  
Contact: info@achievecentre.com - (204) 452-0180

## ***De-escalating Potentially Violent Situations™***

May 21, 2014 (Regina) and  
May 22, 2014 (Saskatoon)  
Crisis and Trauma Resource Institute Inc.  
Contact: info@ctrinstitute.com | (204) 452-9199

## ***National Joint Social Work Conference 2014 Borders without Boundaries: Navigating the New Frontiers of Social Work***

May 26 to May 29, 2014  
Registration www.congress2014.ca

## ***2014 National Fall Prevention Conference***

May 27 to May 28, 2014  
www.watchyourstepcanada.com

## ***“Heart and Soul of Change International Conference on Evidence Based Practise”***

June 5 and 6, 2014  
Saskatoon, SK  
Sponsored by: Mental Health/Addiction Services,  
Saskatoon Health Region  
More information: www.saskatoonhealthregion.ca/  
heartandsoul/

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Upcoming events, news and workshops are regularly posted on the SASW website.  
Please visit the website for more information.