## WHAT IS A SOCIAL WORKER?

- Social workers (SWs) help individuals, couples, families, groups, communities and organizations develop the skills and resources they need to enhance social functioning and provide counselling, therapy and referral to other supportive social services. SWs also respond to other social needs and issues such as unemployment, racism and poverty[1]

## HOW ARE SWs EDUCATED & REGULATED?

- SWs are skilled professionals that must have obtained a bachelor's or master's degree in Social Work for entry to practice; **Registered Social Workers (RSW)** have a bachelor's or master's degree in Social Work and must be registered with the College; **Registered Clinical Social Workers (RCSW)** have a master's degree in Social Work and have met the minimum requirements of clinical experience that trains them to diagnose using the Diagnostic and Statistical Manual (DSM) of Mental Disorders and must be registered with the College
- SWs are regulated under the Social Workers Act and their scope of practice and any restricted activities they are authorized to do are outlined in the Social Workers Regulation
- In order to be employed as a SW by a BC health authority, all SWs must be registrants of the British Columbia College of Social Workers
- Each individual SW is professionally responsible and accountable to practice autonomously within their defined legislated Scope of Practice and level of competence as part of the interdisciplinary primary care team, to support safe, competent and ethical care for patients, families, and communities

## WHAT ARE THE KEY FUNCTIONS OF A SW?

SWs support improvements in health and wellbeing of individuals and their families through:

### Assessment

- Completes a psycho-social-emotional-spiritual assessment on health status to:
  - screen for risks factors (e.g. suicide risk, Adult Guardianship concerns, child protection concerns)
  - identify strengths/self-care management strategies and possible support networks
  - address mental health concerns (e.g. situational crisis, anxiety, depression, grief and loss, substance use)
- RCSWs may also diagnose mental health disorders based on the DSM of Mental Disorders (e.g. autism, schizophrenia, bipolar disorder, clinical depression)

### Treatment/Management

- Collaborates with patients to identify strategies to optimize level of functioning, such as:
  - culturally safe and trauma-informed brief solution-focused counselling (e.g. caregiver burnout counselling, lifestyle counselling, family counselling, crisis intervention)

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1 https://www23.statcan.gc.ca/imdb/p3VD.pl?CLV=4&CPV=4152&CST=01012016&CVD=314247&Function=getVD&MLV=4&TVD=314243

  - self-management and coping strategies, problem-solving skills, strategies for managing/navigating challenging situations (e.g. new diagnosis adjustment, chronic disease management, transition and end-of-life support)
  - opportunities to potentially reduce social isolation (e.g. support groups)
  - the creation of safety plans related to relationship violence and/or suicide risk
- RCSWs may assess and treat patients diagnosed with metal, emotional and behavioural disorders outlined in the DSM of Mental Disorders (e.g. autism, schizophrenia, bipolar disorder, clinical depression) by providing psychosocial interventions to enhance personal, interpersonal and social functioning

**Education/Advocacy**

- Consult, educate and makes recommendations to patients and their families regarding
  - advocacy support related to literacy, forms, appeals, applications and referrals (e.g. Person with Disability, HandyDART, BC Housing, adaptive equipment, medical travel)
  - suggestions to maximize financial resources (e.g. Government Income Assistance, CPP disability)
  - Advance Care Planning (e.g. "My Voice: Advance Care Planning Guide"), assist with determining an appropriate Temporary Substitute Decision Maker, educate regarding options for financial management (e.g. Pension Trustee Representation Agreements, Power of Attorney)
  - reports of abuse, neglect, or self-neglect (e.g. intimate partner violence, adult guardianship, elder abuse, child protection, self-harm, other experiences of violence) and offer support and resources

**Referrals/Collaboration**

  - Participates team-based care by collaborating with primary care team and community agencies to build care plans/coordinate referrals
  - Provides a culturally safe and trauma-informed perspective to consultation with team members to enable patients to access the services they need
  - Supports care coordination and system navigation regarding health care, finances, housing, transportation, food security, community resources
  - Shares knowledge related to applicable legislation to support safe and ethical care for patients (e.g. *Mental Health Act*, Child Protection legislation, *Adult Guardianship Act*, the *Health Care (Consent) and Care Facility (Admission) Act*)

**CASE SCENARIO/EXAMPLE**

Below is an example of the role that a SW may provide within an interdisciplinary primary care team. It is recognized that team composition will vary due to population needs, team practice models, health human resources available and geography.

# THE ROLE OF THE **SOCIAL WORKER** IN PRIMARY CARE

During the weekly primary care round, the team identifies a 67 year old widowed male with moderate dementia, moderate depression, hypertension and history of a stroke who reported having fallen at home three times in the last week. The team is concerned that this patient lives alone and is unsure of the patient's ability to manage medications, obtain the nutrition he requires and manage his own finances.

After a review of the patient's health records, the SW identifies the need for an assessment and arranges to meet with the patient. The SW completes an assessment with the patient and notices he has difficulty using his left hand when writing on his forms. The patient also mentions he feels isolated since becoming a widow and is having a hard time paying all of his bills.

The SW provides information on support groups for individuals that have experienced the loss of their spouse and also informs him of the free daily soup lunch available at the local church. The SW assists the patient to complete a SAFER application to supplement his current rental costs.

The SW also receives consent to refer the patient to other health care providers. This includes a referral to the Occupational Therapist to review the patient's activities of daily living and a referral to the Registered Dietitian to review nutritional intake. Depending on the composition of the primary care team, the referral may go to other community providers.

The SW adds this patient to the primary care round agenda to facilitate team-based communication and review the interprofessional care plan. The SW also works with the scheduling assistant to arrange a follow up appointment to review the client's well-being and ensure his previously mentioned concerns have been addressed.