



Canadian Association of Social Workers'

Brief to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities' Study on labour shortages, working conditions and the care economy

March 7, 2022

The Canadian Association of Social Workers (CASW) is the national professional association for social work in Canada. Composed of 10 provincial and territorial partner organizations, CASW has been the association voice for the profession since 1926.

There are over 50,000 social workers in Canada providing a range of services to support health, mental health, and social care outcomes, while also addressing social determinants of health at the community, family, and individual level.

As we know, the pandemic has and will continue to bring lasting health and social impacts for Canadians, and the need for responsive, accessible, and timely services has never been greater. Registered Social Workers (RSW) are trained professionals with a broad scope of practice, capable of offering many types of services and care, often at a lower cost than other professionals – and can, and should, play a key role in pandemic recovery.

CASW is very pleased to see this important study taking place. The pandemic has caused, and exacerbated, many challenges for social workers across Canada, and our critical profession has not been immune to the so-called 'great resignation' impacting many sectors in the wake of the pandemic. The most pressing of these issues can be defined as follows:

- 1) There is significant demand for more social workers in an array of settings, but data is lacking to pinpoint the exact needs**—this health and social workforce gap needs to be addressed for the benefit of Canadians' wellbeing. Prior to COVID-19, social workers were already stretched too thin in their roles, and the situation has only worsened. We lack key demographic, labour market and education/training information to ensure there will be social workers available to respond to Canada's growing health, mental health, and social care needs.

Funding is required for a social work sector study: we have little understanding of the number of social workers, or proportion of social workers in different practice areas, working across Canada and whether this workforce has the capacity to meet current or projected needs of Canadians. The last such federally funded study, In Critical Demand, was completed in 2000. COVID-19 has only increased public need for Registered Social Workers (RSW) – who serve in a myriad of essential roles in our communities from child welfare and schools to hospitals to mental health, to substance use, to name only a few – and funding for a sector study is an important piece in ensuring that the professional social work workforce can meet Canada's growing needs moving forward.

- 2) Child welfare in Canada is in crisis:** CASW completed a national study before the pandemic that confirmed workers were burning out at an alarming rate, largely due to overwhelming caseload size and complexity. That creates a turn-style effect that is particularly damaging in already underserved rural, remote, and northern communities. Further, COVID-19 has seen rates of intimate partner and

familial violence greatly increase, meaning more families in more frequent contact with child welfare services. As the effects of the pandemic continue, including increased financial stress, social isolation, and loss of support networks and services – all factors that exacerbate violence – it is more critical than ever to ensure the child welfare workforce is equipped to respond.

CASW's 2018 national research study found that 75% of social workers in child welfare roles reported that unmanageable workloads were a critical issue; 72% reported they were unable to spend sufficient time with clients due to caseload size; and 45% of those who left the field did so due to burnout or vicarious trauma. To summarize our findings across Canada, the project found: excessive workload and caseloads are a key factor in social workers leaving child welfare positions; organizations have inadequate mental health and wellness resources to respond to staff who experience vicarious trauma or develop post-traumatic stress disorder and; there is a troubling lack of adequate data and information to guide policy and planning.

The intended role of child welfare workers is to develop relationships with communities and support families in remaining together. But with huge caseloads requiring overwhelming administrative burdens, and inadequate resources to address negative workplace experiences, this person to person, relationship-building aspect is often neglected. Families needing supportive interventions are often seen only after an incident requires that a child's safety take precedence over strengthening families to keep children safe at home.

Child welfare practice has the most success in keeping families together when the community has a healthy, long-term relationship with a worker. Currently, high caseloads are causing workers to leave their positions, creating the 'turn-style' effect in many communities that ruptures family relationships with professionals and discourages them from seeking assistance before a crisis develops. The situation is particularly difficult in rural and remote areas where it can be difficult to hire and retain staff. Finally, particularly in the context of the COVID-19 pandemic, it is critical to examine the full spectrum of reasons child welfare workers leave their roles.

There has been no national study in Canada to help child welfare organizations, both on and off reserve, determine a healthy and appropriate caseload for their workers, or how to retain and protect the wellbeing of workers. There is a troubling lack of data and information to guide policy and planning to remedy these issues.

This project would, ideally, be comprised of two parts: first, a rigorous study of child welfare caseload size and complexity to include: literature review and environmental scan; jurisdictional review; interviews with experts; interviews with child welfare agency leaders; interviews with child welfare workers; and interviews with those with lived experience of child welfare system involvement. Second, the development of a set of best practice guidelines to determine appropriate caseload size and complexity, as well as a set of best practice guidelines for organizations to protect the health and wellbeing of their workers.

- 3) Like other essential workers, social workers have been deeply impacted by the pandemic. **An envelope of funding is required to help address the specialized mental health concerns** of these workers, including moral injury, vicarious trauma, and other workplace related mental health concerns.

As just one example, in many areas of social work practice, being physically present in the client's environment is critical in ascertaining their safety, potential risk levels, or simply in providing appropriate services, care, or referrals. The pandemic has caused great stress and moral injury to a large portion of the social work workforce who have been prevented from these types of in-person interactions due to – critically important – public health guidelines. This reality has accelerated the reality that some social work services are moving 'on-line,' which has, and continues to, cause moral injury and in turn burnout in the workforce.

- 4) Any future legislation pertaining to first responders must recognize social work. Social workers are often the first professionals present at a crisis.

Canada needs to do more to ensure the unique skill set of social workers is present in systems of care in communities of all sizes and geographies in Canada, and that they are given the conditions to remain – and thrive – in their essential roles.



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