



report

Working Session for Social Workers

March 8–9, 2021

The National Union of Public and General Employees (NUPGE) is a family of 11 Component and 3 affiliate unions. Taken together, we are one of the largest unions in Canada. Most of our 390,000 members work to deliver public services of every kind to the citizens of their home provinces. We also have a large and growing number of members who work for private businesses.

The office of the National Union of Public and General Employees is situated on the traditional unceded territory of the Algonquin Anishinaabeg people and is now home to many diverse First Nations, Inuit, and Métis communities.

We recognize and acknowledge the crimes that have been committed and the harm that has been done.

And, we dedicate ourselves, as a union, to moving forward in partnership with Indigenous Peoples in a spirit of reconciliation and striving for justice.

Larry Brown, President

Bert Blundon, Secretary-Treasurer

**Working Session for Social Workers
Videoconference
March 8–9, 2021**

PARTICIPANTS

| | |
|-----------------------|--|
| BCGEU/NUPGE | Kayla Woodruff Darryl Flasch |
| SGEU/NUPGE | Krista Powell Brenna Vennard |
| OPSEU/NUPGE | Luisa Quarta Mirla Alvarado Fenn Deborah Gordon |
| NBU/NUPGE | Lisa Watters Susie Proulx-Daigle Jody Jodoin Michelle Burge |
| NSGEU/NUPGE | Paul Moore Odette MacLeod |
| NAPE/NUPGE | Kelly Roche Andy Parsons |
| NUPGE | Larry Brown, President Bert Blundon, Secretary-Treasurer Sandra Megeney, Administrative Representative Nadia Ibrahim, National Representative |
| Guest Speaker: | Fred Phelps, the Canadian Association of Social Workers |

1. Land Acknowledgment

The Chair, Nadia Ibrahim, provided a land acknowledgment and invited reflection.

2. Anti-harassment Statement

Ibrahim read NUPGE's Anti-harassment Statement, a copy of which was provided to participants.

3. Welcome and Introductions

Ibrahim welcomed everyone to the meeting and participants introduced themselves. 15 participants from 6 Components joined the videoconference, with President Larry Brown, Secretary-Treasurer Bert Blundon, and 2 NUPGE staff. Participants reviewed the meeting agenda.

4. Opening Remarks: National Report—Larry Brown, NUPGE President

President Brown thanked participants for joining this meeting. He stated that one hope for these working sessions is that participants learn from one another—the common challenges across the provinces, as well as the best practices and victories. Another is for NUPGE to learn from participants, with an ear to how we can support the work that is happening and support coordination, etc.

Noting the recent National Executive Board meeting, Brown reflected on the enormous amount of work done in the last year at the National and Component levels. NUPGE continues its work around the pandemic, with increasing attention to the vaccine rollout in Canada and [the fight for equitable access to vaccines globally](#).

He highlighted just a few of the other issues on which NUPGE is working: [long-term care](#), [anti-racism](#), [child care](#), the opioid crisis, and [domestic violence](#). Brown noted that we have been successful in arguing why these issues matter, as seen in the growing public and political recognition; but the question is whether governments will respond meaningfully. In particular, NUPGE will be watching the upcoming federal budget.

Lastly, Brown provided an update on the upcoming CLC Convention and the campaign to improve the delegate system. He encouraged participants who will be attending the Convention to learn more about the issue.

Bert Blundon, NUPGE Secretary-Treasurer

Secretary-Treasurer Blundon wished everyone a Happy International Women's Day. He reflected on his tenure as Secretary-Treasurer of both NAPE and the Newfoundland and Labrador Federation of Labour, during which he worked with 3 women presidents. He recalled that his role was to lift women up, but how working with these women leaders also lifted him up.

Blundon also reflected on a social workers' strike during his time at NAPE, and how these social workers were fighting not just for themselves, but also for the clients and community they worked with. The pandemic has shone a light on the value of social

services and, on public services in general, and on the gaps resulting from years of privatization and cuts.

He noted that, after the pandemic, we must not let governments fall back into austerity and cut public and social services. This speaks to the need for tax fairness, for which there is growing public support. We must continue the fight for enhanced public services, including bringing privatized services back into the public domain. This is crucial to ensuring that public sector workers, including social workers, have the appropriate resources and personnel they need to do their jobs.

5. Impacts of COVID-19

In discussing the impacts of the COVID-19 pandemic, a main theme was confusion. Many participants reported mixed messages from employers and unclear guidelines, or a lack of guidelines, in the early days of the pandemic. The extent to which employers were willing to engage with the unions on this has varied. Confusion has also been ongoing, as policies have changed frequently. This has created stress and frustration.

Whether members have been working from home, or going into the worksite, and/or seeing clients varied by sector and province, and it has changed over the course of the pandemic. Specific experiences are detailed in the attached Component reports.

For those who have been working in person, in some cases on a rotational basis, the COVID-19 protocols were similar across the provinces, such as daily screening and physical distancing. A key common challenge relates to personal protective equipment (PPE) supply and guidelines. In most cases, there were delays in getting staff the necessary PPE, or challenges to accessing appropriate PPE. It has also been a challenge to keep up with the latest guidelines or requirements around PPE.

In some cases, social workers were eligible for pandemic pay, but overall, there were inconsistencies or limitations in how governments decided who was eligible.

The pandemic has also affected the nature of social work. For example, participants shared that the pandemic has made it harder to work with clients' extended families, and that masking and distancing, however necessary, can hinder face-to-face work.

It is important to consider the broader impacts of the pandemic on workers as individuals, and to recognize that people have been impacted differently. For example, it was shared that for someone with hearing impairment, the use of masks and virtual meetings can be extremely challenging and draining. Also, it was noted that child care has been a significant challenge for members who are parents or guardians.

Working from Home

As for those working remotely, there was a comprehensive discussion about working from home (WFH). In some cases, there were delays in getting staff work phones and computers, or getting everyone set up on platforms like Zoom. One participant

described how, one year later, many of us are now “comfortably uncomfortable” with these platforms and the new way of working.

WFH has also impacted the nature of social work. For example, it was noted that virtual sessions are not the same as face-to-face ones and can create barriers to communicating and picking up on cues, especially when working with children.

One concern with WFH is surveillance of employees. Participants from the BCGEU and SGEU reported that, while the experiences vary by workplace, there have been instances of increased employer surveillance of members while WFH, such as requiring daily work plans or stringent accounting of work hours. This micromanaging breeds (or reinforces) a climate of mistrust and pressure on employees to “prove” themselves.

Participants identified that there remain questions around health and safety while WFH, including workers’ compensation. Some relevant NUPGE resources, which begin to dig into these issues, were shared with participants after the meeting.

Participants also commented on the positive aspects of WFH. Several participants noted that the pandemic has proved where WFH is possible, and that employees for whom it is possible have been set up to do so.

In this, and in other ways, the pandemic may have lasting impacts on work and workplaces. As another example, participants observed enhanced cleaning protocols and that occupational health and safety committees are being noticed and respected. One concern is that more widespread WFH could be seen by governments and employers as an opportunity for more contracting out or for moving to a direct-funding model for social services.

6. Working Conditions

a. Workload

Heavy workload and caseload continue to be a significant issue among social workers across the provinces. In some provinces, it is a particular sector, such as child protection or health care, where workload is a major problem, and in others it is prevalent across sectors. Participants referred to workload and caseload as “unmanageable” and “impossible to keep up with.”

It was noted that although some employers are talking about caseload numbers, there is a lack of understanding of workload issues beyond caseload. There has been little movement on the part of employers to address both caseload and workload issues. A particularly disappointing example is in Saskatchewan, where the employer undertook a workload study with input from employees, but then has never released the results.

Several participants observed that not only has workload been increasing, but staff are also seeing increased *complexity* of workload. One example is the impact of the opioid

crisis. Furthermore, there have not been additional supports to workers to respond to the added complexity.

Overall, a common theme was that workers are being expected to do more with less. All of this causes worker fatigue and burnout, and it feeds into retention problems.

b. Staffing levels, precarity, and recruitment/retention

Most Components reported staffing shortages, and several reported that the employer delays filling vacant positions, or simply does not fill vacancies. Understaffing compounds the issue of heavy caseload and workload for existing workers.

Relatedly, recruitment and retention continue to be a challenge across sectors, but particularly in child protection. There are high rates of turnover. It appears common for workers to get their first jobs in child protection, but their plan is to move to another sector. Several participants noted how unfortunate it is that people are forced to leave work that they want to be doing because of workload, burnout, and etc. High turnover is also challenging for the workers who remain in their position or workplace.

A few representatives noted that they have seen distinct impacts of these issues on younger workers who are beginning their careers in this environment. At the same time, there is a sizable portion of workers who are near retirement and who will soon be leaving the workforce. One participant described it as an “exodus at both ends.” This is a component of the recruitment and retention problem that should be addressed.

The situation is made worse by precarious employment. Several Components reported that employees, especially new employees, move from term position to term position.

For example, NAPE reported that the employer exploits collective agreement language outlining a 13-week period for contracts. The employer repeatedly extends contracts, so employees end up working consecutive 13-week contracts for multiple years. In BC, child protection workers are hired onto what is called “the float,” where their job is permanent, but their work site is not.

In the health care sector in New Brunswick, there has been a move to more casual employment. The shortcomings of this approach have been highlighted during the pandemic, where casual employees have been turning down their shifts at the hospitals. This results in full-time employees working unsustainable amounts of overtime.

c. Health and safety

A key health and safety issue raised in the discussion was violence and harassment at work. Almost every Component reported that violent behaviour of clients, and physical, verbal, and online threats against workers are all too common.

What’s worse, there is generally insufficient response, or lack of response, from employers. A common approach is to direct employees to fill out an incident report.

Participants noted that many workers do not take this course of action because they are already overwhelmed with paperwork in their jobs. At least one participant reported that the employer response to violence and harassment is for the employee to go on stress leave. While an important option for workers, this does not address the ongoing violence and harassment, nor does it provide supports or resources in the workplace.

Participants also discussed how workers may be afraid to speak out due to a “suck-it-up” culture. Other barriers are the fear that reporting will reflect poorly on one’s professionalism and the belief that “it’s just part of the job.” The importance of educating members about their rights and ensuring employers conduct exit interviews were noted.

One participant spoke about their experiences in a work environment that is increasingly punitive, where workers are afraid to make mistakes or ask questions. This has been made worse by the pandemic, as workers try to keep track of the changing guidelines and policies, fearing reprisal from the employer. This creates a toxic work environment.

d. Identifying solutions

Components are actively working to address these issues. Throughout the discussion there emerged a number of strategies and activities, which are highlighted here.

In 2020, NAPE conducted a survey of social worker members, which gave insight into the scope of the challenges facing members, including workload, stress, and violence in the workplace. Based on the results, NAPE approached the government to convene 2 working groups—one for child welfare and one for health care—to discuss these types of issues and to work to address them. The working groups made good progress, but had to be paused when the election was called.

Coming out of a grievance regarding workload and health and safety, the NSGEU helped to create a provincial labour-management committee to address issues. Issues around workload and health and safety remain, but the committee has begun to make some inroads and identify solutions (e.g., retention bonuses).

OPSEU representatives spoke about work done to engage the employer on these issues, using tools like the Copenhagen Psychosocial Questionnaire (COPSOQ) and working with the Occupational Health Clinics for Ontario Workers Inc. (OHCOW).

The BCGEU has bargained what are called Article 29 Committees, which are mandated to address non-bargaining matters that impact the bargaining unit. As a result of this process, and the BCGEU’s raising the issue of violence and harassment, the employer has set up a web page and phone line for reporting threats in the workplace.

OPSEU shared a success story of how one local, facing harassment, racism, and workload issues, took on the employer in a systemic way. Through a member survey and engaging the media, and led by racialized women members, the local got the employer to conduct an independent third-party review of the organization and to

commit to involving the union in pursuing cultural change in the organization. The story underlined the value of finding systemic strategies to address systemic issues.

7. Mental Health

The aforementioned issues related to working conditions have implications for mental health. Participants reported on widespread burnout, fatigue, and stress in their sectors. It was observed that mental health challenges affect workers of all ages. Components are seeing mental health concerns across the membership.

This has been compounded, in many cases, by the pandemic. Participants described the stress of the pandemic, the “cumulative emotional impact” on those continuing face-to-face work, and the guilt experienced by those who can work from home or who still have their jobs. Many social workers, such as those who work in hospitals who are witnessing patients not being able to see their loved ones, and vice versa, are also dealing with the complications related to grief.

Similar to the situation with reporting violence and harassment, it was noted that there can be fear of sharing one’s mental health challenges at work. Workers may fear that their professional competency will be called into question and/or they will experience backlash.

Regarding solutions and supports, there was a rich discussion around the limitations of employer responses that focus solely on individual solutions, such as promoting employee “self-care.” These measures do not go far enough to address mental health concerns. They put the onus on the employee, effectively individualizing a problem that is systemic. The ongoing workload and health and safety issues, for example, are areas that require employer attention, and addressing them would make a tangible difference in the mental health and well-being of employees. Employer commitments to employee mental health ring hollow when they do not address these underlying issues.

One participant also pointed out how, in the hospital, where lots of employees are experiencing burnout, the employer looks to the social workers to provide supports to their co-workers. Not only does this approach fail to recognize how social workers, too, are affected, but it also skirts the responsibility to provide the necessary mental health supports to employees.

Workers also need to be involved in identifying solutions and supports.

8. Political Climate: Observations, legislation, and policy developments

Participants shared observations on the political climate in their province. For example, Ontario and New Brunswick have governments that are unfriendly towards social services and their workers. In Newfoundland and Labrador, the election period created challenges for the union to get responses from the government on issues facing workers.

Participants highlighted some legislation and policy developments in their provinces, the details of which are included in the attached reports.

There was discussion of the early impacts of the federal legislation, enacted in 2019, that affirms the rights of First Nations, Inuit, and Métis peoples to exercise jurisdiction over child and family services. While there is support for the spirit of the legislation, there is concern that it may still create additional workload or other challenges for child protection workers. In BC, it was reported that the move has resulted in additional paperwork, without the employer providing additional resources or eliminating other tasks, thereby compounding workload challenges. In Saskatchewan, it was observed that, because things are in transition, there has been confusion around new processes.

The discussion touched on the broader work of reconciliation, including the implementation of the Truth and Reconciliation Commission's Calls to Action, and tackling systemic racism. One participant put it powerfully, observing that it is this generation of workers who are doing the work to take responsibility for this systemic change, and that the necessary supports must be in place to enable them to do so.

9. Campaigns and Advocacy Initiatives

In addition to the activities already discussed here, participants identified other campaigns and advocacy initiatives that Components are leading or engaged in. Details can be found in the attached Component reports. What follows are a few examples.

Both NAPE and the NBU currently have public campaigns promoting members and highlighting the value of their work, for example, through video ads.

The BCGEU has a current campaign, Unlocking Mental Health, that advocates for expanding presumptive coverage to previously excluded workers, including social workers. The NSGEU is also fighting for expanded presumptive coverage for PTSD to all child welfare workers, including social workers, case aides, and family support workers.

Components are also engaged in promoting equity and anti-racism initiatives. For example, the NBU is involved in the New Brunswick Coalition for Pay Equity and work around ending domestic violence. The BCGEU has an active Equity and Human Rights Committee. OPSEU held telephone town halls on anti-Black racism in the summer and has submitted a number of briefs to the provincial government, for instance, on funding for developmental services and mental health and addictions.

10. Component Reports

Participants shared additional updates or comments that had not yet been covered in the previous discussions. There was a useful discussion of how social work is regulated in the different provinces, and the varying, sometimes complicated relationships with the regulatory bodies and associations, which are integrated in all but a few provinces.

Participants also provided updates on collective bargaining, the details of which are in the attached reports.

11. Guest Presentation—Fred Phelps, the Canadian Association of Social Workers

Fred Phelps, Executive Director of the Canadian Association of Social Workers (CASW), spoke to participants about the work of the CASW. Phelps highlighted some of the association's work to promote and strengthen the profession on a national level. This includes work around the medical expense tax credit in the private sector, student loan forgiveness for those who work in rural areas, and the CASW's ongoing Social Work is Essential campaign.

Regarding efforts to promote social justice, he highlighted CASW advocacy for the decriminalization of sex work, decriminalization of drugs, universal basic income, mental health parity, and a Social Care Act.

Phelps welcomed comments and questions from participants. There was a discussion about the regulation of social work across the provinces and on the pros and cons of the universal basic income proposal.

**APPENDIX 1
Component Reports**



**Working Session for Social Workers
Videoconference
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British Columbia Government & Service Employees Union

**Component 6 (Social, Information, & Health) Report to NUPGE
Working Session for Social Workers 2021**

Compiled By:

- Kayla Woodruff (Local 603 & Component 6 Young Worker)
- Darryl Flasch (Local 603 President & Component 6 First Vice Chairperson)

1. Approximately how many social workers does your Component represent? In which sectors?

- Component 6 is a diverse component of workplaces, which includes social workers in the child protection, children/youth/adults with special needs, and mental health sectors.
- Estimated Total # of Social Workers in Component 6: **2753**
- It is therefore estimated that **31%** of workers in Component 6 are social workers.
- Note: The numbers provided here are impacted by membership list update issues, and the number of social workers listed here may be +/- the true amount.

2. How is social work regulated in your province?

- Social Work is regulated in British Columbia by the “BC College of Social Workers” (BCCSW), the registering body for social workers in BC.
- Government social workers, such as those in child protection, are not required to be registered with the BCCSW.

3. Impacts of COVID-19

- In March 2020 when COVID “hit”, much of the messaging from the employer was confusing—for example, conflicting messages of things being “business as usual”, not having access to the proper PPE, and constantly changing policies regarding COVID in the workplace.
- Anecdotally, the writer of this report witnessed social workers with their ears to the wall or laying on the floor near executive conference meeting rooms to try to hear of any updates that would inform workers of the safe next steps regarding COVID and their employment.
- Pandemic / “Hazard” Pay: “Front-Line” social workers in BC received a \$4 per hour “top up” of pandemic pay for a period of 16 weeks. There were many delays with this program, and the payments were pushed back by months. Additionally, there were other social workers, as well as other front-line workers, who did not qualify for this payment and who were unfairly left out of this program.
- As a result from the “WFH” model, increased surveillance by the employer included the implementation of daily work plans to be emailed by the employee to their manager.
- Positive Impacts:
 - Working from home has now become a viable option for workers in some sections who wish to do so.
 - Occupational Health and Safety has been taken seriously after employee demands for safety and accountability, and workplace safety is now righteously included in the day-to-day work environment (such as daily health check-ins).

4. Issues related to working conditions

- Issues regarding workload continue to be an ongoing issue for social workers in BC—despite increasingly complex cases, poor staffing by the employer, and a pandemic, expectations of workplace performance have not changed while these complicating variables have increased.
- While there has been a significant push for the hiring of new social workers by the province, poor retention of social workers have led to seemingly negligible improvements in staffing levels as well as the quality of care to our clients.
- As a result of a report by the “Representative for Children and Youth”, as well as the variables noted above, the employer has acted to expand the hiring requirements for social workers in the province. Previously, social workers would need a degree in social work or child and youth care to obtain a position as a social worker. Under the newly implemented system, those with anthropology, sociology, and even theology have been encouraged to apply for social work positions in the province.

5. Legislation and policies in your province—recent changes, announcements, or new policies

- A federal act regarding Indigenous child welfare, “An Act Respecting First Nations, Inuit and Metis children, youth, and families” came into effect in 2019.
- Social workers in BC welcome these legislative changes that will positively benefit Indigenous children, families, and communities.
- With this legislation, additional work for social workers has increased—for example, additional forms such as the “significant measures form” and other related obligations that social workers must complete, yet additional “caseload-reducing” resources have not been provided by the employer.

6. Campaigns, materials, or initiatives related to social work or your sector, or broader

- Component 6 of the BCGEU is currently participating in a BCGEU-wide mental health initiative called “Unlock Mental Health”, which is a campaign that aims (in short) to advocate for

increased benefits for previously excluded workers (incl. social workers) with PTSD.

- For example, the initiative argues that for many front line workers (such as social workers) who go on leave for PTSD/mental health related reasons, it should be “presumed” that this is linked to their employment (and that certain benefits should be accessible to them, in the same way that police and ambulance workers currently have).
- Please support by signing our petition here : <https://www.unlockmentalhealth.ca/>
- The BCGEU is proud to have an “Equity & Human Rights Committee” that does amazing work, and is attended by our own Component 6 First Vice Chairperson, Darryl Flasch.

7. Collective bargaining updates

- Our collective and component agreements are effective for a period of 3 years, with our current agreements ending on March 31st, 2022.
- Preparation for bargaining is ongoing, and we have seen renewed interest from members who wish to participate as a result of the challenges of COVID-19 and the last year.



Component Report

Component: OPSEU

(Please complete all appropriate sections, noting that some questions may not be relevant to your circumstances.)

1. Approximately how many social workers does your Component represent? In which sectors?

OPSEU/SEFPO represents thousands of social workers in the broader public sector. They provide services in social services and health sectors, work in municipalities, in the college sector, provincial correctional facilities, and directly for the provincial government in various ministries.

2. How is social work regulated in your province?

The social work and social service work professions are regulated by the Ontario College of Social Workers and Social Service Workers (OCSWSSW) under the Social Work and Social Service Work Act, 1998. This regulatory body is accountable to the Ministry of Children, Community and Social Services.

The legislation protects the titles of: Social worker, Social service worker, Registered social worker, and Registered social service worker. It establishes a code of ethics and minimum standards of professional practice and conduct. The legislation does not delineate scope of practice that legislated professional groups can perform in contrast to regulated health professionals such as psychologists.

OPSEU/SEFPO child protection workers (who are mostly social workers) negotiated with employers at the time of the passing of legislation to adopt the titles of “child protection worker,” thereby by-passing the requirement to register with the college. The

college continues to lobby the government to mandate the inclusion by child protection workers in the Child, Youth and Family Services Act, 2017.

Social workers who belong to the college can practice the controlled act of psychotherapy as outlined in the Psychotherapy Act, 2017.

3. Impacts of COVID-19

Social workers who were deemed essential under Emergency legislation have continued to work with clients and in the community. Employers have generally supported workers to work from home where possible, during lock down periods.

The emergency legislation allows employers to override collective agreements pertaining to scheduling, redeployment and leaves to address service needs. The interpretation and scope of this new temporary provision has been applied differently by employers. The union has advised to proceed with grievances where appropriate.

Initially there were concerns about having access to appropriate PPEs. The union took firm positions, advocating for members' health and safety and there were improvements in access to PPEs as the pandemic progressed.

In the transition to working from home not all workers received the technological support and assistance necessary to perform their jobs, agencies in the social services sector were not prepared with the technological requirements. With government support, new investments have been made.

There also appeared to be greater employer collaboration in child protection, child treatment, and developmental services where employers were responsive to implementing protection measures, supporting the workforce to work from home, where appropriate and in the development of re-entry plans.

The government provided temporary pandemic pay to essential workers performing work in congregate settings. Some social workers received pandemic pay (ie. long-term care).

Members in social services settings have reported concerns about burnout, managing stress, workload pressures in providing more direct service hours, juggling family and work-life balance. Social workers have also experienced severity and growth in the types of individual and systemic problems that they are seeing on the frontline, such as

an increase in rates of domestic violence, child abuse, mental health issues, and growing inequality. The pandemic has exposed cracks in a fragile social safety net.

4. Issues related to working conditions

Social workers employed in education and health sectors are better compensated and appear to have higher rates of retention as compared to counterparts who work in the broader public sector providing community social services. The government announced permanent funding to hire approximately 180 front-line mental health workers in secondary schools across Ontario.

Social workers in the child treatment sector who provide community mental health services to children and youth face chronic workforce recruitment and retention due in large part to the wage gap. The pandemic saw a growing demand for services in a field where waitlists for services have been growing. The sector also faces systemic challenges threatening the “agency model” which promotes a holistic disciplinary approach to service delivery, as more workers leave agencies to work in a “in a pay-as-you-go” private practice model.

Social workers in the developmental services sector, may be forced to adjust to providing services through a private practice model, as the government has signaled that it intends to implement wide-ranging reforms including the transition to a Direct Funding model. Under this model, the government would provide individuals and families with funding to purchase services in the developmental services field. Social workers would compete for direct funding contracts, providing service paid for by the hour.

In the child welfare sector, workload has been a critical issue for decades. The administrative workload burden has affected the ability to meet provincial standards, members have been unjustly disciplined, there has been an increase in sick time, and retention and recruitment continues to be a challenge. The government is looking to review the funding model, placing more emphasis on direct service models and data collection.

Social workers who provide services in the violence against women sector (VAW), community mental health, shelters and supportive housing in the non-profit sector have had a history of underfunding. As a result to the pandemic there were increases made in the VAW sector and in community mental health, but nowhere near to meeting the needs for services.

There is widespread acknowledgement that the government should be doing much more to ensure that service providers implement and support the recommendations made in the Truth and Reconciliation Commission and address systemic racism and anti-Black racism. These are important analyses that shape the day-to-day work of social workers. Supports should be put in place to enable workers to manage the expectations implementation of new practices, pro-active policies and more education for a generation of workers that have to bear witness and responsibility for much needed systemic change.

5. Observations on government or political climate pertinent to social work or your sector

From the beginning, the government's agenda promoted privatization, deregulation and public sector cuts. In its first budget in 2019, the government announced a \$1 billion cut to social services over three years, repealed Employment Standard legislation raising the minimum wage to \$15 an hour and providing all Ontarians with two paid sick days. In its first year the government reversed some of its many funding cuts due to dismal polling numbers.

Since the pandemic the conservative's government popularity has risen as the government was forced to respond to the cracks in the social safety net and invest funding where it had previously resisted. And yet, the government has continued to exhibit resistance to making significant investments even in the face of tragedy. The government has refused to address the evidence showing that for-profit long-term care homes have a higher incidence of death and provide poorer conditions of care; did not invest sufficient funding to lower class sizes in elementary schools; has not mandated any paid sick days for Ontarians, implemented rent control which was repealed and has not increased the minimum wage.

The next provincial election will be held in 2022.

6. Legislation and policies in your province—recent changes, announcements, or new policies

- Bill 124, the Protecting a Sustainable Public Sector for Future Generations Act, 2019, caps public sector wage increases at an average of one per cent annually for the next three years. Unions have filed charter challenge.

- On March 17, 2020, the government declared an emergency under the Emergency Management and Civil Protection Act (the “Act”) as a result of the COVID-19 outbreak. On March 21, the government filed a further Order under the Act providing certain health service providers with broad authority to address staffing and work deployment needs relating to COVID-19.
- Bill 175, the Home and Community Care Act, received Royal Assent.
- The government eliminated Ministry of Children and Youth Services and created the Ministry of Children, Community and Social Services. Children’s mental health services were moved to the Ministry of Health and Long Term Care.
- In 2018 the government repealed the Provincial Advocate for Children and Youth Act, 2007 and closed the Ontario Child Advocate’s Office transferring its duties to the Ombudsman’s Office.
- In 2021 the government announced that it is moving to a digitized application process for income support for persons with disabilities (Ontario Disability Support Program).

Campaigns, materials, or initiatives related to social work or your sector, or broader

- OPSEU/SEFPO President Warren (Smokey) Thomas, submitted the union’s brief on Bill 175, Connecting People to Home and Community Care Act, to the Standing Committee on the Legislative Assembly, highlighting concern for the potential for even more private control over Ontario’s home care sector.
<https://opseu.org/news/opseu-submits-recommendations-on-bill-175-home-and-community-care/108065/>
- OPSEU/SEFPO undertook a high-profile step towards true equality in the workplace and in the union, hosting telephone town halls on anti-Black racism on July 7. Thousands of OPSEU members and staff participated.
<https://opseu.org/news/solidarity-and-hope-opseu-recommits-to-ending-anti-black-racism/108616/>

- The Developmental services division is in the process of finalizing a brief to the Minister of Children, and Community Social Services with recommendations regarding direct funding and establishing a minimum sector wage.
- OPSEU/SEFPO marked Black Mental Health Day highlighting the importance of understanding mental health with a Black health lens. Black communities continue to face poor health outcomes, limited access to services and inequitable treatment while trying to get healthcare. <https://opseu.org/news/shining-a-spotlight-on-black-mental-health/117715/>
- The Mental Health and Addictions division submitted a Brief to the Minister of Health and Long Term care, also highlighting its recommendations for increases to frontline positions, mental health mobile crisis teams and to implement a province-wide strategy addressing anti-Black racism in the field, and providing culturally-specific training and services. <https://opseu.org/news/opseu-sefpo-recommendations-to-minister-of-health-and-long-term-care-expanded-culturally-sensitive-mental-health-and-addictions-services-save-lives-and-money/110750/>
- OPSEU/SEFPO calls on Ontario legislature to support essential workers by passing Bill 239. <https://opseu.org/news/opseu-sefpo-calls-on-ontario-legislature-to-support-essential-workers-by-passing-bill-239/116990/>
- Op-Ed by OPSEU/SEFPO President Warren (Smokey) Thomas was published in the Toronto Star. Should private long-term care be abolished? Yes. <https://opseu.org/news/the-saturday-debate-should-private-long-term-care-be-abolished-yes/116685/>

7. Collective bargaining updates

- Bill 124 is having an impact at bargaining tables. Locals are including wage re-opener language.
- Pandemic-specific language has been developed specific to: health and safety, pandemic pay, infection control, deferral or extension of vacation accrual banks and overtime banks.
- For the most part collective agreements are being negotiated for three-years in order to cover the moderation period.
- Enforcement of collective agreements has been challenging for some; especially for those units that have a congregate settings. There have been issues

regarding the interpretation of Public Health orders where employers were taking the position that those override the provisions of agreements.



Component Report

Component: New Brunswick Union of Public and Private Employees

1. Approximately how many social workers does your Component represent? In which sectors?

- a. 537 Social Workers in hospitals, community Health Centers, Extra Mural services, Mental Health and Addiction Services and Mobile Crisis Units.
- b. 78 Social Workers in Schools as part of the Integrated Service Delivery program.

2. How is social work regulated in your province?

Yes, Social Workers in New Brunswick are regulated professional through the New Brunswick Association of Social Workers and must be registered with NBASW in order to use either the title of “Social Worker” and “Registered Social Worker” in the province and to practice social work in New Brunswick.

3. Impacts of COVID-19

Initially when the pandemic hit, we struggled getting access to appropriate PPE for our members in all disciplines. Many SWs had to work from home, and this caused some problems setting up access, ensuring privacy and confidentiality concerns, and workloads. However, we also had a large percentage of our Social Workers who were required to continue to go to their workplace and we fought to get them not only appropriate PPE but properly social distanced workplaces. For example, while our schools closed and went online sending students and teachers home, our allied

health workers in the schools (Psychologists, speech language pathologists, behavior mentors and social workers) were still required to report physically to the schools they were assigned to and offer services online or in person on a limited basis. Many of these members were located in portable units where they were over crowded and in poorly ventilated work spaces separated only by dividers. Social Workers in hospitals were assigned to units and limited in their movement throughout the hospitals. Mental Health and Addictions had some allowed to work from home but most still had to report physically to work. The Health Authorities cited lack of VPNs and concerns on privacy and confidentiality yet a significant number of GNB employees were all sent home and working from home providing services online such as registration of vehicles, licensing, and other government services. By end of summer 2020 the issues around privacy and confidentiality appear to have been resolved but most are not working in their regular work locations.

The larger concerns now are delays in vaccination and access to PPE. Social workers, as well as most other Allied Professionals, while deemed essential are not in the first group to receive access to vaccinations so there is a growing concerns with these groups at the lack of vaccines and their position in the queue. Those working with Native Communities, ICUs, Extra Mural, Covid Units and Emergency Departments seem to be getting vaccines, but it is not consistent across the province. NBUnion has requested from government a clearer picture on when Allied Professionals can expect vaccines and what units are being prioritized.

PPE is available but the use of N-95 is not a free for all. Those working in community settings had concerns entering client's homes as there has been cases where people travelled but did not isolate. Those workers wear medical masks but carry N-95 with them and if their professional assessment deems the use of a N-95 they can do so.

4. Issues related to working conditions

- Workload, staffing levels, recruitment and retention, job security and/or precarious employment, and health and safety.

As with most of our Allied Professionals we are starting to see shortages of Social Workers across the province. Workload issues remains a problem

even before Covid. The Government just announced an initiative to increase the number of Mobile Crisis Unit in the province, walk in clinics, and other initiatives (see next section). We anticipate a greater demand for services and the creation of more positions thus there will be more pressure on recruitment and retention. At this time we do not foresee any cuts in services and job loss in our Allied Health Professionals although there may be increase use of counsellors other than psychologist and social workers. We do have a growing concern with the increase use of fentanyl in the community and safety and health issues this may cause for our members in the front line. As the province is increasing the use of Mobile Crisis Units in collaboration with police forces we are also concern with safety issues in these situations as we are seeing increases in domestic violence, drug and alcohol usage, and mental health issues.

- Others?

There is increase demand for mental health services across the province. Some statistics show 33% of youth are struggling which is not surprising giving the disruptions to normal teaching and reliance on online. This spring will be the second time proms and graduations will be cancelled and moved to online.

Allied Health Professionals are also struggling with the ongoing stress and anxiety related to the pandemic and struggling to provide services to the public and an increasing vulnerable population. CMHA has reported in one of their recent surveys that 38% of Canadians are struggling with their mental health. They also reported that those contemplating suicide has risen in the last year from 2% to 10%. No doubt workers who deal with providing mental health services are subject to the same stress and anxieties caused by uncertainty, isolation, constant preparedness while dealing with the increasing need for services from the population in general. The long-term effects will not be known for a while and the need for services will not disappear when the immediate crisis is over.

5. Observations on government or political climate pertinent to social work or your sector

In an article published in Jan. of 2021, the provincial Minister of Post-Secondary Education, Training and Labour, Trevor Holder, made

disparaging remarks about the Social Work profession and the education Social Workers receive from St. Thomas University.

The comments while being insulting and misogynistic, were also completely false. In fact, the comments showed the Minister lacked basic knowledge related to his portfolio as well as the roles and responsibilities of social workers.

The NBU called for the Minister Holder to apologize. He released a non-apology where he admitted no fault, did not clear up any of his misleading statements or take any responsibility for his actions.

This was not good enough for the NBU and we have maintained a full apology must be forthcoming to repair the damage he did to the relationship between himself and the social workers of New Brunswick.

Here'd a link to the NBU article on the subject:

http://www.nbu.ca/index.php?option=com_k2&view=item&id=4201:minister-holder-should-apologize&Itemid=136&lang=en

6. Legislation and policies in your province—recent changes, announcements, or new policies

The province just announced a new action plan *Inter-Departmental Addiction and Mental Health Action Plan: Priority Areas for 2021-2025*

[More walk-in clinics, mobile crisis units coming this year, vows health minister | CBC News](#)

[N.B. health minister to announce addictions, mental health plan | CBC News](#)

The plan will focus on the following 12 key priority initiatives, including:

- the implementation of walk-in addiction and mental health services across the province;

- the addition of addiction and mental health resources to fill current gaps in staffing and prepare for increased demand from COVID-19;
- the implementation of an education, training and knowledge transfer plan;
- the creation of various forms of supportive housing for addiction and mental health clients, including the implementation of a clinical consultation model for individuals requiring out-of-home placement;
- the implementation of a guiding document for population health promotion and prevention, including a New Brunswick-specific version of the Icelandic Prevention Model;
- the implementation of the provincial treatment centre for youth;
- the implementation of outpatient withdrawal management services in partnership with primary care and a review of existing detox beds to determine needs and optimal use;
- the development of a service model for people presenting with neurodevelopmental disorders;
- the initiation of a psychiatry resource strategy with a focus on recruitment, retention, distribution and access;
- the implementation of regional inpatient youth psychiatric care where needed;
- the expansion of the RCMP Crime Reduction Unit, including resources from the Justice and Public Safety Safer Communities and Neighbourhoods Unit; and
- the implementation of overdose prevention sites.

Initial funding for the plan's immediate implementation was allocated in the 2020-21 provincial budget.

At this point we anticipate the creation of more Social Worker positions but no definite numbers yet. While it appears that walk in clinics and Mobile Crisis Units will expand in the next 6 months we have not seen details on timelines for the full implementation of this 5 year action plan. For example, the Provincial Youth Center is slated to be opened by 2024 with no location selected as yet. This ignores the fact that there was a near completed \$14.4-million facility described as about 90 per cent complete when work was halted in early 2019 built in the north of the province for this purpose but there was controversies and political decisions made to scrap it and

relocate to the center of the province in Moncton.

[Province to move youth mental health centre to Moncton from Campbellton | CBC News](#)

7. Campaigns, materials, or initiatives related to social work or your sector, or broader

- Component-led initiatives, or ones your Component has participated in.

The NBU has been a partner in the Domestic Violence and the Workplace working group in the province. As such, the group recently launched the toolkit designed to help workplaces deal with the affects of domestic violence and help their employees suffering abuse.

The NBU also had members of the group provide a presentation open to all NBU members as part of its Speaker Series.

- Initiatives related to equity or anti-racism

NBUnion is part of the New Brunswick Pay Equity Coalition.

Public sector groups in health care completed their pay equity study in 2017 with a significant number of members getting some compensation as a result.

8. Collective bargaining updates

- Any major grievances or arbitration decisions

We had a grievance on access for casual employees in our Medical Science Professionals component to the supplementary top up plan while on maternity leave. The grievance was dismissed but we are appealing this decision. The arbitrator basically ruled that the application across other collective agreements in GNB of this benefit as it related to casuals established an intention that it should be done identically in this group despite having no language specifically excluding this group from the benefit. This was new language for this group as no MSP employee had access to this benefit before. Very disappointing result.

Bargaining for the Specialized Health Care Professionals group where the

majority of our Social Workers are placed will begin later this Spring. Bargaining for our Professionals in Schools is ongoing, and we are at the monetary phase of the contract.

9. Other items

Growing dissatisfaction with compensation across all Health Professionals is causing many to move to private practice. Severe shortages of psychologist in the public health system will pose significant challenges for acute mental health services in the immediate and long-term future. Social Workers are being used more and more to replace psychologists in many instances putting pressure on their scope of practice. With the growing needs for mental services overall we foresee there will be a continuing problem with recruitment and retention of all mental health professionals for many years to come.



Component Report

Component: NSGEU

(Please complete all appropriate sections, noting that some questions may not be relevant to your circumstances.)

1. Approximately how many social workers does your Component represent? In which sectors?

We represent 699 Social Workers in
Child Protection
Adult Protection
Care Coordinators
Foster Parent Services
Acute Care Clinical Social Work

2. How is social work regulated in your province?

- E.g., Is there a college? Do you have to be a member of the college to practice?

Yes, must be a member of the Nova Scotia College of Social Work to practice.

- Social work is regulated in Nova Scotia through the Nova Scotia College of Social Workers (NSCSW). You have to be a member of the NSCW in order to practice.
- There is a Candidacy Period. If you are a Social Worker Candidate (SWC), you are registered through the College to practice social work within the scope of practice as defined by the Social Workers Act. You are also required to complete the Candidacy Mentorship Program (CMP) before you can become a Registered Social Worker.

- The Board of Examiners may require any member to complete all or part of the CMP, but they will always require it for new and returning social workers.
- Candidacy is based on mentorship, not supervision. This mentorship process is designed to decrease professional stress and provide you with nurturing conditions that complement your success and encourage self-efficacy. Mentorship is underscored by a climate of safety and trust, where candidates can further develop a sense of professional identity.
- To complete the CMP you must:
 - start the candidacy process within six months after registering with the College
 - complete 2500 hours of social work practice experience
 - up to 500 hours from volunteer experience within the scope of practice can be included
 - complete at least 32 hours of meetings with your mentor
 - mentors must be approved by the College
 - you are expected to meet with your mentor for two hours per month if you are working full-time
 - for part-time employment, the expectation is a one-hour meeting each month.
 - no more than two meeting hours each month can count towards the total for this mentorship requirement
 - complete three reports– a learning agreement, a midterm report, and a final report
 - complete your candidacy hours within a five-year period

3. Impacts of COVID-19

- Initially PPE was grossly insufficient
- Still concerns about meeting with clients who are not taking precautions
- Initial impact was many social workers in the sector had to work from home. A flex schedule was developed limiting the number of workers in the office. Many worked on a rotational schedule (1 week in / 1 week at home).
- The offices were not prepared with proper and adequate amounts of PPE's initially. It took months to get an adequate supply.

- Child Protection were deemed essential workers as they continued to need to do their jobs. Protocols were in constant flux as they changed to meet the current realities of the pandemics.
- There was confusion over “masking” protocols with clients and what to do in the event of a refusal. Inconsistencies existed in rules to transport clients to access visits.
- As of March 1st, 2021, we continue to work flexible schedules.
- Prior to COVID, the amount of sick time and STI’s has been steadily increasing. Unsure what COVID has done with these amounts.
- Some child welfare social workers report the ability to “catch up” initially during COVID. Initially in child welfare, the number of referrals had decreased – likely as kids were not in public places such as schools / day cares, etc. But as these institutions began to re-open staff quickly returned to the previous stress and inability to meet standards.
- Units such as Adoption / Foster and Training Units have been dispersed to “Front Line” positions, leaving a gap in the continuum. For example, potential adoptive families have not been offered pre-service training. Therefore, they cannot be assessed and as a result, waiting kids cannot be placed.

4. Issues related to working conditions

- Workload, staffing levels, recruitment and retention, job security and/or precarious employment, and health and safety
- Others?
- There have been historic issues relating to caseload / workload.
- The employer continues to talk about caseload numbers. The maximum caseload has not been changed since the early 90’s if not longer.
- There is little factoring in of the change in nature of child welfare social work – ie more risks, more complex cases, larger and more fragmented family units, alcohol, drugs, weapons.
- The employer does not recognize workload issues apart from caseload issues.
- Child Welfare social workers are struggling to meet the standards on a daily basis.

- There is much transiency in child welfare social work. Workers often switch positions for what is seen as less stressful positions. When they run out of changes, they move on to Hospital, Education, Adult Protection positions.
- There seems always to be lags in replacing workers and lags to transfer workers to waiting positions.
- The Department uses a “Hiring Pool” of pre-screen applicants. It is not uncommon for an interview to be offered and the applicant not even show up for the interview.
- Retention is poor and not much is done to formally encourage retention strategies.
- There is GREAT job security as no one else wants to do the child welfare social work job.
- Health and Safety issues abound.
- In Nova Scotia, Child Protection social workers are not afforded the designation of “Front Line Workers”. As a result, they are not given the WCB presumptive assumption for PTSD as first responders such as police, fire, corrections, paramedics, etc. enjoy.
- The employer has made an effort to provide on-line mental health and self-care training.
- Concern about employees working long days and having to drive to transport clients after a full day
- Concern about employees working all day and having to drive long distances during on-call / after hours.
- Suggestions to locate / develop a “Risk Assessment Tool” to be used for home visits. It would identify alerts, animals, weapons, DV, etc.
- Employer has to take active role in educating employees on OHS issues including such things as right to refuse.
- Training is currently moving to on line and is being updated.
- A Tracking Tool is needed to ensure all workers have OHS training or who are in need or regular refresher
- There are many dead spots for cell coverage. A better system is needed. Possibly Sat Phones for On Call.
- Social Media is at times putting social workers at risk when clients identifying them. Little has been done to support workers. Even when legislation is present that a person cannot identify a child

- who is the subject of a CP hearing, little is done to take down posts.
- Personal Safety Gear. COVID has provided an opportunity to get some PPE that was previously not available – ie booties, gloves, masks. Not all areas have other protective gear such as vests & gloves.
 - Staff have been trained in naloxone injections which comes with risk of “jabs”. Carrying NARCAN® (naloxone) Nasal Spray rather than injections would be safer.

5. Observations on government or political climate pertinent to social work or your sector

- The McNeil government was not friendly to labour in general.
- Nova Scotia has just received a new interim Premier.
- Employer had developed a working committee with The Nova Scotia College of Social Workers (NSCSW) to discuss working conditions.
- Employer is looking into a flexible working arrangements (post COVID) to expand on current modified schedules and allow a TBD work from home program.

6. Legislation and policies in your province—recent changes, announcements, or new policies

- Impact of federal legislation and policies
- Nova Scotia continues to work through a “new” (March 2017) Child Welfare Policy Manual. Roll out of this was done with little consultation. As a result, there are many flaws and inconsistencies still in the current manual.

7. Campaigns, materials, or initiatives related to social work or your sector, or broader

- Component-led initiatives, or ones your Component has participated in
- Initiatives related to equity or anti-racism

- January 21st, 2019 the Nova Scotia Government & General Employees Union (NSGEU) and the Nova Scotia College of Social Workers (NSCSW) launched a campaign encouraging Nova Scotians to write to the Premier to demand an increase in spending on social programs including Child Welfare in the next provincial budget. #childwelfareonthebrink

8. Collective bargaining updates

- Any major grievances or arbitration decisions

The NSGEU was successful in a hearing several years ago to raise the salary of Adult Protection Social Workers.

The NSGEU and activists successfully settled a grievance for Child Protection Social Workers which raised salaries in recent years.

The NSGEU is fighting to restore the services and salary of Case Aides who support Social Workers, which can alleviate some of the burden on Social Workers.

A Provincial Labour Management Committee is working on recommendations to go to the Deputy Minister in regard to OHS; Caseload/ Workload issues; PTSD; On-call / after hours duty as a result of a Child Welfare grievance that has been put in abeyance pending the review of the Joint Recommendations.

9. Other items

The NSGEU is engaged in a lengthy lawsuit to try to compel the government to reinstate the Long Service award, which was taken from all civil servants years including Social Workers years ago by legislation.

Collective Bargaining has been reduced to the employer creating legislation limiting fair wage packages as an example.

Component Report Template

Component: NAPE

(Please complete all appropriate sections, noting that some questions may not be relevant to your circumstances.)

1. Approximately how many social workers does your Component represent? In which sectors?

500

2. How is social work regulated in your province?

- E.g., Is there a college? Do you have to be a member of the college to practice?

The SW are regulated by the Newfoundland and Labrador College of Social Workers (NLCSW). Yes, you have to be a member to practice.

3. Impacts of COVID-19

- Safety
- Challenges of assessing and completing referrals in client's homes
- Mental health
- Vaccine availability

4. Issues related to working conditions

- Workload, staffing levels, recruitment and retention, job security and/or precarious employment, and health and safety
- Others?

Across NL, CSSD (Child Seniors and Social Development) has many vacancies. Health Care has some issues around vacancies but not as many as CSSD (close to 75).

SW are supposed to have 20 files, there are very few who have that. Most have 30+, but I have dealt with SW who have 50-80 files. Many positions are temporary.

Health and Safety is a huge issue for our SWs. CSSD has hired a new OH&S person for CSSD and is working to improve issues but many initiatives aren't being implemented quickly enough. Many work in rural parts of the province where isolation and no cell phone coverage is an issue. Because of staff shortages, many times there isn't the option of taking a second person with you.

5. Observations on government or political climate pertinent to social work or your sector

SW issues have been problematic for quite some time. In 2020, NAPE sent a survey to SWs to get a better understanding of what the issues were. Response was high, and from that NAPE formed 2 working groups to try to address issues. One in health care and one in CSSD. We were starting to make progress, but when the NL election was called in January, gov't put the working group on hold until after election. Very frustrating because the election has on gone longer than anticipated (over a month).

6. Legislation and policies in your province—recent changes, announcements, or new policies

- Impact of federal legislation and policies

Unmoving on legislation on some issues. Mostly regarding visits to clients homes, where SW feel that alternate methods could be done safer in some cases (IE, visits in office, virtual visits etc.)

7. Campaigns, materials, or initiatives related to social work or your sector, or broader

The SW survey done in 2020

NAPE has many campaigns that we have running, mostly TV and radio. Our campaigns at this time address the “potential” cuts to public sector.

8. Collective bargaining updates

- Any major grievances or arbitration decisions

We have an agreement until 2022.

9. Other items



NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES

- B. C. Government and Service Employees' Union (BCGEU)
- Health Sciences Association of British Columbia (HSABC)
- Health Sciences Association of Alberta (HSAA)
- Saskatchewan Government and General Employees' Union (SGEU)
- Manitoba Government and General Employees' Union (MGEU)
- Ontario Public Service Employees Union (OPSEU)
- Canadian Union of Brewery and General Workers (CUBGW)
- New Brunswick Union of Public and Private Employees (NBU)
- Nova Scotia Government and General Employees Union (NSGEU)
- PEI Union of Public Sector Employees (PEI UPSE)
- Newfoundland & Labrador Association of Public and Private Employees (NAPE)

The National Union of Public and General Employees is an affiliate of the Canadian Labour Congress and a member of Public Services International.

15 AURIGA DRIVE
NEPEAN, ONTARIO
CANADA / K2E 1B7

[613] 228-9800
FAX [613] 228-9801

www.nupge.ca

national@nupge.ca

