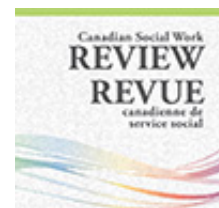


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Nico Trocmé

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STILL IN CRITICAL DEMAND?

Nico Trocmé

RELEASED IN 2001 after a five-year research and consultation process, *In Critical Demand: Social Work in Canada* was a federally funded “sector study” of the profession of social work in Canada (Stephenson, Rondeau, Michaud, & Fiddler, 2001). The report included a labour market analysis, employer surveys, a literature review and consultation with four partnering organizations: the Canadian Association of Social Workers, the Canadian Association of Schools of Social Work, the Canadian Association of Deans and Directors of Schools of Social Work, and the Regroupement des unités de formation universitaires en travail social.

Despite its hopeful title, the study identified some concerning signs of erosion of the role of social work in Canada:

The social services sector is at the nexus of two opposing forces – an increase in the scope and intensity of service needs and an ever-shrinking resource base for those they serve. The structure of service delivery is undergoing radical alteration, as the traditional primary service source, the public sector, devolves by contracting for services with private and/or not-for-profit organizations. At the same time that standards are raised for the certification and accreditation of workers, there is a concurrent, contradictory trend toward increased use of other professionals or even non-social service workers in “allied” fields for positions once held by social workers as a professional group. Decreasing job security, loss of autonomy in the name of multidisciplinary, lack of support for the stresses and demands of the job all contribute to a negative synergy in the workplace.

Unfortunately, it is difficult to assess, 15 years later, the extent to which social work in Canada might indeed be finding its mandate shrinking and its scope of practice being limited to assessment and case management functions. On an anecdotal level, I have heard colleagues and recent graduates express concern about narrowing mandates. There is a sense from many that more and more positions in social, health, and community

Nico Trocmé is the Director of the School of Social Work and the Philip Fisher Chair in Social Work at McGill University.

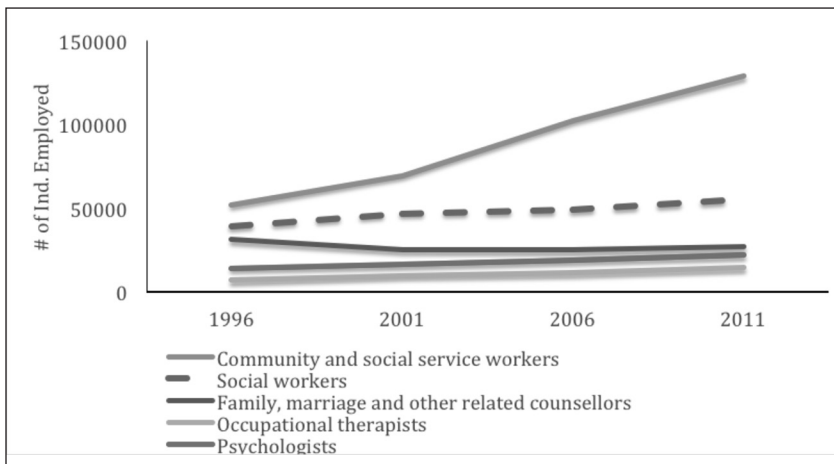
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services are being filled by “allied professionals” and paraprofessionals with on the job training who do not necessarily share the breadth of vision and mission of social work.

Cross Canada Occupation Trends

Getting an accurate picture of possible changes in our profession is a challenge given the federal-provincial/territorial and First Nations division of health and social services. Even at the level of many provinces it can be difficult to obtain trend data about social work jobs. Data from the 1996, 2001, and 2006 censuses and the 2011 National Household Survey provide some sense of overall trends.¹ The long-form census, and its unfortunate and short-lived Harper-imposed voluntary National Household Survey, ask respondents to identify their occupation (open-ended question), and the responses are coded into broad occupation codes, which include “social worker” as well as a number of other related fields. The number of people who describe themselves as social workers has been steadily increasing, from 39,000 to 49,000, a 25% increase over 15 years. As shown in Figure 1, this increase follows similar patterns as documented for psychologists and occupational therapists, although family and marriage counsellors, a field partially occupied by social workers, are declining.

Figure 1: Social Work and Related Occupations in Canada, as reported in the Census 1996–2011



While at first blush the slow but steady increase in people who describe their occupation as social work appears to be a positive trend, the category of “community and social service workers” has been increasing at a much faster rate. While publicly available census and National Household

Survey data do not break down these categories in sufficient detail to understand who fits in this latter category, the education levels of respondents provides some perspective on this rapidly expanding group. As shown in Table 1, while in 2011 81% of self-identified social workers and 96% of self-identified psychologists had at least a Bachelor's level university education, this was the case for only 36% of community and social service workers.

Table 1: *Proportion of workers with a Bachelor's or higher university degree (Census 2001 & 2006; NHS 2011)*

| | 2001 | 2006 | 2011 |
|---|------|------|------|
| Senior managers - Health, education, social and community services and membership organizations | 61% | 66% | 52% |
| Community and social service workers | 31% | 33% | 36% |
| Social workers | 72% | 81% | 82% |
| Family, marriage and other related counsellors | 51% | 64% | 70% |
| Probation and parole officers and related occupations | 68% | 79% | 83% |
| Occupational therapists | 91% | 98% | 98% |
| Psychologists | 95% | 97% | 96% |
| Registered nurses | 27% | 39% | 48% |

As is often the case with such broadly designed surveys, interpretation of trends should be done with caution. The publicly available census and National Household Survey data do not give enough information about the specific nature of the broad occupation categories or levels of professional education to draw firm conclusions. More in-depth analysis using related questions might yield a finer understanding, it is also possible that some questions could be explored using the Labour Force Survey; work that we are starting to pursue.

The Rapidly Changing Context of Social Work Practice in Quebec

Another limitation with Canada-wide trend data is that the context of social work practice varies considerably across the country. Tracking changes at the level of provincial, territorial and First Nations health and social service systems provides a more accurate perspective on the changing nature of social work practice. Our experience in Quebec, for example, shows signs of the “concurrent, contradictory trend” noted in the 2001 social work sector study (Stephenson, Rondeau, Michaud, & Fiddler 2001): increasing professional standards for social workers, while employers narrow professional mandates and transfer some activities to allied fields and social assistance technicians.

Two recent legislative changes are having a major impact on the practice of social work in Quebec: *Bill 21: An Act to Amend the Professional*

Code and Other Legislative Provisions in the Field of Mental Health and Human Relations and *Bill 10: An Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies*. Passed in 2009, Bill 21 reserves specific professional activities to certain professions. Most reserved acts are assessment related, and many are shared across several professional orders, psychosocial assessments of adults with limited mental capacity for the purpose of “protective supervision” are limited to social workers, child welfare related assessments are limited to social workers and “psycho-educators.” While introduced to protect the public and clarify the roles of different professions, the introduction of “reserved acts” appears to be influencing the scope of professional social work practice, with higher paid social workers being increasingly restricted to assessment related functions, while lower paid “social assistance technicians” take on more instrumental tasks.

Mandate contraction is potentially being exacerbated by the dramatic reorganization of Quebec’s health and social services network launched in early 2015 through Bill 10. The reform has led to the abolishment of the regional health and social service boards and 184 agency boards. These organizations have been replaced with 13 *Centres intégrés de santé et de services sociaux (CISSS)*, with a further seven establishments remaining independent. Each CISSS is at the heart of a *Réseau territorial de services (RTS)*, and is governed by a Board of Directors named by the Minister of Health and Social Services. Management of each CISSS is entrusted to a President-Director General, also named by the Minister.

These mega organizations bring together 10,000 to 20,000 employees who provide the full range of health and social services for all age groups in each of the 16 new socio-health regions. While the full effect of these changes is difficult to gauge at this point, there are concerning signs that the role of social work could be further eroded. Supervisory positions in one of the former larger child protection agencies have been significantly cut back to a ratio of one supervisor for 25 to 30 social workers. The organizational structures of these mega-health and social service agencies do not include profession-specific units or departments, further limiting social workers’ abilities to maintain their professional identity. Child welfare agencies where social workers had played a leading role have been eliminated and staff have been reintegrated into service delivery departments where social workers are less likely to be able to shape the scope and nature of their work.

One of the objectives of the massive reorganization of the health and social services network in Quebec is to facilitate access to services by removing inter-agency and cross-professional barriers to collaboration. Despite the concerns noted above, social workers might find their role ends up expanding positively in this new structure. The impact of these changes on our profession needs to be closely monitored to ensure we are in a position to advance a broad vision of our mandates as social workers.

Moving Forward

Across Canada, similar vigilance is required to understand changes in the context of social work practice. The Canadian Association of Deans and Directors of Schools of Social Work has struck a working group to examine changes to the field of social works across the country. Understanding these changes requires further analysis of the census, the Labour Force Survey and any other relevant data, following up with recent graduates, and discussions with employers and professional and regulatory associations.

As social work educators we have a responsibility to ensure our graduates will find positions as social work professionals where they can build on their educational experiences. However, my concern is less with protecting our jobs relative to other allied professionals than it is with ensuring the marginalized communities that social workers have traditionally served will continue to have access to professionals who can engage with them as clinicians and as advocates who understand the individual in their social context, and who view social justice as fundamental to the helping process.

While historically Canadian social workers have played a leadership role and helped shape policy and practice in many key areas, including child welfare, homelessness, and violence against women, are we still having the same policy, practice, and research impact? In my own work in child welfare research and policy I have been surprised to see policy makers turn to experts in legal, health, psychological, and law enforcement disciplines rather than social work. Similarly, one could ask whether the profession is playing a lead role in developing areas of practice; for instance, is social work playing a central enough role in the development of gerontological policies and services?

Our voice across Canada as a profession is not as strong as it should be. If the scope of community, health, and social services is narrowing, vulnerable communities will be at risk of becoming increasingly marginalized. We need to work together as professionals and educators to ensure the mandate and mission of social work remains strong across Canada.

END NOTES

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