

Social Work in Medical Rehabilitation

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The role of social work in the medical field is over one hundred years old. In Britain, until not that many years ago, social workers employed in hospitals were called almoners (from the word “alms”, meaning “charity”), people who gave money or other assistance to patients or clients in need. Early “social work” efforts were performed by well-meaning but often untrained people. Today, the timeless values of altruism, justice, human rights, fairness and a concern for the poor and disadvantaged lie behind the efforts of the more than 11,000 trained and registered social workers in Ontario. In addition to the fields of health and medical rehabilitation, social workers can be found in child welfare, family service, corrections, justice, education, government services, the voluntary sector and private practice. The presence of social workers in so many varied fields is important to remember when considering how social work differs from many of the other regulated health professions familiar to insurance adjusters with respect to how it is recognized in law. This article gives an overview of social work and discusses some current issues related to the automobile insurance industry.

What is Social Work?

The website of the Canadian Association of Social Workers provides the following general definition of social work:

Social work is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment and domestic violence.

Human rights and social justice are the philosophical underpinnings of social work practice. The uniqueness of social work practice is in the blend of some particular values, knowledge and skills, including the use of relationship as the basis of all interventions and respect for the client’s choice and involvement.

In a socio-political-economic context which increasingly generates insecurity and social tensions, social workers play an important and essential role.

Social workers in medical rehabilitation settings help clients and their family members achieve the best quality of life possible and enhance their functioning in the community. Social workers assist the client and family members to develop the skills to cope with the many challenges associated with their disability or medical condition and to make the necessary adjustments to changing circumstances. Information on other community resources is provided as appropriate.

Some of the challenges that social workers can address are:

- Emotional, social, or financial concerns
- Options for future lifestyle, living and caregiving
- Interpersonal and family relationship issues
- Losses of function and role due to medical condition or disability
- Opportunities for meaningful daily activity and community integration
- Education on the impact of disabilities
- Information on and connection to community resources

Advocacy has always been an important facet of social work. In the context of medical rehabilitation, social workers will often find themselves prevailing upon other service providers to deliver needed services because clients are sometimes unable to express their own needs effectively.

A critical regard for family and community is also part of the social work role. While treatment plans name only the insured (the injured individual), social workers invariably deal with that person's family members because the injury generally affects them, too. Relationships between spouses and between parents and children are often affected. In some cases, the need to help clients reconnect with their community is a challenge.

In the field of medical rehabilitation, a client's brain injury, for example, could alter that person's personality, making it difficult for other family members to maintain a former relationship and to adjust to it. A child may not understand why an injured sibling is behaving so differently, leading to problems for the uninjured sibling, such as acting out or other unwanted behaviours. A severely injured client could face radical changes in family roles because of lost physical ability and/or income. Social workers' training equips them to deal with these issues, whereas the primary role of several other health professions is to treat various body functions, such as speech, vision, hearing, mobility, daily living skills, etc.

A Bachelor of Social Work degree from an accredited university is the minimum educational requirement for entry into the profession of social work in most provinces. Many social workers also hold master's degrees. Doctoral training is also available.

Social Work is a Regulated Profession

Social work is a regulated profession in Ontario and has been so for nearly ten years. The Social Work and Social Service Worker Act, 1998 (S.O. 1998, c. 31), received Royal Assent in December 1998 and was proclaimed in stages up to August 2000. This Act, under the jurisdiction of the Ontario Ministry of Community and Social Services (MCSS), regulates the practice of social workers in Ontario. The Act established the Ontario College of Social Workers and Social Service Workers (OCSWSSW) (www.ocsww.org) to serve and protect the public interest and to carry out the provisions of the Act. The College has the required complaints and disciplinary processes as do other regulatory colleges.

When social work legislation was being considered, there was much discussion about which responsible ministry would be the most appropriate. Because social workers are found in so many milieux, there were several choices. The government of the day made the final decision. Placing social work under MCSS instead of the Ministry of Health meant that social workers were not included in the Regulated Health Professions Act (RHPA) 1991 (S.O. 1991, c.18). From the point of view of public protection, however, the complaints and discipline procedures administered by OCSWSSW are mirror images of the comparable procedures administered by the colleges which regulate the professions covered by RHPA. Under both acts, the strength of public protection is equal, although a linking mechanism has not been enacted to ensure recognition of the equality.

Fees

The Professional Services Guidelines issued by the Financial Services Commission of Ontario (FSCO) do not regulate social work fees, nor are these fees set or recommended by the regulatory body, OCSWSSW. However, the Ontario Association of Social Workers (OASW) does recommend fees for social work in medical rehabilitation, varying from \$130 to \$160 per hour, depending on knowledge, expertise and training. These fee levels are comparable to those applied to psychology and speech language pathology, which have similar levels of training. At times, slightly lower fees are used for newer social workers, but most social workers in motor vehicle accident treatment settings prefer to use the OASW levels. The rationale is that to do otherwise fails to recognize the background required to provide effective social work intervention. This writer's experience is that the OASW fee levels are generally accepted once proper information about them is provided.

Treatment Plans

As a result of a review of the Insurance Act in 2003, social workers became recognized in the Statutory Accident Benefit Schedule (SABS) as having the right to certify Applications for Approval of Assessments or Examinations (OCF22). This had the positive result of giving clients more timely access to social work assessments as the approval of another professional was no longer required. However, FSCO has not accorded to social workers the right to certify Treatment Plans (OCF18) within their scope of practice, a right which is enjoyed by other regulated health professions. OASW has argued that it is inappropriate for another professional to certify a treatment plan outside their scope of practice. There are several reasons:

- social work is just as regulated as any other profession
- delays in client access to service can occur
- there may not be another regulated professional involved in the case or, if there is, the professional may be unwilling or uncomfortable dealing with matters outside their scope of practice
- other legislation recognizes social workers as health care providers

The complete text of OASW's submission to FSCO during the 2008 review of the Insurance Act can be read at <http://www.fSCO.gov.on.ca/english/insurance/auto/5yr-review/OntAssocOfSocialWorkers.pdf>. This document also recommends in detail how SABS could be changed and gives a number of examples of delays and barriers to treatment caused by social workers' inability to certify their own treatment plans.

Insurer Examinations

In January 2008, *Without Prejudice* (the official journal of the Ontario Insurance Adjusters Association) published an article suggesting what kinds of insurance examiners would be best given several scenarios (“Which Insurer Examination is best for my client?”). The authors presented several situations relating to examinations that various regulated health professionals could perform, including psychologists, some of whose work is similar to social workers. They then concluded with the statement “Retaining assessors who are regulated health professionals (RHP) provides you with peace of mind knowing that the RHP must adhere to an independent governing body.”

Perhaps it was because social work is not a regulated health profession within the meaning of the RHPA that social work was not presented as an option in this article. Yet the authors’ conclusion applies word for word to social workers: they are professional, they are regulated and they have a legislated governing body. In any situation where treatment or assessment proposed by a social worker is denied and must undergo an insurance examination, it would be appropriate to select another social worker as an assessor.

It is inappropriate to select an assessor with a different scope of practice who does not understand the social work role. Social work assessors should be chosen where there are emotional, social or financial concerns, lifestyle and caregiving issues, interpersonal or family adjustment problems, the need to educate clients and family members about the impact of injuries or where return to normal community living is a problem.

Conclusion

In Canada, the first week of March each year is celebrated as National Social Work Week. In 2009, the theme “Social Workers Making a Difference in the Lives of Older Adults and Their Families” will be celebrated March 2-8. Past themes have included Fairness, Diversity and Human Rights, Enriching Lives and Relationships, and Violence. This wide range of themes is but one indication of the many fields of service in which social workers engage. Medical rehabilitation is one of them.

Social work has a long tradition of providing professional service in the medical rehabilitation field. Today’s social workers are highly qualified and uniquely suited to seeing client needs in the context of family and community. Their work is regulated by a governing body established under Ontario law and their fee schedule is comparable to other professionals who have equivalent education. They are, nevertheless, still excluded from the list of professionals who are able to certify treatment plans in automobile insurance work. According to the Ontario Association of Social Workers, it is inappropriate to have another professional certify a plan outside their scope of practice and delays in service provision have resulted. In the 2008 review of the Insurance Act, the Association provided details on why this anomaly needs to be corrected, so that social workers will be able to enjoy the same position as other regulated health care professionals and ensure timely provision of service to clients.

Gary Davies - Born in Montreal, Gary received his early education there and later completed graduate studies at McGill University (Master of Social Work) and at McMaster University (Master of Arts in Social Welfare Policy). His 37-year career in social work includes a variety of positions in Ontario, Quebec and England. Gary has taught and supervised students from Kings University College--The University of Western Ontario, Fanshawe College (London, Ontario) and the University of Bath (Bath, England). Following a career of over 11 years as Executive Director of the Brain Injury Association of London and Region, Gary joined Brainworks in October 2005, where, in addition to having responsibilities in community outreach and participation, marketing and internal and special projects, he carries a small social work caseload and manages social work services.

Gary is a registered social worker. He has been a board member of the Ontario Brain Injury Association and is a past chair of the Acquired Brain Injury Network of Southwestern Ontario. He has also served in executive capacities locally and provincially with the Ontario Association of Social Workers.

Ontario Insurance Adjusters Association

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