

## **Being a Social Worker in a State of Emergency - Collaborative relationship between Health and the Social Network**

The authors:

Inês Espírito Santo, Social Worker at Centro Hospitalar de Lisboa Central, Assistant Professor at ISCTE-IUL, member of APSS;

Mónica Alexandre, Social Worker at the Hospital Center of Vila Nova de Gaia/Espinho (Home Hospitalization Unit and Senior Management Team);

Marta Borges, Social Worker at National Institute of Social Security, Social Work PhD Student at ISCTE- IUL, member of APSS board.

We are experiencing a global health crisis caused by the spread of the coronavirus. It is a situation that most of us have never experienced.

Strengthening social care during the Covid-19 pandemic is imperative in responding to emerging and unavoidable needs, associated with its side effects. Social workers, like other professionals, are focused on the impact of COVID-19 and simultaneously on people's well-being.

As a profession, Social Work is associated with the historical function of ensuring access to health care curiously from a hygienist and sanitary perspective. The evolution of health care and rights, the qualification of the profession, the humanization of care, the model of collaborative relationship with other services and with community structures have become the paradigm of the intervention of Social Service in Health, reflecting an integrated approach to the needs of the person with the disease.

This pandemic has and will have negative impacts on people's lives the most vulnerable, both in social and health terms. Public health has always been particularly concerned with the most socially disadvantaged communities, whether due to issues related to the unhealthy conditions of housing, or to nutritional needs, low health literacy and social isolation.

To this framework, COVID19 adds additional challenges: in spite of affecting the population in a transversal way, a correct and effective respiratory etiquette is essential as prevention and, in case of infection, housing with conditions for the period of prophylactic isolation, knowing that these are some of the weaknesses found in the most disadvantaged contexts, whether previously known, or those resulting from the state of emergency in which we live and its impact on the economic conditions of families.

In the crisis situation in which we find ourselves, the social landscape changes daily, social problems have new outlines, poverty and social inequalities are worsening, and Social Work is called upon to recreate and / or re-adapt its ways of acting , through new procedures in terms of planning, evaluation and even in contact with citizens.

Thus, Social Work recreates itself, giving form to what is its mission as a profession: the promotion of the rights of the Person, namely, their right to care, social justice, equal opportunities and treatment with dignity.

Considering the characteristics of COVID-19, its pathogenic behavior, potential for transmissibility and other determining factors, it is required of social workers, namely those in a hospital context, that discharge planning be as timely as possible. It is essential to structure coordinated and effective responses, in collaboration with different areas of public policies and decision levels and with different partners in the health area.

An intervention that may be in constant mutation, with the need to readjust according to the evolution of the events resulting from a pandemic, in which there is no lived and accumulated experience.

For this, a concerted commitment between the different levels of action is important: Municipalities, Primary Health Care, Civil Society, Social Security, Military Institutions, IPSS etc. Certain that these collaborative mechanisms are essential to allow the person's hospital discharge, infected or not by COVID19, to be carried out safely and consequently with greater efficiency and quality.

It is this combination of new challenges in professional action and the ethical reinforcement of social worker intervention in the defense of human rights and social justice, which requires professionals to take proactive and proactive action that combines attention to current needs and attention to effects future collateral.

The result of the intervention of the social worker will be more effective the more his action is the result of procedures that anticipate problems and implement solutions, reducing reactive and inconsistent interventions in the face of unforeseen events.

The COVID-19 pandemic and the way it exposes us calls us to reflect, as individuals and as professionals, on the fundamentals of the Ethics of Care. We are not isolated beings, we are in permanent connection, individual actions influence and are reflected in the collective, and it is important, at this stage, to support the recreation and / or strengthening of solidarity and care networks between people, in favor of a common cause, the fight against this pandemic.

COVID certainly requires changes in routines and even practices. The relational dimension is a constitutive aspect of the profession, translating into ways of carrying out the intervention that require proximity to the person, the family, the formal and informal network.

Now, facing the guidelines of isolation and social confinement, we are faced with the urgency to change ways of acting in terms of support and monitoring of patients and families, ways that, on the one hand, ensure the care they need, on the other, that guarantee their protection against risks to which they will be more exposed, especially when it comes to the hospital environment.

But it is also important, not only to pay attention to the Social Service team itself, but to the clinical team that is now, more than ever, exposed to risk, increasing the tension in interprofessional relations.

Taking care of everyone is an imperative at the moment we are going through and Social Work has an essential role in the dimension of mediation, whether in the context of the relationship of multidisciplinary teams - sometimes little explored - or in the sphere of interdisciplinary work and also in the work with the exterior, where the answer is often found that complements the act of caring.

### **(Re) thinking and adjusting the Social Service response**

The epidemic gave us a whole new professional context - the COVID Contingency plans<sup>19</sup> launched by DGS. All professional practices were suddenly dragged into a crisis context, and Social Work was no exception.

Professionals were dragged into a crisis response spiral, for which they were not prepared, and often must respond to a constantly changing reality. For Social Work, the need is increased in the sense that it must adjust not only to the service where it is, but also to the entire network of responses, formal and informal, external to the institution, which they also respond in an emergency context. From one moment to the next, he continues to die and live in hospitals, life runs parallel to the pandemic, but the pandemic imposes a pace that we are forced to keep up with.

The teams, inside and outside the hospitals, implemented, whenever possible, rotating teams supported by telework, which brings added difficulties in a profession whose essential tool is the relationship. It is no less to talk about the gender issue, which imposes an increased effort on Social Work.

National data reminds us that women are the ones who most stay with their children at home in case of illness, they are the main caregivers par excellence. Being apparently a theme removed from the text's discourse, it is essential to this reflection, since Social Work is essentially composed of women, who in this state of emergency had to reorganize their personal lives in order to continue to be professionals of excellence in ethics care.

Having referred to gender, we return to the challenges posed by security distance, teleworking or remote meetings.

The distance imposed by the directives / procedures resulting from the national emergency plan, with the aim of promoting isolation and social confinement, has led us not only to professional challenges, but to greater challenges related to the ethics of care that we have already we spoke and that it cannot be suspended when ensuring visits and meetings with family members, to minimize face-to-face contacts with patients, in a hospital or residential context.

## The challenges of Social Work in the crisis

All the challenges already exposed in this reflection are essential to highlight the intervention of Social Work in the crisis, in the management of situations of tension between professionals and between families and citizens, and also the fundamental role of mourning management, at a time when the restraint measures impose withdrawal in an hour of pain in which we would like greater proximity to those who are faced with the pain of loss.

Guided by the Ethics of Care, Social Work in the crisis requires attention to the fulfillment of the following steps<sup>1</sup>:

- Clarity and objectivity of communication - it is often necessary to ensure creative ways of communicating with people, ensuring full understanding and appropriation of the message. It may be in understanding and revisiting the importance of respiratory etiquette, in reinforcing teaching, self-care and measures to prevent contagion or in understanding and accepting the absence of visits, reinventing ways to maintain the proximity that is essential for overcoming the disease and illness. mental health (eg promoting contact between patient and family);
- Activation of the partner network, namely in the search for alternative accommodation for the fulfillment of prophylactic isolation, as well as optimizing synergies in guaranteeing the response to the basic needs of patients and their families (in a collaborative and networked work);
- Clarity and understanding of an effective contingency plan, namely regarding responsibilities, who sets guidelines, determines the steps to be followed, prioritizes the levels of emergency in order to clarify the response flows;
- Nearly a minute update to the support network the community where the patient is inserted; an adequate network of resources is always essential to Social Work, in times of emergency it is vital that it be effective;
- Organization of the Social Service team, with the possibility of establishing a rotation system that allows regular breaks and rests in order to guarantee an adequate response and the protection of the entire team;
- Inclusion of team meeting moments through a computer platform, which allows the discussion of cases and the search for the best solutions for complex situations. It is a fundamental exercise to discuss situations with someone who is not under the pressure

---

<sup>1</sup> Based on the scale of Dean H. Hepworth in the book "Direct social work practice: theory and skills"

of the institution and allows to assess other paths that the team, subject to a high pressure response cannot identify;

- Regular adjustments to the defined plan, since, due to the characteristics of the moment, changes in the network and even in the directives are constant, reducing the risks of not adapting to needs;
- Restore the person's homeostasis with the environment, that is, support the patient and family in adapting to the situation, including in the management of grief, as well as supporting the team and the community we serve.

Intervention in an unprecedented crisis, such as the one we are experiencing, triggered many questions and reorganized services, but it brought and will bring, above all, many learnings for a Social Service that is required to be more effective in serving and supporting citizens. Today, we can already identify paths that can be explored later, namely:

1. Reorganize the Social Service teams, at the different levels of care and capitalizing on these professionals as essential resources in the articulation with the communities, and not only in the discharge management; reinforcing the need for the family social worker in primary health care;
2. Integrate social workers in the public health teams, and the response at this moment could be greatly improved, for example, in the support and mapping of patient networks, since this is perhaps one of the most valuable assets of the social worker;
3. Capitalization of Social Service in the support of a patient referred for compulsory isolation, support in the recognition of the formal and informal support network, recognition if there are the necessary conditions for the confinement to be carried out at home or referral to another structure is necessary; support in the identification of other types of support that can be provided in a period of confinement, such as in the area of mental health or addictive behaviors.

Social Service professionals are essential actors in the intermediation of care networks, community networks, formal and informal. They have a catalyzing role in resources, and in the emergency response, network recognition is the effective key to responding to citizens and professionals.