

COVID-19: CHALLENGES AND PROSPECTS FOR THE SOCIAL WORK PROFESSION

Mutsa MURENJE, (Doctoral Candidate, The University of Newcastle, Australia)

Shauna Kimone PORTER, (PhD in Social Work)

Introduction

At the time of preparing this manuscript, there were an estimated 1.9 million confirmed COVID-19 cases in 185 countries, 456,910 recoveries and at least 119,716 deaths (British Broadcasting Corporation, 2020). COVID-19 is our business as social workers and demands critical awareness from us. The probable effects of COVID-19 on social workers and their practice are under-investigated and the educational training that social workers receive does not sufficiently prepare them for specific roles and activities in the management of public emergencies (Cooper & Briggs, 2014). In this treatise, we seek to advocate for the enhancement of the role of social workers given the global humanitarian emergency that threatens our common humanity.

Coronavirus disease, codenamed COVID-19, is an infectious disease originating from a newly discovered coronavirus, 'severe acute respiratory syndrome (SARS-CoV-2)' (Armocida, Formenti, Ussai, Palestra, & Missoni, 2020, p. 1; World Health Organization (WHO), 2020a) which emerged in Wuhan (Hubei Province), China (Gript, 2020; Human Rights Watch, 2020). Within a very brief period, lives have been transmogrified in the most unintelligible manner. Indeed, and undeniably so, '[t]he COVID-19 pandemic has delivered the world into uncharted waters, and researchers, health-care workers and public health authorities are scrambling to keep up' (Weir, 2020, para. 1). It has caused alarm, despondency, fear and desperation among the world's population (Hargreaves, Kumar, McKee, Jones, & Veizis, 2020). While people with underlying medical conditions such as cancer, diabetes, chronic respiratory disease, and cardiovascular disease are at the highest risk of developing

serious illness, the majority of those infected with the coronavirus experience mild and moderate respiratory illness, recovering even in the absence of any special treatment (WHO, 2020a). COVID-19 is spread mainly through discharge from the nose or droplets of saliva when an infected person sneezes or coughs. It is associated with fever, tiredness, dry cough, sore throat, aches and pains, and shortness of breath and has no specific vaccine or treatment although clinical trials examining possible treatments are underway (WHO, 2020a, 2020b). To curtail its spread, sanitising hands or washing them regularly using soap and water, social distancing, staying home when unwell, and covering one's mouth and nose when coughing and sneezing are some of the recommended remedies (Prem et al., 2020; Rosenthal, Ucci, Heys, Hayward, and Lakhanpaul, 2020; WHO, 2020c).

The COVID-19 pandemic challenge

The global, transnational, and cadastral spread of the coronavirus disease bears sufficient testament to our 'significant and ongoing relationships with transnational networks' (Marlowe, 2019, p. 1). It affects the experiences of individuals, families, groups, and communities on a diurnal basis in their local environments and points to the intricate and 'intimate connections of the [*glocal*], the global and the local' (Williams & Graham, 2014, p. i2). Human beings are known to 'maintain transnational lifestyles, keeping in close touch with the regions of origin and other regions around the world in which significant others have settled' (Schrooten, Geldof, & Withaecx, 2016, p. 20).

Recognising the disastrous ramifications of COVID-19 on the people, the United Nations Secretary General, António Guterres, called COVID-19 the world's common enemy as it attacks all people regardless of their ethnicity, nationality, faction, or religion (Guterres, 2020). Women and children, the elderly, the homeless, sex workers, people with disabilities, displaced populations, and the marginalised are at the highest risk of bearing the grave

consequences of COVID-19 (Brinkerhoff, 2014; Guterres, 2020; Rosoff, 2008; Tsai & Wilson, 2020; Vearey, 2020). As Rosoff (2008) observed:

[u]ndocumented immigrants, incarcerated prisoners, people of color, gays and the disabled ... will all be susceptible to our baser natures unless there are policies in place, nationally, locally, and institutionally, to prevent arbitrary and capricious bedside rationing of care on morally unjustifiable grounds (p. 56).

Rosenthal et al. (2020) concur highlighting the devastating social, economic, health, and educational consequences of COVID-19 on homeless children and their families. Similarly, prior studies have found that migrants are disproportionately represented among those seeking welfare assistance, are susceptible to xenophobia, ethnic and racial discrimination, human rights violations, and marginalisation (Briskman, 2019; Ife, 2016; Schrooten et al., 2016; Williams & Graham, 2014). For those in immigration detention centres, reports abound of inadequate healthcare, poor sanitation, overcrowding and serious challenges in curtailing the spread of contagious diseases (Keller & Wagner, 2020; Kinner, et al., 2020). In the United States, for instance:

[d]istancing and other necessary measures to prevent SARS-CoV-2 from spreading are not possible in immigrant prisons. These congregate detention facilities pose a great contagion risk: already, several staff at different immigrant detention centres have tested positive for COVID-19 and detainee infections are being reported as well (Keller & Wagner, 2020, p. 1).

With regard to homeless children, Rosenthal et al. (2020) assert that it is not possible for them to observe social distancing, let alone self-isolate due to overcrowding and abysmal living conditions which provide a breeding ground for exposure and transmission. In addition, with over a billion people living with disabilities (PLWD) globally, it is believed that COVID-19

will likely have ruinous consequences on this group of people, thus making them susceptible to ‘increased morbidity and mortality’ (Armitage & Nellums, 2020, p. 1).

The International Labour Organization (2020) estimates a loss of at least 25 million jobs globally, thus triggering a loss ranging between 860 billion United States Dollars (USD) and USD3.4 trillion, due to COVID-19. It will also negatively affect the Caribbean and Latin America, and other developing nations. In general, it is estimated, for instance, that the Gross Domestic Product in this region will contract by -1.8%, thus raising unemployment by at least 10 percentage points, with the net effect of increasing the number of *poor people* in the region (emphasis added). The Economic Commission for Latin America and the Caribbean (2020) projects that out of the total of 620 million in the region, there will be an increase in the number of poor people from 185 million to 220 million people. Sub-Saharan Africa is also not spared as COVID-19 is believed to be pushing it towards its first ever economic recession in 25 years which could trigger output losses of between USD37 billion and USD79 billion (CNBC Africa, 2020).

Social work and COVID-19

The aforesaid challenges notwithstanding, COVID-19 presents the social work profession with a number of possible interventions. To begin with, the social work profession has been typically immersed in public emergencies, in view of its involvement in providing wartime relief, and its primary concern with the people’s physical environment (Brinkerhoff, 2014; Hokenstad, 2007; Zakour, 1997). For the avoidance of doubt, it is indisputable that social workers play fundamental roles ‘in disaster rescue, recovery and preparation for future disasters’ (Cooper & Briggs, 2014, p. 38). As Brinkerhoff (2014) proffered, appropriacy and rendering of professional social work services should be mandatory, to the greatest possible extent, in public emergencies. Nonetheless, despite the existence of a smorgasbord of human health professions,

Brinkerhoff (2014) believes that social work provides a unique service to people in public emergencies.

Armocida et al. (2020) call for the institutionalisation of robust partnerships between the public and private sector, in response to public emergencies. In this regard, it is anticipated that social workers will provide leadership and advocate for effectual services among organisations and institutions as they respond to the COVID-19 pandemic. Such intervention ought to pay rapt attention to, in line with social work theory, the cultural, social, spiritual, emotional, psychological, developmental, and physical needs of the affected (Brinkerhoff, 2014).

Further, in spite of the reported COVID-19—related recoveries, there is no doubt that many survivors will find their way to palliative or non-curative care where they will require, as Rosoff (2008) observed, nothing but ‘the best and most compassionate care [social workers] can possibly provide ... [including planning by social workers] to stockpile sufficient amounts of opiates and provide beds for these patients’ (p. 55). Clearly, COVID-19 will leave traces of psychological trauma in its victims and survivors and those in the medical field will be overwhelmed. Given the highly contagious nature of COVID-19, quarantine and social distancing measures that are being deployed worldwide are already inhibiting family members from attending to their dying significant others. What this suggests is that many:

will not be able to bury [their loved ones] by custom, but may have to resort to mass cremation if storage sites and morgues become filled too quickly. The images these scenarios bring to mind are disturbing, and remain one of the manifest challenges for which [social workers] must prepare (Rosoff, 2008, p. 55).

In addition, that we are living in a fast-changing and intricately modern world is beyond argument. COVID-19 and any other disasters that may strike in the future bring along with

them an imponderable amount of psychological trauma, which increases the demand for trained mental health workers. It well has been observed that healthcare workers will also require care due to traumatisation (Brinkerhoff, 2014; Rosoff, 2008). COVID-19, therefore, makes it possible for social work institutions to intensify their investment in the education of social work students and practitioners in critical incident stress debriefing and specialised methods and knowledge of trauma response (Brinkerhoff, 2014). The education of social workers and students will, therefore, help in effectively preparing for disasters, enhancing responsiveness and efficiency with regard to disaster relief and efforts aimed at recovery, providing social and mental health services to survivors, and paying sufficient attention to support needs, stress management, and training of public emergency workers in their position as survivors and victims. COVID-19 also presents social workers with the rare opportunity to engage in rigorous disaster research, focusing mainly on intervention effectiveness research (Brinkerhoff, 2014).

Finally, in many countries throughout the world, marginalised groups are being discriminated against on the basis of age, gender, race and ethnicity, and nationality (Rosoff, 2008). Discrimination is exacerbated by public emergencies such as COVID-19 and social workers must remain vigilant in protecting the rights of the marginalised who have little or no voice at all. Social workers have a stupendous role to play in serving and protecting the most vulnerable of people. In the words of Abraham Maslow, '[w]e already have a start, we already have capacities, talents, directions, missions, [and] callings' (Maslow, 1965, p. 118).

Conclusion

The role of social workers in public emergencies is neglected in social work training and education. This notwithstanding, and as illustrated in this tractate, social workers have a herculean role to play in responding to COVID-19 as it demands critical awareness from them. As a public and global humanitarian emergency, COVID-19 presents not only challenges but

also significant opportunities for social workers to leave an indelible imprint on COVID-19 victims and survivors.

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