COVID-19: THE STRUGGLE, SUCCESS AND EXPANSION OF SOCIAL WORK
RORY TRUELL REFLECTS ON THE PROFESSION’S GLOBAL RESPONSE, FIVE MONTHS ON
Change in the delivery of social services normally takes years. There are exceptions, where political direction coincides with the aspirations of the communities and social services workforce, but these are rare. The journey over the last 5 months is something new: a change at global level caused by a pandemic, where social workers have been and continue to be at the forefront advocating and leading change in nearly every country.

This short piece has been written to start a conversation about such changes. It draws on countless verbal conversations and more than 80 written reports received by IFSW as the social work response to COVID-19 has unfolded.

This is just a beginning. The story of the response has a long way to go. At the time of writing, the full effects of the virus are not yet fully understood in any country, and especially in countries where testing is not commonplace. Understanding the social effects
will be process of gradual unfurling. At this unprecedented time, we can only understand what is taking place now and make educated guesses at how families and societies will experience change in their lives. We know there will be long-term economic consequences, which without a change in geopolitical will significantly reduce the quality of life and wellbeing of most of the world’s population.

In these times of uncertainty, social work will strongly advocate that governments must prioritise investment in people, social health and education services and sustainability. We can be confident that the profession will rise to the challenges ahead, as the profession has already risen and influenced. The pages below describe the exchanges, learnings and actions that have taken place as IFSW’s national associations worked quickly together – much faster than governments – to shape social responses that have resulted in the saving of hundreds or thousands of lives.

Rory Truell
IFSW Secretary-General
18th May 2020
In February and March, I was receiving dozens of calls a week as the pandemic moved from one country to another. One caller asked for my advice: “Rory, an elderly woman has died of COVID-19. Her body is stacked with many others in a church awaiting burial. But her family aren’t aware of this and want to know where her remains are. I am sure if I tell them, they will break the curfew to reclaim the body.” What advice would you give to this social worker?

This was one of the many dilemmas faced by Italian social workers during the COVID-19 crisis. Social workers across the world have faced similar – and constant – ethical challenges in the face of inadequate resources and collapsing health and welfare systems.

Working through and meeting such dilemmas has been a strong characteristic of the global social work response to the crisis. IFSW has been able to maintain an overview of how social workers in different countries have found answers. Our networks have encouraged...
learning across national boundaries. There have been clear phases in social workers’ struggles:

1. Making governments recognise that a social response is imperative;
2. Advocating for social services to remain open during lockdown;
3. Adapting social services to a new world – managing ethical dilemmas;
4. Integrating transformative practice and remaining fluid in approach.

What has become clear is that this transformative process, though far from painless, has seen a new rising of the profession.

From the earliest phases of the outbreak, social workers knew they would have to lobby hard to make governments recognise that a social response was needed alongside a medical one. They had learned this from previous experience around the world with Ebola, HIV and SARS as well as other epidemics and pandemics. Their task was informed by early reports sent to IFSW by the Chinese Association of Social Workers (CASW) about their first actions, before the virus had spread outside China.

CASW called for personal protection of social workers and developed guidelines on how
the profession supports communities through the crisis and prevents the virus from spreading. Chinese social workers set up hotlines for vulnerable populations and where possible worked door-to-door in communities, ensuring that people were safe and supported. “Social workers in every province are actively involved,” wrote CASW’s International Officer Yang Aibing. “We believe that everyone’s efforts are the greatest support for prevention and to contain the spread of the epidemic.”

By early March 2020, IFSW made the painful decision to cancel its public events and conferences – even though few countries had yet to enter official lockdown. But ending face-to-face gatherings and moving to online interaction was essential and reflected social work’s strategy of adapting quickly to challenges. Everything possible had to be done to prevent social workers getting the virus and inadvertently carrying it back to the communities they worked within. The World Social Work Day poster, which had depicted a hand-
shake, was changed to two people at a distance bowing to each other.

As the virus spread beyond China, lockdowns were implemented in many countries during March. A number of governments initially responded by considering social services as non-essential, believing only a medical response was needed. Social workers pushed back.

South Korea was one of the first countries to follow the Chinese model of lockdown, and correspondence from the Korean Association of Social Workers on 6th March reported that “social workers who have been helping vulnerable people have become infected... resulting in a service vacuum... Community welfare centers are all closed... so vulnerable people are not eligible for service.”

Social workers in Romania were among those to challenge the government’s closure of all social services. The social work association successfully lobbied ministers to overturn the decision. In the following days and weeks social workers in many countries won similar battles to keep social services open, until governments learned from each other and it became the norm. Because of these struggles social work and social services became a
We go live tomorrow. 5 pm Zambian time. Stay tuned!
recognised part of many frontline essential services.

By the 11th March, the virus had spread to 87 countries and infected over 100,000 people and the WHO declared COVID-19 a pandemic. And as the global scale of the crisis became apparent, so social work entered another phase: adapting social services.

Following the template provided a month earlier by the Chinese Association, social workers in countries with the internet and reliable phone services set up hotlines and WhatsApp, Zoom and Skype contacts with families and communities, developing new specialised services to investigate and intervene on reports of family violence or abuse. It was, and remains, a period of significant upskilling for the workers and communities.

In some countries, the results were extremely positive. New Zealand social workers reported: “Our established clients are able to contact by phone in moments of tension or when they have questions and are able to reflect on their issues far more deeply than we had experienced in more formal settings or when we visit their homes at an appointed time.”

Yet in some countries, there were challenges, especially relating to first contacts. Social workers following up on re-
ports of domestic violence said they found it impossible to know whether s/he was speaking to the person of concern in private: was there someone else in the room listening, beyond the scope of the Skype picture? In similar situations with victims of violence and abuse, social workers sometimes had to convince their employers to rent motel rooms for survivors to self-isolate for two weeks before they joined others in a supported residential environment.

In countries with limited internet and state social services, social workers used community networks to maximise safety. In South Africa, they worked with community leaders to reinforce messages about physical distancing and minimise fear and blame – for example against cultural minorities.

In Sierra Leone, social workers reminded communities that they already knew what to do under these circumstances – they had, after all, lived through Ebola. They knew about distancing and improving hygiene. “Social workers knew that there would be economic hardship and communities would be isolated, so they would need to build new local capacity,” said George Mansaray, President of the national social work association. “We reminded them that they needed to start to manufacture their own soap as they had done under Ebola.”
Back in South Korea and Romania, social workers introduced systems where workers would live-in with the vulnerable populations they supported in centres rather than risk carrying the virus in and out through daily visits. This practice spread to other Asian and European countries. This, of course, was an immense sacrifice for the workers involved. They left their distressed families and prioritised the care of society.

This adaptation of services bought with it ethical dilemmas. With resources short and services underequipped, social workers were often forced to support one vulnerable population over another, knowing that the neglected community would be left at risk.

In Australia, social workers were threatened with dismissal for engaging ex-drug-users to help homeless addicts into accommodation, even though the strategy proved highly effective.

In many countries social workers were trying to help populations that were more likely to die of starvation under lockdown than the virus itself. In Sierra Leone, rural communities ate their seed banks. In Brazil, entire communities were unable to get fresh water. In such situations social workers sought exemption from the lockdown to arrange for distribution of food, water and other essentials. They also facilitated community solidarity, support-
ing people to share resources and produce their own live-saving essentials.

Often, throughout all this, neither social workers nor the communities they served were equipped with masks and gloves. In Italy and other countries this dilemma was partly resolved by social workers suggesting that families and communities made masks themselves and ensured that everyone coming into contact with them was masked.

To respond to these challenges, IFSW set up regional support systems that would enable workers to develop local decision-making frameworks that conformed with international practice standards. Alongside this, many national associations offered online ethical support systems and issued new protocols.

Things were moving fast. An update from South Korea on 22nd March illustrated how quickly services had responded, from a starting point of welfare system collapse. Social workers were checking on clients with phone calls, delivering meals and offering face to face counselling to the most vulnerable. The Korean Association of Social Workers was also coordinating support for social workers suffering from COVID-19 and the psychological effects of working under pressure, often in isolation.
By April, IFSW was receiving several reports a day from countries affected by COVID-19, with social workers sharing challenges, worries, solutions and support. In Nepal, social workers were providing socio-psychological counselling for clients by telephone; in Nigeria, they were conducting door to door visits to assess child welfare; in Zambia, they compiled a new database of social work volunteers; in Indonesia, they published new guidance on psychosocial interventions.

IFSW and its regional structures set up regular webinars exploring ways forward, in the process reflecting on the core values and mission of the profession as its role advanced. This, social workers noted, was a phase of social transformation.

On a practical level, social workers around the world were innovating at an unprecedented rate: setting up new systems to support homeless people access shelter, starting helplines to address signs of increased domestic violence, providing online family counselling, ensuring that community leaders understood social hygiene... the list is endless.

But on a larger level, something much more profound was happening. Social workers
were again proclaiming their role as advocates and facilitators for a more socially just world. The crisis was an opportunity not just for social work to reinvent itself, but for societies to reinvent themselves too. This was reflected in IFSW’s call for action in mid-April, when it called on governments and the United Nations to develop a new ethical global framework, based on equality, that would stop viruses born in contexts of poverty and climate change. Meanwhile, national associations called on their governments to fund and support the expansion and development of social services.

Over the course of a handful of weeks the global profession of social work found its feet and kept them firmly planted in the profession’s values. That hard work and innovation continues, as the COVID-19 crisis continues. But the phases of these early months – through desperate worry for people who use social services, the struggle for recognition, adaptation, ethical evaluation and transformative practice – demonstrate a profession that has risen and continues to rise to meet the challenges. The pandemic and its effects will be felt for many years to come, but it’s already clear that social work is becoming fundamental not only to rebuilding but transforming our world.
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