SOCIAL SERVICE WORKFORCE SAFETY AND WELLBEING DURING THE COVID-19 RESPONSE • RECOMMENDED ACTIONS

Introduction

A well-supported, appropriately equipped, empowered, and protected social service workforce is essential to mitigating the damaging effects of the COVID-19 pandemic. Social service workers can build on their existing strong ties to children, families, and communities to rapidly respond in ways that are effective. However, to do so, they must stay safe and healthy. This document is intended to provide guidance on how to support the social service workforce and empower them to safely serve children, families, and communities during the COVID-19 pandemic. This guidance is for governments, non-governmental organizations, social service workers, and their supervisors.

1 Essential roles of the Social Service Workforce during the COVID-19 response

The social service workforce (SSW) responding to COVID-19 includes government and non-government professionals and paraprofessionals, including community workers, who are carrying out a range of essential promotive, preventive, and responsive roles. Figure 1 provides illustrative examples of these roles played by different cadres of the SSW across a variety of settings.

FIGURE 1. ESSENTIAL ROLES OF THE SOCIAL SERVICE WORKFORCE DURING THE COVID-19 RESPONSE

PROMOTIVE FUNCTIONS

Advocate for the SSW to be an essential workforce during COVID-19 response

Coordinate work in inter-agency and interdisciplinary networks to establish and promote social service practice and service standards during the pandemic

Educate – create and carry out information campaigns to keep communities safe and reduce stigma

Train – provide remote training and mentoring to the SSW on practice adaptations

Manage – ensure supportive supervision is provided and services are adapted

Monitor – stay up to date on pandemic and protocols to keep staff and communities safe

PREVENTIVE FUNCTIONS

Identify vulnerable households at increased risk of severe illness due to COVID-19; ensure they receive support to help prevent illness

Work with community leaders to identify community needs

Provide remote psychosocial support, utilizing available technology to contact at-risk families to help them cope

Reinforce gatekeeping mechanisms and family-based alternative care options

Respond to issues raised via **child help lines and domestic violence hotlines**

Carry out contact tracing to identify individuals at risk of COVID-19

RESPONSIVE FUNCTIONS

Provide protection and support for families affected by domestic violence, abuse, neglect, and exploitation

Identify emergency alternative care options for children who are abused, separated, orphaned, and/or transitioning from residential care institutions or detention centers

Carry out case management processes – assessment, planning, referrals, etc.

Provide or supervise psychosocial support

Provide material support, food and medicines to impacted households

Manage available cash transfers

Provide bereavement counseling and support alternatives to traditional mourning rituals

2 The challenges and risks faced by the social service workforce during the COVID-19 pandemic

The COVID-19 pandemic and associated containment measures pose several challenges to social work provision and the SSW.

I   The lockdown being enforced in many countries requires **adapting practice** through innovative solutions. This includes the need for remote working.

II   In other cases, workers may have to meet their clients in-person, as remote response may pose a greater risk to children or families. In such situations, there is a **risk** to the worker, children, and their families **of contracting the virus**. Workers may experience fear as a result of this risk. They may also fear that their work presents an increased risk of infection to their own household members.

III   Social service workers may face **stigma** due to fear that they will introduce the virus to communities.

IV   The SSW are experiencing the same strains and stressors of the pandemic and confinement as the rest of the population. These stressors include reduced access to childcare, services, resources, and social support networks. These worries may be exacerbated by an increased workload; challenges in accessing children and families in need of support; contradictory information; and the need to adapt their practice and procedures in a short timeframe. The intensity and variety of factors puts staff at increased risk of burnout or other forms of **psychosocial distress**.

V   During the COVID-19 pandemic social service workers may experience **increased caseloads**. The stress and strain of the pandemic and measures in place to control the spread of the virus may lead to increased reports and disclosures of child protection incidents.

Therefore, during a public health crisis, workers need appropriate training, protective gear, and mental health and psychosocial support.

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3 Recommended priority actions for the safety and wellbeing of the social service workforce

SUMMARY OF PRIORITY ACTIONS				
PRIORITY ACTIONS	**RESPONSIBILITY**			
	Government	Employers of the SSW	Supervisors	Social Service workers
1 — ***Stay informed*** so as to keep workers, and clients and their families safe. Constantly monitor for updates to: • *Information on the virus and strategies for mitigating the spread of the virus;* • *Health and safety measures; and,* • *National and local laws and policies relating to the virus.*	✓	✓	✓	✓
2 — ***Advocate*** for: • *Designation of social service workers as essential service providers, and,* • *Provision of adequate funding for salaries, supportive technology, protective gear, and training.*	✓	✓		
3 — ***Assess health risks and ethical implications*** of social service interventions.	✓	✓	✓	✓
4 — ***Determine which cases can be supported remotely and which require in-person visits.*** • *Identify critical services that require in-person contact.* • *Put in place protocols for decision-making (e.g. decision tree) in relation to in-person visits, including when protective gear is not available.* • *Implement risk mitigation measures for workers who will be carrying out child, family, and community visits.*			✓	✓
5 — ***Develop and implement remote models of service provision***, where appropriate, to minimize risks to the health and safety of both workers and clients.	✓	✓	✓	✓
6 — ***Train social service workers*** to help them adapt their services, use new technology and understand risk mitigation for continued in-person services.	✓	✓	✓	
7 — ***Conduct regular remote supervision meetings*** to: • *Review and prioritize cases;* • *Make decisions on which cases can be handled remotely and which need in-person visits;* • *Assess workload;* • *Determine how to continue essential services; and,* • *Assess and address staff wellbeing issues.*	✓	✓	✓	✓
8 — ***Develop and implement well-being action plans.*** *Establish these plans at the level of the team and individual worker.*	✓	✓	✓	✓

3.1 Detectled description of priority actions

1 *Stay informed so as to keep workers, and clients and their families safe.*

Given the novelty of the COVID-19 virus, and how rapidly the public health situation is evolving, workers, supervisors and decision-makers must be up to date on the latest progress and new developments related to effective COVID-19 response measures. Staying informed may help protect the workforce, children, families, and communities. Key topics to regularly review include:

- news on the virus;
- strategies for mitigating the spread of the virus;
- evolving health protocols;
- social service standards;
- data on arising child protection concerns; and
- national and local laws and policies relating to the virus.

Governments, NGOs, supervisors and workers have a shared responsibility for determining what is the most contextually appropriate action to take for the wellbeing of workers, children and their families. Well informed social service workers will be better equipped to provide information on pandemic mitigation strategies to communities.

2 *Advocate.*

Government should designate specific social service workers as essential staff. The SSW carries out critical, life-saving services. All actors must work together to seek sufficient funding and resources to support the SSW.

Designation of social service workforce as essential staff:

Considering the best interests of children, the SSW needs to be able to access children at risk and their families when deemed necessary, safe, and ethical. Government and non-government actors at the national level should develop criteria to determine which actions are essential, taking into account international guidance.

Organizations and governments delivering social services can then identify the workers who deliver the 'essential actions' so that they can be exempted from containment measures, travel into communities when the need arises, and meet with clients. Figure 1 can be utilized to assist in the determination of essential services and roles.

Dedicated funding and resources:

Advocacy must be done with governments and donors to maintain and/or provide adequate funding to support the SSW. Funding is needed for salaries, supportive technology, protective equipment, hygiene products, and training on how to carry out social services before, during, and after COVID-19 outbreaks.

A full assessment of risks and the ethical implications of any social service intervention must take place before decisions are made on what actions to take and which social service worker is responsible for implementing any interventions. Guidance on assessing risks and ethics of interventions must be developed. Some suggested questions and key considerations for this assessment process are listed in Appendix 1: Risk Assessments.

Ethical implications:

Ethical considerations must influence decision-making in relation to carrying out in-person visits during a pandemic. Many countries have national codes of ethics for social workers and other cadres of the workforce. These should be reviewed when developing guidance and protocols that help decision-making in relation to staff safety, wellbeing, and delivery of in-person services. National ethics guidance is often based on the International Federation of Social Workers (IFSW) Global Social Work Statement of Ethical Principles. The Social Work Ethical Principles most relevant to in-person contact include:

- *"3.4. Promoting Social Justice, Challenging Unjust Policies and Practices: Social workers work to bring to the attention of their employers, policymakers, politicians, and the public situations in which policies and resources are inadequate or in which policies and practices are oppressive, unfair, or harmful. In doing so, social workers must not be penalized. Social workers must be aware of situations that might threaten their own safety and security, and they must make judicious choices in such circumstances. Social workers are not compelled to act when it would put themselves at risk.*

- *9.6. Professional Integrity: Social workers have a duty to take the necessary steps to care for themselves professionally and personally..."*

Professional associations established for other cadres of the social service workforce (such as child and youth care worker associations) and for allied professionals (such as for health care practitioners) may also outline ethical principles relevant to the social service workforce.

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4 *Determine whether cases require in-person visits or can be supported remotely.*

Given the current risks of in-person contact, there is a need to determine when in-person contact is critical to the protection of children and their families. Assessment of the risk of staff transmission of or exposure to the COVID-19 virus must be balanced against the severity of the risks facing particular children and their families. Conditions for delivering in-person support should be locally developed. Priority cases are those that can put the life, development, or wellbeing of the child in serious jeopardy. Families and children with pre-existing vulnerabilities, such as those with prior experience of domestic violence, should also be prioritized.

Provide the SSW with appropriate Infection Prevention and Control (IPC) training and equipment, including personal protective equipment (PPE) and its use and safe disposal when in-person support is required and as per WHO guidance and national mandates. Some examples of when use of PPE may be necessary include:

- When responding to the needs of children in institutional settings where there have been confirmed cases of COVID-19. For example, in reception centers with deportees, migrant, and/or refugee children, in juvenile detention facilities or in residential care institutions for separated children.

- When fulfilling basic needs, such as provision of food, medicine, and basic supplies to children and their families who are impacted by COVID-19.

- For hospital-based social workers assisting in tracing COVID-19 patients' close contacts as part of prevention and control procedures.

- When providing bereavement counseling and support, in line with traditional mourning rituals, for families who have lost other family members to COVID-19.

In other cases, provision of basic protective gear (such as cloth face masks[1]), alongside social distancing and proper hygiene practices such as hand washing and cleaning surfaces, may be sufficient to ensure the safety of staff and their clients.

When social service workers are continuing to carry out in-person visits, their organizations must:

1 Assess health risks and ethical implications of any in-person contact, including when protective gear and other mitigation strategies are not available.

2 Have guidance for mitigating against the risks of transmission of or exposure to COVID-19 when conducting these visits.

3 Have plans to ensure workers have access to COVID-19 testing within the parameters laid out by health officials.

1 – As opposed to surgical masks or N95 respirators.

5   *Develop and implement remote models of service provision.*

Wherever feasible, it is important, for everyone's safety, to identify ways to deliver social service interventions without in-person contact. Organizations must, therefore, adopt models for remote service provision, where necessary, that can minimize risks to the health and safety of both workers and clients. The following considerations may help in developing strategies for implementing remote interventions and for making decisions on which methods to use for meeting the needs of clients:

- **Review available technology**. What technology is widely available to staff and communities in the context? What will be the most effective technology for use between workers and supervisors? What will be the most effective technology for discussion between social service workers and their clients? Is there a budget for phone credit or phone cards? What free services may be available, such as SMS or social messaging apps like WhatsApp? Do workers need training on how to use the different types of technology? Are video conferencing facilities available? These would allow continued visual contact. They may also raise concerns of what may be recorded and later viewed by others. There may also be others present out of sight of the camera influencing responses or placing the client at risk.

- **Consider connectivity**. Are people able to have a stable phone and/or Internet connection? Are connection cuts so frequent they would be disruptive to conversations and hamper the ability to create a relationship between the social service worker and the client?

- **Work through community reference points.** In cases where there is no available technology to communicate directly with children and their families – such as in low resource settings; refugee or displaced communities; or areas with high population density and poverty – assess the risks and possibility of working through community leaders or focal points or adopting models of follow-up that allow for social distancing.

- **Consult on client preferences.** Upon initial contact, discuss with clients their preferred method of communication. What modes of communication are available to them? What can they access? Ask them when and how often they would like to communicate.

- **Make systems accessible.** Ensure that channels of communication are accessible to persons with varying needs, including children with disabilities.

- **Consider cultural safety and sensitivity.** How might cultural norms shift during COVID-19?

- **Maintain confidentiality.** Many technologies do not have settings to prevent data and information from being hacked. Assess the ability to maintain the confidentiality of any conversations before using any technology. Some applications or forms of technology require certain actions or additional measures to ensure security. Confirm what these are and implement these measures prior to using any technology. Any paper records should be kept in safe locations. Existing case management information systems can allow for tracking cases while continuing restrictions on who can access this information.

- **Privacy.** In a face-to-face visit, it is important to ensure any conversation is private. This prevents anyone who is possibly harming the client from hearing the discussion or controlling the client's answers. Put in place ways to confirm that the individual feels at ease in sharing personal information. Social service workers must, themselves, be in a quiet place, where interruptions are limited as much as possible and it is possible to maintain the confidentiality of discussions.

- **Ensure consensus.** All parties should agree on how and when discussions will be held now and going forward. Gain verbal or written consent from clients on the approach to be taken.

- **Review and adapt** policies, regulations, and procedures that support remote services on a regular basis.

Many social service organizations have had to quickly determine how to continue to provide services in ways that reduce the risk of spreading the virus, often without adequate time for staff training. Staff need help to adapt their services, use new technology, and understand risk mitigation for continued in-person services. Websites listed at the end of this document are compiling or hosting training resources, including webinars. These virtual fora facilitate information sharing on effective social service practice in a pandemic. Organizations should coordinate with governments to:

● Identify and fund training needs.

● Be responsive to their teams' requests for training and support.

● Help link staff to the appropriate virtual trainings and webinars.

● Support staff to integrate trainings into their daily practice. (Where possible this should be through mentoring.)

Training needs will continuously evolve as national- and local-level policies change and as more is learned about the COVID-19 virus and mitigation strategies. For this reason, staff training needs will be continuous and on-going. Governments, international bodies, and civil society organizations are all responsible for continually updating and making available information and appropriate training opportunities for the social service workforce. Where they have the capacity, supervisors are in a position to provide on-going mentoring to social service workers.

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7 *Conduct regular, remote supervision meetings.*

Supervisors play a key role, at all times, in ensuring clients receive appropriate, high-quality services. Supervision is even more critical during a public health crisis as staff members need support in maintaining their effectiveness and safety. Supervision meetings provide an opportunity to review and prioritize cases, assess workload, assess resource needs, determine how to continue essential services, and support/coach social service workers. Governments and NGOs should identify ways to fully support supervisors during this time. Tips for supervisors include[2]:

- **Stay informed.** Supervisors need to be clear on the latest information regarding the COVID-19 pandemic and their organization's procedures and guidance for social service practice during the pandemic.

- **Conduct a self-check** to identify challenges being faced. Consider how these challenges may affect the supervisory session and determine where to get any help needed.

- **Maintain regular contact** with staff members. Social service workers are likely to experience stress when managing the competing demands of work and home. Supervisors will need to determine the best way to hold supervisory meetings (e.g. in-person with appropriate distancing, through some form of technology, or a combination of the two). Supervisors need to determine whether their supervisees have reliable access to resources, technology, and connectivity in order to communicate remotely.

- **Set aside dedicated, uninterrupted time for supervision.**

- **Consider the unique situation of each staff member.** Does the staff member have childcare responsibilities? Are they a single person who feels isolated? Do they have a disability that needs to be accommodated? Are there cultural practices to be aware of in terms of working from home? Based on each situation, the supervisor must adapt their support and management.

- **Establish a plan** for what needs to be accomplished within the time allotted. Supervisors should reflect on the purpose and focus of the supervision and work with their supervisee to develop a joint agenda and establish priorities for the meeting.

- **Review the current case load / list of clients** and identify those who might be at heightened risk due to the pandemic. Determine which cases will need in-person visits and **r**eview action steps to work with each client, logistical challenges, and problem solving. Discuss how remote support may be given to others.

- **Ensure staff skills and resources in relation to the use of technology for remote support.** Check staff can use available technology and have the necessary resources to provide remote support to their clients. Supervisors must confirm that social service workers know how to maintain confidentiality when using the selected form of technology. Other disucssion points in relation to technology may include: review of ways of connecting with clients; policies on use of techology; budget availabilty for phone cards; etc.

- **Ensure that staff and their clients are fully informed** of evolving COVID-19 mitigation strategies and are regularly updated on agency policy.

Group support can be used in addition to individual supervision. One approach is to start each day with a team meeting using video conferencing, a phone call, or a messaging platform. During this discussion, develop a work plan for the day for each staff member. Carry out another meeting at the end of the day to review issues staff members encountered with clients, seek supervisor input and support, and identify tasks for the following day. This approach provides a supportive structure for all staff members and reduces stress on any one person to make major ethical decisions alone.

2 – Adapted from https://www.nccdglobal.org/sites/default/files/Child%20Welfare%20Supervision%20During%20Physical%20Distancing-Tools%20and%20Guidance.pdf and https://pscentre.org/?resource=interim-guidance-supportive-supervision-for-volunteers-providing-mental-health-and-psychosocial-support-during-covid-19

Social service workers must look after their own and each other's mental health and psychosocial wellbeing. During a pandemic there are many sources of anxiety and stress for everyone including social service workers. These may include: fear of infection; financial insecurity; job security; a heightened concern for their own families and clients who are vulnerable to becoming ill; increased child care responsibilities resulting from school closures; fear of infecting family members; inability to "do enough" for clients; and/or managing increased caseloads. Staff members who are under extreme stress or suffering from anxiety may exhibit a range of psychosocial symptoms including, but not limited to: irritability, restlessness, lack of concentration, lack of sleep, and hypervigilance. Supervisors and supervisees need to recognize that stress and anxiety may have a negative effect on daily lives and job duties of staff. Self-care is vital.

Where possible, organizations should access professional counseling resources for their staff members to address secondary trauma and burnout. Supervisors should pay particular attention to any staff member who may be experiencing difficulties or who is lacking social support. Supervisors should role model self-care behaviors and make recommendations for staff to take breaks, get plenty of sleep, exercise, eat well, and connect with friends and family members. Supervisors should encourage staff to seek help when needed to ward off burnout. Peer support can also be helpful for intervention and support. Staff members who are feeling unwell or exhibiting any COVID-19 symptoms should self-isolate and seek medical help if symptoms worsen.

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4 Additional resources

The following sites provide up-to-date information on the COVID-19 pandemic and new guidance specific for the social service workforce. These are updated regularly as information and resources become available. While the guidance provided in this document focuses on immediate, rapid response, the pandemic will have long-lasting impacts on vulnerable communities. The social service workforce is critical to designing longer-term interventions that address systemic inequalities and establish stronger systems of care for the most vulnerable. These sites will continue to evolve to include guidance supporting this function.

- Global Social Service Workforce Alliance COVID-19 Resources

- UNICEF COVID-19 Resources

- International Federation of Social Workers COVID-19 Resources

- Alliance for Child Protection in Humanitarian Action Resources

- WHO Coronavirus disease (COVID-19) pandemic resources

> **This document is an Annex to the Technical Note: Protection of Children during the Coronavirus Pandemic and is in line with the Minimum Standards for Child Protection in Humanitarian Action. It has been prepared by: Global Social Service Workforce Alliance; UNICEF; International Federation of Social Workers; and the Alliance for Child Protection in Humanitarian Action. It has been informed by practitioners, supervisors, NGOs and governments across the world, who have shared their challenges and innovative solutions.**

Annex 1: Risk assessments:[3]

Factors to be considered in any risk assessment process should include:

I	The **risk of exposure** to the COVID-19 virus in the local context:

- Risk factors relating to **the community as a whole:** What is the current incidence rate and distribution of the virus in the population group? How widely has the virus already circulated (e.g., are there clusters of cases or general community transmission)? What systems are in place for control of the virus? What is the local level of surveillance and detection? What systems are in place for isolation and quarantine of known cases of the virus and suspected cases? Are there systems for contact tracing and follow up?

- Risk factors relating to **the specific client and their household**: Has there been a confirmed case of COVID-19 in the household? Has the child or someone in their household been exposed to COVID-19 through access to services or in the community?

- Risk factors relating to **the means of transport**: Can staff use private transport? Would they have to access the client on risk public transport?

- Risk factors relating to **the individual worker**: Does the individual pose a risk to others? Is this an individual who has already been working in close contact with public (e.g., community-based social service worker in sites with confirmed COVID-19 cases, social worker in a facility with confirmed COVID-19 cases)? Have they shown symptoms of the virus?

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3 – Based on guidance given by the World Health Organization on decision making in relation to the use of masks in preventing the spread of COVID-19. World Health Organization, 6 April 2020, Advice on the use of masks in the context of COVID-19: Interim guidance, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control

II What is the **level of vulnerability** of the social service worker, client or population to severe symptoms or higher risk of death resulting from the virus?

- Will the social service intervention present a particular risk due to the worker's, clients', or community's vulnerability?

- Those already found to be more at risk include, for example: older people and people with comorbidities such as cardiovascular disease or diabetes mellitus.

III The **types of settings** in which the population lives in terms of:

- Population density;

- The ability to carry out physical distancing (e.g. on public transport); and,

- The risk of rapid spread of the virus (e.g. for individuals or groups living in closed settings; institutions; low-income crowded settlements with poor human living conditions; and / or camps/camp-like settings).

IV Feasibility to maintain the **protection of staff**:

- Availability, costs, and quality of any PPE.

- Possibility of adhering to adequate hygiene measures.

V Availability of testing:

- What is the testing capacity like in this setting/community? Will workers who have been exposed or are at risk have access to adequate COVID-19 testing?

VI The **social service workers' personal life circumstances and choices** should be taken into account.

- For example, do they have immediate family / household members who are particularly vulnerable to COVID-19?

- All social service workers should have the right to opt out of delivering high-risk services, especially where necessary PPE and hygiene products are not available.

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