



SOCIAL WORK
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TO COVID-19

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THE SOCIAL WORK RESPONSE TO COVID-19 - SIX MONTHS ON: CHAMPIONING CHANGES IN SERVICES AND PREPARING FOR LONG-TERM CONSEQUENCES

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Championing changes in services and preparing for long-term consequences

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Health researchers may puzzle over why COVID-19 rates are lower in Africa than many other parts of the world, but the day-to-day routine of social worker Abebe Ayana in Ethiopia demonstrates how much hard work is going into keeping things that way.

Abebe works with refugees from South Sudan in the huge Jewi camp in the Gambella region, each day providing handwashing demonstrations and working with the refugee community to spread messages about infection control. Miraculously, there is not yet a single case of COVID-19 among the 60,000 inhabitants of the camp. It's all about preparation and prevention.

"We are preparing for remote case management and psychological first aid support, and supporting refugees using helpline phones," says

Abebe. "We are working especially on engaging the community through working closely with community leaders in the camp."

There's no doubt, he says, that the experiences of the rest of the world have informed Ethiopia's co-ordinated response, as have African countries' community-based responses to the Ebola outbreak in 2014-16.

Six months into the global pandemic, Africa's community-based response is one of many positive examples of social work's impact, with workers helping build systems of informal education and support within communities where there is little in the way of state social or health services.

Elsewhere in the world, cultural factors, previous experiences of natio-

nal crises, and the varied approaches of national governments, have all influenced social work responses. The result is that, although there are positive examples of achievement everywhere, the end of the first stage of the pandemic means very different things to social workers in different countries.

While the emphasis for social workers in African and Latin American countries is still to minimise the impact of a first wave of COVID-19, others in Asia and Europe are trying to stabilise services as cases peak or drop, while also confronting the real possibility of a second wave. What is becoming clearer to social workers everywhere is that the greatest threat now may not be the virus itself, but its wider and longer consequences on individuals, families, communities and societies.

In an [earlier global overview](#), I outlined the first four phases of the social work response to COVID-19:

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 and managing ethical dilemmas;

4. Integrating transformative practice.

One month later, and six months into the pandemic, IFSW's global overview suggests that the next phase is one of service re-organisation as social workers – wherever they are – look to the challenges ahead.

Gayle, a social worker in New Zealand, explained: "Now nearly all homeless people have been supported into motels. But what happens next? With the economic challenges will they be dumped back into the streets?"

Another social worker in central Africa who works within a Ministry of Social Affairs explained to me that that his country's budget had been set when the price of oil was \$65 per barrel. Since the pandemic that price has slipped below \$40, resulting in significant government and overseas funding being diverted away from social development.

Abebe from Ethiopia too sees the wider challenge: the threat of COVID-19 has led to panic and stress, a decrease in maternal health follow up, a rise in malaria cases and a 50% decrease in ART treatments for HIV. Of particular concern to Abebe, a senior gender-based violence programme officer for International

Medical Corps, is a reported rise in child abuse, rape and domestic violence against women and girls. He calls this “the shadow pandemic”.

In countries that experienced an earlier first wave, urgent discussion about emergency measures has turned to looking to the longer-term social work implications. In Italy, the first phase was all about rapid innovation. Luigi Colaianni, a social worker from Milan, has likened this to the way that the Apollo 13 astronauts addressed the potential catastrophe of an oxygen tank exploding on the way to the moon.

“Faced with an unexpected crisis, they overcame it creatively using basic skills and materials which were already available, but which had not previously been considered,” says Luigi. “Likewise, social workers have strategies that are effective during crises. We have treasured this and generated scientifically sound practices.”

At Milan Central Station, a drop-in centre for homeless and vulnerable people was closed by authorities on 11th March despite physical distancing measures after one visitor entered with a fever and spat blood on the floor. The risk was too great. This led to a complete re-

organisation of services. Social workers based themselves in hostels for the homeless, staying with vulnerable people who now had to be quarantined, providing them with supplies and supporting known contacts via phone and Skype.

Barbara Scotti, a social worker who helped lead the reorganisation, has been supporting clients and social workers remotely from home. “It’s true we have found different ways of working to meet existing demands,” she says. “But the situation is always changing and the demands are increasing. The numbers of people in trouble – having lost work or money – will increase. So how can we cope with all these requests that are arriving at the phone centre? The future will be worse, with more demand and fewer resources.”

Her concern is echoed by Claudio Pedrelli, a social worker working with older people in Emilia Romagna, Italy. In some parts of the region, half of elderly people in hospitals have died as a result of COVID-19.

It hasn’t been easy responding to the needs of older people and their families, says Claudio – partly because managers haven’t always understood that keeping services going isn’t simply a matter of logistics.

Social work starts with counselling and connection – even if it’s behind a mask, he says. Many social workers have found it difficult to implement emergency rationing decisions, denying support to some so that others can receive it.

“We have had many different kinds of crisis in the past,” he says. “We’ve had earthquakes and floods. But organisations never learn how to prepare to face these situations. We’ve adjusted to a health crisis but now we have to adjust a social and economic crisis.”

Iceland has its own experience of national crisis to draw on – the financial crash of 2008-2011. Vilborg Oddsdóttir, a social worker who supports vulnerable groups under the charity Icelandic Church Aid, was doing the same job when the banking system collapsed in 2008 and sees many of the same issues arising as the economic implications of the pandemic take hold. Although many people have received government support for several months, financial assistance is dropping off as time goes by.

Around 50% more people are seeking help from her organisation compared with last year, she says. And she has noticed a subtle difference

in the way that the COVID crisis is affecting vulnerable people compared to 2008.

“It has changed how they feel inside themselves,” she says. “They are frail and vulnerable, and they don’t know what to do. The difference is that in the financial crisis, people were really angry – but angry together and empowering each other. They had someone to blame. But they don’t now. They are often isolated, worrying about being sick and the future.”

This poses a real problem for social workers. “It is more difficult to work with people who are afraid all the time and very lonely. You can have a dialogue with people who are angry, talk about what they’re angry about. But if people are simply afraid they either don’t want to talk or don’t want to get in touch. They have closed themselves down.”

Outside Europe, in Asian countries where the pandemic first took a foothold, relief at the gradual opening up of social infrastructure is now accompanied by concerns about new outbreaks. Three months after COVID-19 cases peaked in South Korea, local upsurges

have meant everyone, including social workers, is remaining vigilant.

Sug Pyo Kim, President of Daegu Association of Social Workers, reports that although schools are beginning to open, community centres for elderly and low-income people and other social facilities are closed until the government sees no evidence of spread from school opening. Meanwhile, social workers are working harder than ever. "We provide mobile services all day long to support daily necessities and to check the safety of clients, as well as preparing for the opening of the facilities," he says.

Throughout the world, increasing strain on the profession is inevitable as demand increases, and financial and internal resources decline. But social workers are also saying they will find a way, because that is what social workers do.

For Claudio Pedrelli, the approach that clearly buffers the social effects of COVID-19 best is at the core of social work. It is the same community-centred approach that is showing its worth across the world. "The local networks social workers have helped create during the pandemic to counter isolation and provide services are continuing," he says.

"Over recent years, the emphasis on individual need has forced many

social workers to abandon community work. But what has happened in recent months has shown the importance of working more at the community level. Now these networks have been created, we need to work to sustain them and focus more on the village, the locality, and maintain these relationships."

These kinds of community-wide interventions were once the hallmark of the profession globally. From the 1980s onwards we have encountered the rise of government policies that drive social services to a short-term focus on individuals or case management as opposed to supporting relationships within families and communities for their immediate and long-term development. This has meant that, in some countries, social work's roots in community development has been almost forgotten.

Yet the conversations above show that social workers around the world are reclaiming their community development heritage and proving that this approach is necessary – not just in reducing the effects of the pandemic but also in facing future challenges.

The profession at the global level has also changed. From a pre-

pandemic culture of arranging face-to-face meetings, which created cost and travel barriers for many, we have rapidly and successfully moved to online ways of working far more consistent with our professional value of inclusiveness. Global and regional webinars have become mainstream and the forthcoming online IFSW General Meeting and World Conference have significantly higher registrations than any previous occasions – including the founding conference for the international profession in Paris in 1928 which had 5000 participants. We have moved forward.

Yet there is no room for complacency at all levels. As Claudio the frontline social worker in Italy pointed out, it is all too easy to let services and arrangements slip back to the way they were: focused on the individual, case management and non-inclusive professional decision making.

The social work “lived experience” examples in this article show how social workers are setting a strong base for the challenges ahead. This

current phase of the social work response to COVID-19 will involve many of us, like them, championing change in our work environments. We will be working towards policy engagement with communities, active community responses that support the wellbeing of all and social services becoming platforms for communities to thrive and avert catastrophe, not agencies for picking-up the pieces.

Rory Truell

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