

COVID-19 Pandemic and the Social Work Profession

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Abstract

This article aims to discuss the (potential) responses of the social work profession to COVID-19 pandemic. Drawing on secondary sources and the author's own reflections, it identifies and suggests seven ways of responding to the pandemic. Underpinning the significance of and applying love and knowledge for humanity, the profession can play a pivotal role in awareness-raising, dealing with the consequences of social and physical distancing, addressing the needs of those who are left out and most vulnerable, working with multidisciplinary teams, extending practice from the individual to the institutional, and or from casework to community work, long-term rehabilitation, and research and documentation. These initial thoughts are presented to facilitate further scholarly discussion, research and action both at local and global levels.

Keywords: *COVID-19 Pandemic, Coronavirus, Social Workers, the Social Work Profession, the Impact of and Responses to Coronavirus.*

Introduction

The main aim of this article is to discuss the ways in which the social work profession can respond to the COVID-19 pandemic. The current overall responses suggests seven potential areas in which the social work profession can play an important role to address the pandemic. Drawing on its ethos of love for service accompanied by competent knowledge and skills, it discusses awareness-raising, social/physical distancing, vulnerable groups, multidisciplinary teams, macro community practice, rehabilitation and research for the social work profession to consider and take systematic and strategic steps for the benefit of people, communities and organisations.

At the time of writing this article, Worldometer (2020) indicated that the coronavirus has spread in 216 countries and territories, infected over 35 million people and killed more than one million persons. The global graph of

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daily infected new cases and deaths is not showing any signs of discernible decline. This has challenged many social-economic and public health systems and created mass phobia of infection and death. Although Sri Lanka had reported 3395 total cases and 13 deaths by September, 2020 and is one of the lowest death rates (0.6) per million population (Worldometer, 2020), the global shutdown has impacted its day-to-day life and particularly, the tourism sector (Business Standard, 2020).

Undoubtedly, the pandemic has caused a major public health disaster that has impacted several aspects of people's lives and communities. Millions of people have lost jobs and have become unemployed and isolated. How difficult it is to live without any or inadequate income or support. Some have begun studying and working from home. Some were directly impacted by the infection and lost their lives and this in turn has caused loss and grief to relatives and friends. Imagine the situation of the dependents who have lost the main breadwinner in their families. In some situations, some families were not able to see their loved ones as the dead bodies were not returned to them. On the other hand, those who are working on the frontline - doctors, nurses, and allied health workers such as social workers- with or without adequate personal protective equipments (Bhatia et al., 2020) have risked their lives to save lives of others. Constantly watching, reading and hearing this type of news has impacted people in different ways. Not only have some people experienced increased mental health issues, but some others reported an increase in incidents of domestic violence, disruption in studies, shortage of supplies, separation of family members and loss of opportunity to attend important life events such as birth, wedding, serious illness and funerals (for example, see O'Sullivan, et al., 2020; Hand, et al, 2020).

Looking at the range of contradictory responses by the governments, for example, in Brazil, UK and USA (Bastos, 2020; Bhatia, et al., 2020; Walter-McCabe, 2020), and in Australia, New Zealand (Henrickson, 2020; O'Sullivan, et al., 2020) and several other countries (Sanfelici, 2020; Rambaree and Nassen, 2020), one wonders whether this pandemic is used for any political purposes by ignoring scientific evidence (Henrickson, 2020). Some leaders have treated it as no more than a usual virus, whereas others heeded science-based advice and took appropriate action. But such

contradictory approaches of shutting down and allowing to operate as usual, maintaining strict social/physical distancing and mingling as usual, wearing and not wearing masks, banning and allowing interstate travel, least to mention about mixed or unclear messages, have confused and bewildered the public.

The best model to address the pandemic is not clear. Several models/approaches to combat the spread of the virus can be observed. It appears some governments have allowed the pandemic to take its own course. Some are trying to suppress it by quarantining and contact tracing and by demarketing and focusing on hot spots or clusters. Whereas some others are trying to eliminate it by going hard, going early and by following total isolation and shutdown. Similarly, welfare service provision models are also not clear. Depending upon the government's capacity, some governments have increased unemployment benefits and have provided such benefits to all those who meet the set criteria (O'Sullivan, et al., 2020), whereas others have distributed food provisions to those citizens who meet the criteria. Some pandemic patients have received free medical services, and some have ended up paying the fee. Such models have failed to cover certain groups such as migrant labourers and those who do not have citizenship status (Sengupta and Jha, 2020; Dafuleya, 2020). Under such circumstances, nongovernment and charity organisations have played a benevolent role in reaching out to a limited number of needy people.

Despite these mixed contradictory reactions to the pandemic by political leaders and the use of different models, what is clear is that to this unprecedented global public health crisis, many sectors have been responding through different measures. All governments and their respective departments have played such a major role to the extent that it has ignited debate about the role of markets versus governments. Certainly, governments have assumed the major role in addressing the pandemic and the market and the private sectors are mostly silent in responding to the issue (see Pawar, 2020), except philanthropic support and donations in some countries (Philanthropy Australia, 2020; Saifer, 2020). The health sector has significantly responded by testing and treating infected people and by continuing the contact tracing work. Policy and welfare sectors have

responded by introducing a range of policies and programs. The media has responded by constantly updating the current developments and by raising critical questions about the handling of the issue by a range of stakeholders. Police and law enforcement force have been playing a crucial role in maintaining law and order and in implementing social/physical distance rules. The education sector has responded by developing and implementing alternative business continuity plans. Most people and communities are responding by cooperating with the measures to control the pandemic.

Looking at these different sectors' and professionals' range of responses, it is pertinent to ask, what is and should be the response of the social work profession and social workers to this pandemic? The article aims to address this question by suggesting seven possible ways of responding to the pandemic.

Research Method

The data for this article were mainly collected from secondary sources such as recently published material in newspapers, magazines and journal articles and analysed relevant themes and contents (Pawar, 2004). In addition, as the author has recently edited a special issue on corona virus pandemic (<https://journals.sagepub.com/toc/coda/2/2>; Pawar, 2020), he has used his own reflections (Freshwater, 2011; Pawar and Anscombe 2015; Pawar and Nixon, 2020) and observations by raising relevant questions such as: In what ways has the social work profession responded to the pandemic? What are the core issues for the social work profession and social workers in this pandemic? How can the social work profession respond to the mass issues? What lessons can the profession learn from this pandemic?

Seven (Potential) Responses of the Social Work Profession

Social Work's Roots in Love for Service and Professional Competencies

Historically social work practice is rooted in love for service and serving those who are in need. Gradually, as it became professionalised, professional bodies and their ethical codes and accreditation standards began systematically developing and introducing and helping develop knowledge and skills and achieving practice competencies during the training to ensure

that high quality services are delivered to people and their communities (Bowles, et al., 2006; Pawar and Thomas, 2017). In the contemporary social work practice, one wonders, whether a right balance is consciously cultivated and maintained between love for service and professionalisation (Godden, 2017; Pawar, 2017). This question is pertinent in the context of the pandemic as both love for service and professional knowledge are critical. Love without knowledge is dangerous because if social workers begin working with coronavirus infected people to serve and save them without the knowledge of infection and preventive measures, they can spread the virus and contribute to fatal outcomes. On the other hand, having knowledge of the infection and treatment and preventive measures, if social workers do not take interest in serving the pandemic impacted people and communities, their knowledge and knowhow is meaningless. Both these elements are crucial, because, there is a lot of misinformation about the spread of the virus, whether it is about the nature of infection, its seriousness, politicisation, and mixed messages relating to preventive measures. Therefore, social workers with the spirit of helping others with necessary knowledge, first need to protect themselves so that they can protect others well by sharing the right knowledge about the virus and the pandemic.

Awareness Raising

For the social work profession and social workers, the work of awareness-raising is a familiar territory. For them, it is a foundation, principle, tool and skill. Both the awareness of self and others is critical. Awareness-raising can focus on causes, consequences and what can be done by individuals and institutions, and families and communities. Already governments, public health departments, and the media are playing a significant role in awareness-raising about the coronavirus pandemic and simple preventive measures and treatment provisions. Despite these efforts, such messages have not reached certain sections and some people do not believe in those messages and appear to deliberately disobey the public health measures. As stated above, mixed messages and politicisation have further contributed to its spread. Social workers need to think what kind of awareness-raising is needed in these contexts. Certainly, they should help people to rely on science and fact-based information. Certain groups such as migrant labourers or those who have returned from other countries have been targets of

accusation for the spread of the infection (Sengupta and Jha, 2020). As everyone has become victims of the invisible enemy, there is no point in blaming any individual or groups. Awareness is needed to stop such occurrences. As infected people also may suffer from a sense of stigma, proper awareness-raising of the pandemic should be able to address it. It is also important to reinforce quarantine procedures and processes so that affected people can voluntarily follow them. It is also critical to inform people about the availability of social security benefits and how to access them both from the government and nongovernment, charity organisations. When the vaccine is made available, social workers can play a crucial role in mobilising and motivating people to opt for the vaccine. Most importantly, as the pandemic has revealed structural health inequities (Walter-McCabe, 2020; Bhatia, 2020), awareness needs to be raised about such inequities to address them systemically. Thus, awareness-raising can include medical, preventive, security benefits and social and structural issues related to the pandemic. But all such awareness must translate into desired action and behaviour.

Challenges of the Shutdown and Social/Physical Distancing

In most parts of the world, the pandemic has led to drastic measures, which have resulted in relative shut-down for a period, maintaining physical distance, isolating in and working from home, travel restrictions, halt of industries, loss of employment and related consequences. Most serious and tragic is that many have lost their loved ones. These changes have upended social, economic and cultural life of individuals, families and communities. In some densely populated areas impracticality of maintaining physical distance, notwithstanding people's willingness to do so, has posed further challenges (Lingam and Sapkal, 2020). People have experienced breakdown in their role performance. Parenting and working at the same time in isolated homes has stressed parents and their children. The pandemic has discriminately largely impacted the poor, the disadvantaged, migrants and minority groups (Bhatia, 2020; Walter-McCabe, 2020).

Some people have demonstrated their resilience and coped well with these consequences, some have been trying to adjust and certainly some are struggling. Increase in mental health issues, depression, domestic violence,

boredom have been reported in the media. Watching sad news of the pandemic everyday has impacted the psyche of the people and created mass fear about the infection. What is and what should be the response of the social work profession and social workers? Social workers are generally well trained to provide counselling, support, referral and mobilise resources and connect to them. Many social workers in the frontline in the health and hospital settings are engaged in these activities. Although these services are very important, the profession's inadequate response is obvious, given the magnitude of the problem. This is undoubtedly an unprecedented difficult time, but it is also an opportunity for the social work profession and social workers to think deeply, reflect, prepare and act to address those consequences, which are likely to be felt for a long time.

Needs of Those who are Left Out and Most Vulnerable

As it often happens in many disasters, the strong and able can fight and try to cope or adjust with their challenging situations, but those who are weak and vulnerable may not be able to do so as they mostly lack internal capacity and external resources to deal with the present situation. When the need and the issues are greatly felt in any society, the general policy is to attend to those who are most needy and vulnerable. The same approach applies in the pandemic situation. The social work profession and social workers can play a critical role in identifying the most vulnerable and the excluded groups in the pandemic. These often are children, women, the elderly, the disabled, homeless, sick, the extremely poor, international students and migrant workers without any support systems, and families that become utterly dependent as they unexpectedly lose the main breadwinner in the pandemic. There are several reports pointing out how disabled people have been neglected during the pandemic (for example see, Rakhmat and Tarahita, 2020; Hoskin and Finch, 2020; MacKee, 2020). Dafuleya's (2020) analysis of the African context suggests that governments' social justice and human rights frameworks are not adequate to reach out and meet the needs of the most needy and vulnerable, and thus there is a place for emergency programs and services for the left-out groups. Even those who are eligible for benefits are sometimes missed out. Programs and services need to be quickly designed and developed to meet their basic needs. Depending upon the capacity and interest, some professional bodies, social work schools and

students, and social workers have tried to attend to these types of groups. However, there is the potential to systematise this identification and helping process in terms of knowledge and skills and method of operation.

Working with Multidisciplinary Teams

Although the social work profession and most social workers are not unfamiliar with the necessity of working with multidisciplinary teams, in any disasters like pandemic there is a clear need for social workers to work with multidisciplinary teams and as such related competencies must be developed. As stated earlier, several other professions such as administrators of government and nongovernment organisations, medical and community health professionals, law and order and defence personnel, media workers, leaders and volunteers from communities have been engaged in fighting the pandemic, and everyone has a critical role in it. Any misunderstandings of roles and expectations in the multidisciplinary teams will often lead to duplication of activities, confusion, ineffective use of resources and reduce the efficiency and effectiveness of work. In addition, a lack of communication, miscommunication or mixed communication can confuse and mislead not only workers, but also the people and the recipients of services. Thus, it is important to develop a clear understanding of how knowledge and skills of all professions complement each other and at the same time of respectfully maintaining professional boundaries. Towards that end, proper training and orientation is needed to develop clarity and appreciation of each profession's perspective and how all those perspectives are linked or come together to achieving the common goal. In any disaster situation, there is a clear need for systematic cooperation and coordination, and social workers can play a critical role in facilitating it (Pawar, 2016). Such a role also helps everyone to appreciate that just one profession cannot adequately address the issues created by a pandemic. It would be useful to find out whether and how social work professional bodies and social workers participated in multidisciplinary teams, what their experiences were and what lessons can be learned. Finally, it is useful to note that working in multidisciplinary teams provides additional insights for one's own personal and professional growth.

Macro Community Practice

In social work, macro, indirect or policy practice refers to extending social work practice from working with individuals, families and small (therapeutic) groups to working with communities, organisations/institutions and structures, and movements to initiate relevant and necessary changes so as to address structural causes with a view to resolving issues and or meet the needs of people and communities on a large scale and thereby significantly reduce and prevent symptomatic work, which is often inadequate and not cost effective, though important and necessary under the given circumstances. As stated earlier, due to the coronavirus pandemic over one million people have died, millions of people have lost their jobs, thousands of businesses have shutdown, educational activities have been disrupted, and many more related impacts are occurring. Consequently, people have been experiencing fear, deep sense of loss and grief, helplessness and dependency, mental health issues, domestic violence and so on. Is professional social work's clinical practice or working with individuals approach adequate to respond to such massive needs and issues? Although such practice approach has its own place, to respond to the coronavirus crises, the social work profession and social workers need to creatively think about macro practice responses to address the impact of the pandemic. For example, they can mobilise community resources, influential individuals and institutions and volunteers to address some of the consequences. In some communities, through the digital media, culturally rooted and faith-based approaches have been used to raise awareness of hygienic practices to prevent the spread of the virus. Similarly, with the help of relevant leaders and workers mass funerals and mass general counselling/consolation sessions can be organised to reach out to thousands of affected people. It is also crucial to promptly design and implement welfare programs and services to reach out to all affected people in a timely manner. Different artists and talented persons have used digital technology to engage thousands of socially isolated people in their homes. Social workers need to creatively think about macro practice responses to reach out to large number of affected people.

Long-term Rehabilitation

The coronavirus pandemic is a public health disaster with so many socio-economic, political, cultural psychological direct and indirect ramifications on people and communities. As it happens in any disaster, generally, there is

immediate outpouring of sympathy to victims and a lot of relief activities to respond to the affected people. One cannot say with certainty that this type of relief programs and services have been adequately delivered to all people and their families directly affected by the coronavirus. However, the relief response, generally, lives short and disappears from the post-disaster scenarios, leaving a lot of people still in need of essential support and services (Pawar, 2008). As those individuals and families that have been significantly impacted take a long time to recover, most of them often need long-term rehabilitation programs and services, and support, especially the vulnerable groups discussed in an earlier section. While relief agencies and their work disappear, the social work profession and social workers can play a pivotal role in establishing and delivering long-term rehabilitation services and programs for the affected people and communities. These can include psychological support and enabling and confidence building, mobilising and using informal care and support networks, building age appropriate likeminded mutual support groups to pursue their interests, employment and income generating activities, including restarting business and educational activities and planning and implementing of vaccine programs and continuation of related preventive measures. Whether or not social work is responding and preparing to respond in these ways, it is likely that the absence of the long-term rehabilitation programs can risk the health and wellbeing of people and communities.

Research and Documentation

Research and documentation are one of the core activities and obligation of the social work profession as it is clearly stated in many professional bodies' code of ethics (for example see, AASW, 2013; NSAW, 2014). It also strengthens evidence-based practice, training and education. International professional bodies such as the International Association of Schools of Social Work (IASSW, 2020) have already invited social work practitioners and educators to share their work during the coronavirus pandemic and to document it, they have dedicated a website page, 'COVID-19 Updates from the IASSW', where nearly 70 examples of work done by social workers can be seen (<https://www.iassw-aiets.org/covid-19-updates/>). A special issue of the *International Journal of Community and social Development* focusing on the impact of coronavirus has already been published (see

<https://journals.sagepub.com/toc/coda/2/2>) and further, many similar journals have planned for a special issue on the coronavirus pandemic. Several scholars (for example, Bhatia 2020; Lingam and Sapkal, 2020; O'Sullivan, et al., 2020; Papouli et al, 2020; Pelaez, et al., 2020; Sengupta and Jha, 2020) in their individual capacity have already written and published on this issue.

Nonetheless, more systematic theoretical and practical research in every area of social work's response - whether it is awareness-raising, experiences and insights of frontline social workers, impact of the shutdown and social/physical distancing, looking after vulnerable groups, multidisciplinary teamwork, macro practice, devising innovative policies and programs, and long-term rehabilitation- are needed and highly recommended. The world has become a very curious and fascinating laboratory to test a range of responses to the pandemic. As stated in the introduction, some have followed a strict shutdown, some have restricted only certain groups, some have underplayed the fatal threat of the virus. A continuum of suppression to elimination models can be observed. Depending upon the approaches and practices, some have experienced second waves. How effective are these models and approaches? Many interesting and curious research questions can be raised and followed up. Towards that end, professional bodies need to dedicate some research funds and or mobilise the same by approaching relevant research funding agencies. Equally important is that such research, documentation and publication should be freely shared by using open online access platforms, not only to help social work schools and practitioners to use it as a resource for training and education purposes, but also in the interest of public good.

Conclusion

This article aimed to discuss (potential) responses of the social work profession to COVID-19 pandemic. It has partially attempted to address the research question it raised in the introduction: what is and should be the response of the social work profession and social workers to the pandemic? In its responses, the main motivating factors are love for and knowledge of service. These are closely connected to virtues/qualities (see Pawar, et al., 2017; Hugman, et al., 2021) and they need to be carefully balanced as one without the other can pose significant risks to social workers themselves and

others. Keeping that tenet and competency in mind, the article has discussed how the profession and social workers can contribute to seven focal areas as summarised in Figure 1. They can raise awareness to enhance hygienic behaviour and prevent the spread of infection. They can also help to deal with some of the consequences of the shutdown and social/physical distancing. In addition, they can identify and address the needs of those who are left out and most the vulnerable and participate and work with multidisciplinary teams. Importantly, they can engage in macro and policy practice, and systematically plan for long-term rehabilitation.

Figure 1: Social Work Response to COVID-19 Pandemic



Source: Author

Equally critical is research and documentation in all these areas and sharing it with all in the interest of public good. Finally, the article has a few key limitations. First, it is only based on secondary data and the author's recent presentations, writings and reflections on the issue. Second, it may include the author's biases. Third, some of the assertions may not have enough supportive evidence as the pandemic is unprecedented in our lives, it is still spreading, and the impact on people's lives and communities, and economy,

and recovery plans are still emerging. Fourth, under each of the seven delineated responses, there may be other relevant and specific areas that have not been explored. Similarly, as the article does not do full justice to the four questions raised under the research methods, further research is needed to pursue them. These limitations notwithstanding, it is hoped that some of the thoughts presented in this article pave the way for the social work profession and social workers to further practice and research to prevent the spread of the pandemic and thereby protect and improve the lives of people.

Note: As an invited speaker, the author delivered an earlier version of this article at the international webinar on Pandemic and the Social Work Profession, organised by the Department of Social Work, Bankura University, West Bengal, India, 28-29 August 2020.

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