Surviving Covid-19: Social Work Issues in a Global Pandemic (Child Protection and Welfare, and Social Care)

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Introduction and Contextual Background

The new corona virus, SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) recognised in humans in December 2019, is now known as Covid-19 (1). Its first epicentre was in Wuhan, China, where strong measures were taken to contain the virus before any country fully understood its characteristics. It is now found in virtually every country in the world and its global spread has been termed a 'pandemic' by the World Health Organisation (WHO). WHO claimed that on 6 April 2020, there were 1,331,032 confirmed cases, 73,916 deaths and 253,596 recovered cases and rising. Of these, the UK had 51,608 confirmed cases, 5,373 deaths; and 135 recovered cases. The British government has passed emergency legislation that prioritises support for the National Health Services (NHS) and other essential services, enforces 'social distancing', lockdown conditions and forms of support for the economy. It also passed the Coronavirus Act 2020 which spells out emergency registration and responsibilities for practitioners including social workers. The media has been vocal in praising the sacrifices made by health professionals to provide services to sick people and demanding that they are given priority in receiving personal protective equipment (PPE). People's appreciation of their dedication to serving the public has been demonstrated in many ways, including communal clapping.

Dealing with a pandemic requires concerted international action as well as national and local action. The Covid-19 virus is new. Thus, we are entering unknown and uncertain territory, and lack unanimity on how to control it. Advice varies according to geography, political, economic, cultural and other factors. In these circumstances, we ought to learn from each other, gathering lessons from elsewhere, using our reflective, critical and innovative capacities to check out what others say and improvise new solutions tailored to our locality specific circumstances and are culturally relevant to the setting. I have been supporting social workers in various countries address these questions since early January 2020, and share insights that I have gained through this process. These may offer others hope for a new tomorrow. For social workers providing practical and emotional support, the guidance may enable them to take care of themselves, their families and communities. It is aimed primarily at social work students, new practitioners and others not bombarded by official advice. It does *not* supplant official sources, but focuses specifically on social work to complement these.

There is much about Covid-19 that we do not know. Fear and uncertainty abound and advice evolves daily to take account of new developments. This may be confusing. As no guidelines have been tested in place, these are based on what is currently known and tentative. These are not comprehensive and do not replace guidelines given by government (local and national) and/or public health authorities. They will evolve and change and are to be used wisely, exercising your own judgment. It may comfort those working and living under Covid-19 to know you are not alone. Acknowledging your fears and seeking support is critical to your own self-care and well-being. Ideally, knowing what to do when working in a pandemic is something that you would have had training in beforehand, but this is often impossible.

There are numerous unsung heroes who risk all to serve the public. Among these are the social workers and social care workers who are quietly providing services to society's most 'vulnerable' populations, and whose difficulties in doing their job are now compounded by Covid-19, inadequate PPE, shifting advice, and uncertainty. Inadequate protective gear among this group may place service users, workers and the families of both at risk. Social workers at the frontline of caring for those requiring services during this pandemic have a number of questions to consider. Key ones include those concerning the profession's role and purpose in: delivering the usual services in extraordinary circumstances; fighting the pandemic; accessing PPE to undertake this work; supporting social workers affected by the virus through peer support and supervision; undertaking self-care; and seeking formal supervision. What are their responsibilities in this context; and how can they respond to the challenges Covid-19 poses while behaving ethically, upholding social justice, service users' human rights and showing them dignity and respect? In this brief article, I will consider the following:
- What is Covid-19 and its symptoms?
- What steps do WHO and national and local health advisors advocate people follow in preparedness, mitigation and suppression strategies?
- How can social workers work with children and families during this pandemic?
  How can social workers take care of themselves and others while performing their statutory duties?

What is the coronavirus and how is it spread?

Covid-19 is not a seasonal cold or influenza. It is a respiratory virus, involving the symptoms below occurring together:

- Cough (and)
- Fever over 38°Celsius (although some older people might have a lower one) (and)
- Difficulty breathing (usually affecting the lungs).

A person displaying these symptoms has been in close contact with someone who has tested positive (confirmed) as having Covid-19 (close contact is being within 1-2 metres for 10 minutes or longer of a person carrying the virus); travelled to an infected area and acquired the virus there; acquired the virus from an infected person during the incubation period (when the person concerned may be unaware that they are carrying and spreading the virus); or exposed to Covid-19 contaminated materials in a laboratory, medical facility, or various surfaces in public spaces including offices and transport. In some countries, social workers have been exposed to a source when assisting health professionals dealing with the virus, making self-care and PPE essential. If you have mild symptoms, the advice offered is to stay indoors, i.e., self-isolate and quarantine yourself, preferably for 14 days so as not to spread the virus to others or overwhelm health providers unnecessarily. This is usually enough as most sufferers (80%) will readily recover.

In the early days of becoming infected, a person may be asymptomatic, i.e., not show symptoms, or display 'flu-like' symptoms such as coughing, sneezing, having a sore throat or difficulty breathing. Without testing, it is difficult to know. A problem has been a shortage of tests so not everyone can have one. This means that many people, regardless of age, may unknowingly be carrying the virus, and spreading it to others. Coronavirus is highly infectious but requires direct contact with the droplets emitted when someone with it coughs or sneezes to catch it. Also, touching droplets left on a surface transfers the virus to the hands, and if these are not washed properly, touching the face, especially the eyes, nose and mouth, gets the virus into the body.

Actions to reduce the spread of Covid-19

Social workers, as citizens of a nation-state, are required to abide by the regulations applying to the population as a whole and play their part in containing and controlling the coronavirus as well as undertake professional duties. The WHO (5) and public health authorities have advised people to mitigate (reduce) the risk of catching Covid-19 by:
- Not touching the face, including the mouth, nose and eyes.
- Washing hands frequently with soap and water or using alcohol based hand sanitizers if this is impossible.
- Disinfecting contaminated surfaces.
- Coughing into a tissue and binning it.
- Testing people suspected of having the virus and if confirmed, tracing those they have come into contact with.

The burden Covid-19 imposes on the medical system and health professionals has led to 'suppression' strategies to contain and control the spread of this virus. The mitigation instructions remain in place, while others are added as below:
- Lockdown or staying at home with limited rights to go outside, i.e., to purchase food and medicine.
- Social and physical distancing – remaining 2 metres (m) away from another person if taking a daily walk.
- No large gatherings including sports fixtures, religious services, and concerts (some countries define this as more than two people unless they are members of the same family).
- Closure of educational facilities including schools and universities.
- Closure of bars, restaurants, and retail outlets except for grocery shops and pharmacies.
- Working from home except for essential workers.

The aim of a suppression strategy is to 'flatten' the curve, i.e., to reduce a huge upward rise in cases requiring hospitalisation that would overwhelm the capacity of a medical system to cope by stretching the number of cases needing medical attention over a longer period of time. Additionally, the closure of so many industrial and commercial enterprises will have an enormous impact on the economy, reducing growth and potentially causing a recession. To reduce the impact, some governments have provided financial support to retain people in work and reduce business costs. These measures carry implications for service users and social workers can inform them of their rights to such aid.

Doing social work during a pandemic

A pandemic is a specific kind of health disaster that affects a large number of people across many geographic areas and is likely to overwhelm the capacity of a national health system to cope unless the spread of the disease is contained and controlled. Doing social work under these conditions is challenging, fraught with difficulties and risky. It can also be rewarding when people are helped despite the barriers faced, including the insufficient supply of PPE. In many countries, social workers are a formal part of the emergency response system, and there will be legislation to guide their roles, responsibilities and performance. These will vary according to country. Social work employers should know what these

are and inform their employees of these. They are also available online and should form part of qualifying training and inhouse training programmes to prepare practitioners for a pandemic, and I hope for their inclusion as the norm in future.

In the UK, the 2004 Civil Contingencies Act, and its variations in the different nations, places social workers and health professionals as crucial responders. The police, firefighters, ambulance services and at times, the military are also on the frontline. But in a pandemic, the burden of dealing with people who succumb to the disease falls on the medical profession as a whole and public appreciation of their work is currently very high. People are less aware of what social workers are doing. Practitioners who can, should engage the traditional and social media in getting this work recognised.

Upholding Anti-Oppressive Practice, Ethical Behaviour and Human Rights

The tenets of Anti-Oppressive Practice (AOP) are as relevant during a pandemic as in daily practice. For some service users, its social justice and human rights dimensions are even more crucial, as those on low incomes will find their resources stretched and limited access to alternatives to state support, and may resort to exploitative sources that abound in some communities. Also, age, gender and ethnicity lead to differentiated experiences of infection by Covid-19. The shift in public opinion towards everyone caring for one another, may provide the opportunity for professional associations and unions to argue for the adequate funding of the welfare state and public sector more generally. A country's social work code of ethics, often stipulated by a professional association, provides useful guidance in addressing ethical dilemmas. In the UK, BASW (British Association of Social Workers, and its 4 nation groups, Scottish Association of Social Workers (SASW), BASW Cymru; BASW England; and Northern Ireland Association of Social Workers (NIASW), and the national regulatory bodies, are good places to start. Other sources include public health and official government advice. Important ethical principles to follow include:
- Doing no harm; not to others, not to yourself.
- Using the precautionary principle (causing the least harm when facing an ethical dilemma).
- Treating people with respect and dignity.
- Being kind and compassionate, using your professional discretion within existing guidelines where necessary.
- Reducing sources of fear by explaining issues, particularly public policies affecting people, clearly and simply.
- Upholding an individual's human rights and entitlements to services (social justice) while taking care not to endanger yourself or others, e.g., by taking social and physical distancing precautions.

Ethical dilemmas are caused when one ethical principle contradicts another. For example, a family under lockdown and awaiting the receipt of the Universal Benefit payment may lack food or other necessities, but the social worker has no resources or funds for this specific purpose. They cannot refer them to the local food bank because it has run out of food. Some social workers have tried to deal with this dilemma by providing food from their own resources or finding funds from charitable sources (difficult). This short-term personal solution cannot help the large numbers involved nationally. But innovation or using unions/professional associations to argue for urgent changes in policy may be useful.

General Child Protection Roles and Responsibilities

The normal standards of high quality, professional practice should be observed as far as possible, and help sought immediately from your line manager/supervisor, when it is not, regardless of reason. No social worker should feel ashamed or inadequate if they need to ask for help. All team members and managers should work to make this a reality for everyone regardless of experience, length of time on the job or other attribute. The UK's Coronavirus Act 2020 says:

> 'The duties on Local Authorities to meet eligible needs…would be replaced by a duty to meet needs for care and support where failure to do so would breach an individual's human rights and Local Authorities would have a power to meet other needs' (2).'

No guidelines can cover every eventuality, so I have identified some general points that social workers should consider when making decisions about what to do, particularly if preparing for a home visit. Guidelines should be used with caution, adapted to the nuances of your specific case, and draw upon your own professional judgement and experience:

1. What should social workers do during a pandemic to support children at risk of emotional, physical, sexual and other forms of abuse? What signs should be looked for? A risk assessment checked with others may help your decision-making.

2. How should I investigate concerns, face-to-face or remotely? How can community members (family, neighbours, friends) be drawn in to help in this assessment? Use the internet but recognise its limitations.

3. How do I obtain the personal protective equipment (PPE) that I need to do home visits when necessary? What do I do in its absence? Who can help? Is it appropriate for me to improvise on PPE? Asking others what they have done may help you take appropriate action. Ultimately, you will have to follow your professional judgment based on your risk assessment and listening to other workers' experiences. If in doubt, consult your line manager. If your line manager does not have a response ready, s/he should seek support further up the line.

4. How do I handle multi-agency working – virtual interventions, including virtual case conferences, virtual family group conferences, using technology to support home visiting? Where do I get the technological support and advice I need to do this effectively? Having a trial run and exploring possible scenarios with colleagues can assist you in moving forward on this one. Having a peer support group can assist in this task by creating a safe space in which to test out your thoughts.

5. How do I stay in touch with policy and changing practice when I am working from home, and my internet connection lets me down? How do I achieve a work-life balance when I am looking after my children/older parents/or other dependents? What do I do when these demands make me feel stressed out? Having peer support in place and taking time out to respond to your own needs for time alone doing something you enjoy (even if late at night when everyone is asleep) like mindfulness, yoga, dance exercises, walking, may help. Keep a safe distance (2 m) as much as possible.

6. How do I meet my child's/children's needs under lockdown? Can I use new technology, address relationships remotely (including social isolation), schooling and leisure needs? What can I learn from what I do that I can share with service users and vice-versa, what can I learn from them? Some TV channels offer home schooling classes. You can also get family and friends to connect virtually with Skype, Zoom, to play games. I have devised *Virtual Hide and Seek*, by asking the seeker to keep their eyes shut or shutting their screen while others hide around the room, and the seeker then tries to guess where the others are hiding. They come out when they are 'found', and the last one found becomes the next seeker. Disabled people lacking mobility can play by thinking of where they would hide, and the seeker having to guess where this is.

7. How can I focus on the strengths and resiliences evident among service users' lives, without ignoring the weaknesses in their behaviour and strategies? How do I suggest alternatives respectfully? You could go over different scenarios on how to handle difficult situations, and if needed with your peer support group beforehand.

8. How do I support the children and families requiring food if they cannot obtain food from a local food bank? What other resources are there? Will a local charity, super-market or other organisation help? Get this information from your support group or internet before you go to visit -remotely or otherwise, so that you can provide useful advice.

9. What should I do to support children with medical needs, or complex health and social care needs, especially if there are no social care workers or health professionals including GPs available? Can I use volunteers? What precautions should the volunteers take? Check that they are prepared/trained for their tasks and have PPE.

10. How do I address children's heightened emotional and mental health needs? Where can I refer children to? Is there a counsellor or Approved Mental Health Practitioner available to do this work? Can counselling be undertaken remotely? Who is offering such a service? Is there a Covid-19 specific helpline they can use? The WHO has provided emergency psychosocial guidelines for practitioners you can access on their website.

11. What records should I keep? Record-keeping is important, not only for professional reasons, but also follow-up. You will have office policies and guidelines available, so use these. Also, keep track of where you have been, whom you have seen, what you have done, to facilitate contact tracing in case you become infected. Although a community might not have the resources to do contact tracing, this information is crucial to containing the spread of the virus. Should you fall ill, this information could be passed on to your line manager for action. This would facilitate phone calls to alert those you met to self-isolate for 14 days, as a safety precaution. Some experts argue this is unnecessary to enable a community to acquire 'herd' immunity. However, this can be very dangerous for people who may have existing health conditions and other fragilities that could lead to their becoming a fatality. You should not assume that age is always a protective factor. Other variables are also relevant, and often interact unpredictably and cause death among babies, children, young people and adults.

Issues requiring extra vigilance when interacting with service users:

Domestic violence and other forms of violence against the person including physical, emotional, sexual and financial abuse usually increase when people are experiencing disasters – natural and human-made. Covid-19 is placing additional stresses on individual and family lives, so be alert for signs indicating this could be occurring among those you have contacted. Anecdotal evidence form social workers suggests that domestic violence is rising under Covid-19. Thus,

social workers ought to be on guard for signs of additional tensions from being locked down inside with perpetrators – past and present, as tempers fray and space and other resources become premium commodities. Understanding power dynamics and resource disparities within families can assist with making the judgment calls that may be required. Using your usual knowledge and skills and being vigilant are key. If in doubt, discuss your concerns with your peer support group and line manager. Know what resources you can refer the individual/family to for help, e.g., Women's Aid, police.

The biggest challenge in reaching a judgment in specific situations is one of being able to observe interactions when having remote 'face-to-face' conversations with those concerned. Working remotely and asking for real time videos (with permission) where you can observe what is going on and replay later can help, but not all people will have access to such technologies, and even with these, you may have to do a home visit. In such situations, you will want to maximise your protective gear including an adequate mask (N95 respirator offers the best filtration for small particles like viruses). A mask <u>must</u> fit correctly on the face – leave no gaps around the nose and face. N95 masks can be uncomfortable to wear. You may have to use other masks if this is unavailable, but <u>fit is crucial for any type of mask</u>. You should also not touch the mask and then your face because there may be coronavirus sitting on it. Take it off with disposable gloves, bin it and then wash your hands with soap and water for 20 secs when you get home (sanitiser in your car, and then wash again with soap and water as soon as you can). If possible, have a coverall, spare masks, disposable gloves and hand sanitiser with at least 60% alcohol and disinfectant wipes (for viruses) in your car. Disinfect your car regularly to protect yourself, the families you visit, and your own family. See below how you can mitigate inadequate PPE supplies, but your union, professional association, and line manager should be supporting you in getting what you need to do the job. Before you do a home visit, have a phone conversation (or other remote form of communication) with any individual or family you intend to visit and alert them to what protective equipment you will be wearing and what steps you will take to protect their health, your own, and that of your family. Let line mangers know where you are going. Doing this is crucial. Be professional and kind when making your visit as service users may be fearful and facing stressful situations. Covid-19 will have intensified existing worries about employment, housing, food, medicines, and where relevant issues related to alcohol and drug misuse. These other issues have not disappeared because individuals are under lockdown, so be alert to these. If you fear for your safety or worry that you might get in over your skills level, discuss your concerns with your line manager, and if you feel unable to do a home visit, ask the manager to support you in intervening only by remote means or referring the situation on to others like the police. One local authority calls this 'escalating to your manager'.

Self-care, self-protection and protecting others

The national government departments will have issued advice, e.g., in the UK, the Department of Education (DfE) (2) and Department of Health (DH) (3). These can be obtained from the relevant website and your local authority. The general suggestions below complement these. Social workers may be required to work from an office sometime even if working from home most of the time. Different sets of questions will arise in each setting:

Working in the office:
Much will depend on the physical layout of the building and the office. Some key questions here are:
1. How do I address issues about working around colleagues, hot-desking, and having a Covid-free environment?
2. How do I remain professional including sticking to ethical behaviour and maintaining confidentiality?

Keeping the building and office 'coronavirus free' might be difficult, especially in situations where 'hot-desking' is the practice and more than one person has to share desks, computers, keyboards, and other equipment. These should be disinfected after each use, but this may not be possible, so you should wear your mask, disposable gloves and removable overall (to protect your own clothes which you should wash at hot temperatures). Wear PPE at all times (advice below if you have to improvise). This is to protect yourself and others from spreading the virus or becoming sick.

Self-care is needed, before, during and after a home visit, in your car, before returning to the office and before going home. Whatever the setting, ensure that you follow physical and social distancing (2 metres from others) all round.

Working from home:
- What training do you need? This should include putting on, wearing and taking off PPE safely.
- Identify your IT (technology) needs and support for when problems arise.
- Make your workspace ergonomic to minimise damaging your spine, back and eyesight, and take frequent breaks from your computer.
- Have you got the correct technology to support you in your working from home? What support can the IT experts from work offer you when your computer fails? Check these out and have the details available.

- Can you define the strengths and weaknesses of the families' (and each individual within it) you work with? Identifying these can assist in enthusing families to take your advice seriously, and feel less threatened.
- How can the family protect itself? What advice or resources can you provide? In these circumstances, protecting yourself, others including service users and family members is important. If you do not have the answers, do you know who to approach to get them? Search government websites for legislation and advice.
- How can you manage your workload and the cases that you have? It may be challenging to maintain a work-life balance and to protect spaces for work when the home is a family space that has to be shared with others. Remember, you are not immune from the stresses of the strange new world we are in. Self-care, relaxation, exercises, mindfulness exercises, yoga and other forms of indoor exercise can help you relax. Some, like yoga can be done remotely with others, and with your family, providing you keep physical distancing between you. If someone is ill, keep that person isolated, preferably in another room, for 14 days. Use disposable gloves, leave food, books and other items at the door. Collect them with disposable gloves; wash hands with soap and water.

Doing home visits:
Working from home should be the norm under lockdown (in place at the time of writing). If doing a home visit, crucial questions to consider include:
1. Is a home visit necessary? Why?
2. What is its purpose?
3. Can it be done safely?
4. What do I do if it is not? Complete a risk assessment to help you make your decision. Your office should have procedures for you to follow if a home visit is assessed as unsafe. If this has not been done, you could initiate a remote discussion within your team. Ultimately, consult your line manager regarding the next steps.

Attention to pre-existing conditions
Note that social workers, members of their families and service users may have pre-existing conditions, including diabetes, asthma, and obesity, all of which can exacerbate vulnerability to the coronavirus. Social distancing, wearing PPE can protect you and them from the virus, especially if you are asymptomatic (and vice-versa) after close contact.

Protecting the community:
There are many different groups with high levels of 'vulnerability' living in every community – people with compromised immune systems, at-risk groups including those with existing conditions such as asthma, coronary disease, cancer. To protect them from an accidental spreading of the virus, not going to see them face-to-face but maintaining phone, email or internet contact is critical to preserve their well-being and reduce social isolation. Value remote connections as meaningful acts, not extras. They are useful in sustaining emotional well-being. Even if delivering services, upholding social and physical distancing, including by remaining on the doorstep and leaving items there. If you feel unwell, self-isolate for 14 days. In the UK, initially look at the NHS website for advice. If this fails to answer your questions, contact NHS 111 or your GP – some GPs have online advice and/or someone you can talk to on the phone.

Help young people to challenge the assumption that they cannot catch the virus. They can, but it is likely to be mild, rather than severe and they not may be aware that they are ill. However, *they can pass the virus on, even if they are asymptomatic*, i.e., not showing signs of the disease, particularly before they start to feel unwell. To be safe, young people who feel unwell should self-isolate, preferably for 14 days. They should stay away from others. Wearing masks can help reduce the spread of the virus if they have not been tested. However, mask availability may be problematic and set aside for priority workers, so you may have to improvise.

Personal protection and protective equipment

Social contacts and avoiding isolation through remote means
Keeping up connections and links with others is important to avoiding isolation and maintaining emotional well-being. This applies to services users, practitioners and the families of both. Emotional work should be deemed a necessity, not something that people can do without. To maintain personal well-being, you may want to talk to your colleagues and could organise a virtual, but regular team check-in or contact with your peers and supervisor, and reflect on your practice, share your concerns, pool your knowledge and experiences of Covid-19. Use all the technological means at your disposal – laptops with Skype, smart phones, landlines, or old-fashioned mail. Look up and familiarise yourself with mental health resources online, including materials on emotional first aid, e.g., those available on the WHO website (3).

Look after your physical well-being, eat healthy food, get plenty of rest. Exercise indoors, or outdoors, but outdoors only once a day when walking the dog or going for going for a walk while maintaining physical and social distancing (2 metres all round). Below are some suggestions about 'improvised' PPE.

Self-Care and Personal Protection Equipment (PPE)
Every social worker who is in the public arena should wear PPE. However, there is a shortage of PPE locally, nationally and globally. Thus, health care professionals and other essential workers have been prioritised for these limited resources. What can social workers do in these circumstances? The precautionary principle and advice on mitigating risk to yourself and others mean that you should search for alternative possibilities, especially for masks, protective gowns or overalls, disposable globes, and disinfectant materials. These alternatives should be recognised as not being ideal, but can be utilised on the basis that some protection is better than none. This is the precautionary principle.

Improvised protective gear if following the precautionary principle when no other option is available:
Masks: You can make your own out of thickly woven cloth, folded over in 3-6 layers (depending on weave and spaces between the threads where the virus can pass through; gaps can be seen by holding the cloth up against the light) and tied to cover your nose and mouth without gaps. This will help reduce the amount of virus that you inhale and exhale. The same precaution of not touching the cloth mask or your face, especially your nose, mouth and eyes, holds as for disposable ones. Remove the cloth mask with disposable gloves and throw it into a washing machine for a hot wash immediately on getting if off. Then wash your hands properly with soap and water.
Disposable gloves: Try to keep your nails short so that you do not snag the gloves when putting them on or taking them off. If really desperate for supplies, wash them thoroughly with soap and water and hang them out to dry, and wash your hands with soap and water (back, front, sides, nails and interlacing fingers) for 20 secs. I have seen people use plastic bags in desperate circumstances (make sure these have no holes in them).
Goggles: You can use ski goggles, DIY goggles, or wraparound sunglasses, but wash these with soap and water, and keep them clean.
Head covering: You can use a turban, cap, baseball cap with the peak covering your forehead or other head covering for additional protection and wash it in a hot wash when you take it off, and then wash hands properly with soap and water.
Coverall/overall: If none are available, some people have used large bin bags which are disposed of in another plastic bag after use and left without moving for 72 hours before being binned; capes or an extra layer of clothes which can be removed and thrown immediately into a washing machine for a hot wash. Wash your hands with soap and water once you have removed these items.
In your car: Keep disposable masks, disposable gloves and outer garment in a clean, uncontaminated place/separate plastic bag. Do not use these or put them on unless you have washed your hands first. Always keep hand sanitizer and disposable disinfectant wipes in your car. Use the disinfectant wipes (for viruses) to clean your car – the seats, steering wheel, windows, windscreen. Keep a double plastic bag in your car to dispose of discarded items so that you can bin them straightaway. I suggest a double plastic bag to ensure that the bag is not ripped accidentally. Keeping them somewhere for 72 hours will destroy the virus and then put in the rubbish collection bin. If you have used tissues, bin them in a plastic bag, tie it up and leave for a minimum of 24 hours to destroy the virus before putting it out as rubbish.
The environment: It is difficult to think of the environment when we are using so many disposable items and being constantly online, using servers which use a lot of (fossil fuel based) power. But try to think of how you might offset this usage later, e.g., by planting trees when the lockdown ends, or if you have a garden around your house, planting shrubs – try to grow cuttings of those you have in your garden; grow your own vegetables if you have a garden and have seeds, e.g., leafy greens, herbs, potatoes (if you have any that are beginning to sprout, try planting these; go online to see how to do this). This activity can be shared with your children, but keep your physical and social distancing as far as possible.

Personal support and supervision:
Getting adequate supervision and support in dealing with this unknown entity (Covid-19) is essential, and ought to be given specific attention, as soon as you start working from home, and before doing any home visits (if these are advisable). Ensure you link up with others for peer supervision, and organise formal supervision (line manager, who should also receive supervision). Spending time to get your support networks in place will be useful in the long-run.

Social care for elders

Most of the guidance offered in this leaflet applies to social care workers, whether working in a residential establishment or providing care for older people in the community. The importance of using PPE, cannot be over-emphasized if doing home visits. Many elders have died because visitors who were asymptomatic did not take precautions when visiting and passed the virus on to those with fragile immune systems. The same issue arises for care workers who work in these

spaces. They can both carry the virus or be infected by it, so they must have PPE as a matter of course. They should also change this when they go from one room to another to work with/attend another bed-bound older person. And, they should change their PPE every time they go from one residential establishment to another. Ideally, they should be restricted to working in one establishment for the same number of overall hours. Care workers in the community have to take similar precautions to protect themselves and others. Change your PPE every time you go to a different house, and make sure you carry enough supplies with you for each service user (some call them clients). Remove your used outer clothing outdoors or in your car if you can, put on another clean coverall with clean disposable gloves before going into a house. Adhering to this regime can be challenging, and frustrating when care workers face a shortage of protective supplies. This is when contacting your line manager, a union or professional association, elected member and the media can be useful in encouraging them to become allies in getting the protective gear that you need to do your job safely. Without PPE, you risk your health and that of others, and for some, their lives.

Social workers are constantly communicating, especially with service users, colleagues, managers, family members and friends, and are usually skilled at it. Less familiar is contact with the media. Most social workers tend to stay away from the media, but the wonderful work that social workers are doing with people under Covid-19 provides an opportunity to show the public another side of social work. Like doctors and nurses and other essential workers like bus drivers, social workers and care workers are also risking their lives to serve others. A number of social workers and social care workers have become casualties of Covid-19. The media can be a powerful ally, but also a dangerous one if broadcasters do not share with you control of what they say you said. Always ask to approve of what they say about you or how they quote you. Their agenda/purpose can be quite different from yours, so clarify such issues before you give them your story/quote. Role play an interview with a peer to prepare yourself beforehand, if this would give you confidence.

Conclusion

Covid-19 is an unprecedented challenge for everyone. We all have to work together, learn from each other to control and contain the coronavirus, and ultimately to eradicate it. Meanwhile, behave ethically, exercise your professional judgment wisely and when unsure, seek support from your peers and line manager in deciding what to do.

Take care. Stay safe. Stay well!

Useful References and Notes:

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1) The International Committee on Taxonomy of Viruses (ICTV) has given the coronavirus its name, Covid-19.

2) The Coronavirus Act 2020 is available on:
   https://publications.parliament.uk/pa/bills/cbill/58-01/0122/en/20122en.pdf
   It's main point are:

   'The duties on Local Authorities to meet eligible needs under sections 18, 19 and 20 of the Care Act 2014 (or sections 35 and 40 of the SSWA) would be replaced by a duty to meet needs for care and support where failure to do so would breach an individual's human rights and Local Authorities would have a power to meet other needs'.

   'And for Scotland, Clause 15: Duty of local authority to assess needs: Scotland 180 Under this clause the duty on Local Authorities to conduct a needs assessment under the Social Work (Scotland) Act 1968 will be relaxed to allow local authorities the discretion to dispense with the requirement in order to provide services and support for those most in urgent need without delay. It provides that local authorities can dispense with the requirement if conducting an assessment would be impractical or cause undesirable delay. 181 The clause also amends the duties under the Carers (Scotland) Act 2016 and associated regulations, to convert the duty to prepare an adult carer support plan/young carer statement to a power to do so. 182 The territorial extent and application

of this clause is Scotland. And there is further provision for issuing statutory guidance, charging and protecting authorities against legal action if there are delays in providing assessments when the normal system is switched back on again'.

3) The Department of Education has a lot of advice, so check it out:
https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk

4) The Department of Health offers a considerable amount of advice
https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk
The medical officers for each of the four nations in the UK also offer advice that you should access.

5) The World Health Organisation (WHO) has guidance on:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

REQUEST
The International Association of Schools of Social Work (IASSW) has been collecting stories of social work under Covid-19 from across the world for a while. Visit these at www.iassw-aiets.org Contribute your own stories, the website and the opportunity to contribute is available to everyone. You do not have to be a member of IASSW to access this.