

Social Work During a Health Pandemic

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Introduction

The corona virus that originated in Wuhan, China in December 2019, now called Covid-19, has spread globally and been deemed a 'pandemic' by the World Health Organisation (WHO). It poses many questions for social workers. Key to this are those concerning what is the profession's role and purpose in fighting the pandemic; and how can social workers support those affected by the virus? 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 and mitigation strategies?
- What can social workers do in this pandemic?

I have been supporting social workers in several countries address these questions since early January 2020, and am sharing my insights into what I have learnt through this process to help others in our profession offer support – practical and emotional, without endangering themselves, their families or others in their communities. Anyone can succumb to Covid-19, so I do not offer a magic bullet, only advice that you as social workers should then contextualise and adapt to your specific situation using your critical reflective capacities and dialogue with other stakeholders while operating within social work values and ethics. This is where transdisciplinary, multiagency working in a Covid-19 team offers many advantages including access to relevant knowledge and peer support and supervision in uncertain times. Some of this advice you will have heard before if you have read the newspapers, watched television, listened to radio, engaged with reliable social media outlets, or referred to the websites of reliable organisations such as WHO or your own country's disaster advice centre, often provided by your health service provider or emergency management agency.

What is Covid-19 and its symptoms?

Covid-19 is not a seasonal cold or 'flu'. It is a respiratory virus that first expressed itself as an atypical pneumonia outbreak in Wuhan, China. Covid-19 usually involves the following symptoms, often occurring together:

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

In the early days of becoming infected, a person may not show symptoms, or display 'flu-like' symptoms such as cough, sneezing, sore throat or difficulty breathing.

A person displaying these symptoms has usually 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); and exposure to Covid-19 contaminated materials in a laboratory or medical facility. In some countries, social workers have been exposed to the last source when assisting health professionals dealing with the virus, making self-care and protection essential. If you have mild symptoms, the best advice is to stay indoors, i.e., self-isolate and quarantine yourself so as not to spread the virus to others or overwhelm health providers unnecessarily because the vast majority of sufferers (80%) will readily recover.

What advice can social workers give to help people keep themselves, their families and communities safe?

Not all health professionals agree on what should or must be done in specific situations, and so there is variability in national responses depending on geography, political arrangements, socio-economic contexts and other factors. Given a shortage of resources ranging from disposable masks to ventilators and hospital beds, another important consideration is that of targeting resources at those needing them the most, i.e., those most vulnerable to viruses, or those seriously ill. The resource factor is also important with regards to testing and

hospital bed availability including in emergency rooms and intensive care units. Those who are healthy or not showing the symptoms of Covid-19 should stay away from test sites and hospitals, especially emergency rooms, to protect these resources for those who are ill and not waste the scarce time health professionals need to deal with those urgently requiring their assistance. Thus, the following points are precautionary and to be contextualised to become locality specific and culturally relevant. However, they are recognisable in many different places because there is consensus about basic guidance. These guidelines are:

- Frequent washing of hands with soap and water (20 seconds or more with running water and soap, or if this is absent, hand gel sanitisers effective against viruses (not bacteria).
- Not touching your face, eyes, nose or mouth. This hinders the virus from getting into your body and making you sick. This must be observed by those touching contaminated surfaces.
- Social distancing. This helps to contain the virus and reduce its spread in communities (2 m/person).
- Frequent disinfecting of surfaces touched or coughed on. These should be those effective against viruses (Alcohol based sanitiser with 60% alcohol or more will also work).
- Self-isolation for 14 days to avoid spreading Covid-19 if you have been exposed to it; suspect you are carrying it, even if showing no overt symptoms; or have been confirmed as carrying it, but not sick enough to warrant hospitalisation or other measures that may result in your being placed under mandatory quarantine.
- Providing information to facilitate tracing contacts whom you may have infected if you have been suspected of carrying the virus or confirmed as having succumbed to it.
- Wearing protective clothing, including eye goggles, one-use disposable masks and disposable gloves to protect the public and yourself from Covid-19 if offering them services.

What can social workers do to support health professionals and those affected by Covid-19?

Social workers have their own tasks and responsibilities in a pandemic, though these are not often spelt out, as health professionals are assigned the tasks of caring for people, defined primarily in terms of medical care and needs. However, there is also the social care needed – to keep family and communities together despite social distancing, and continue with social care services already being provided including undertaking needs assessments, facilitating access to home helps or specialised services, safeguarding children and adults, reuniting families, and mobilizing communities around social issues. In a pandemic, their activities can be increased to cover:

- Referring people to other services, especially health care ones.
- Utilising teleservices/internet/video/social media connections to reduce isolation and stay connected.
- Gatekeeping access to services, especially scarce ones and explaining why this is necessary.
- Finding and mobilising resources at community level.
- Community public health education essential to explaining how people can take care of themselves, their loved ones and communities and why.
- Supporting people with emotional needs, including curbing fear and anxiety.
- Providing counselling and loss and bereavement services.
- Helping people to identify how to keep themselves safe, especially in social distancing initiatives.
- Promoting solidarity and social justice within safe parameters regarding close contact.
- Advocating with and for people to ensure that social justice and human rights are respected.
- Looking after their own health and well-being (self-care and supervision) as social workers.
- Translating government policies to ordinary people in easy to understand language.
- Supporting health professionals in doctors' surgeries.
- Supporting children in schools, including devising small-group activities that avoid close contact and exposure to Covid-19.
- Supporting children to access food and other essential goods and services, especially during school closures.
- Supporting older people to access food and other essential goods and services.
- Helping children and families access Covid-19 testing facilities when appropriate.

In undertaking any or all of these activities, social workers must protect their own health and well-being.

Appendix 1: Developing Self-Help and Resilience

A crisis can bring out the best in people, and social workers have a role to play in encouraging people to work to their strengths and allay their fears. A crucial issue that worries many people caught up in a crisis they do not understand is fear, fear of the unknown, fear of uncertainty. Social workers can empathise with such fears, but should try to help people look for strengths that people have that they can use to reassure themselves and lessen their anxieties. An example of this may be people's fear of there not being enough of an item, and so they try to hoard supplies of this when they find it. This is usually counterproductive, because supply chains are more robust than individuals think, and replenishing supplies as needed is more likely to keep the shelves stocked and ensure that everyone has what they need. Also, most people have limited space in which to store goods that they are putting by to ensure that they have them in the event that supplies run out. And finally, there is always the option of trying to find other solutions that will enable you to achieve your goal if you cannot find an item you want. Some of these alternatives are discussed below, but you should work out what you can use by seeking advice (by phone or internet) from others who may have tried them or who may have other suggestions. I cannot vouch for these, but they have been suggested to me as helpful by others who have used them.

- a. Masks: If these are in short supply, they should be reserved for the health and social care professionals providing services to vulnerable others. Masks that are not of the correct filtration (like N95) or if poorly fitted will be of no use, so individuals may be better off not wearing them because doing so might make them feel safe from exposure when they are not. However, someone who wants to protect themselves from other people's droplets and not spread their own droplets to others, can cover their nose and mouth with a cloth of 3 layers that is tied around the back of the head, but make sure there are no spaces or gaps for leakages around the edges.
- b. Sanitizers: Frequent washing of hands with soap and water are better than these, and if these are missing, surgical spirits or rubbing alcohol may be used as a temporary measure until hands can be properly washed.
- c. Proprietary disinfectants: For washing surfaces in the kitchen, white vinegar, lemon juice and lime juice can be useful when proprietary ones are not available. For washing floors, household bleach can be used. But with this product, be sure you do not breath in the fumes as these may be harmful to your respiratory system.
- d. Protective outer garments: When these are not available, overalls or an all-encompassing cape which can cover your clothes and which can be removed before entering a house or building and put straight into the washing machine for a separate hot wash can reduce the spread of the virus by keeping it away from others.

Resilient people are innovative, so feel free to undertake your own improvisations and record the outcomes so that you can share them with others.

Working together, we can defeat Covid-19!

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