



COVID-19: Challenges, Opportunities, and the Future of Social Work

Hyacinth Udah^a, Abraham Francis,^b ^{ab}Social Work, and Human Services, College of Arts, Society, and Education (CASE), James Cook University, Australia

Social workers have essential life-saving roles, possessing many important skills to help clients and community access services, and obligation to facilitate equality of outcomes. In this time marked by a pandemic, we are becoming more aware of the importance of futuring for social work. Social work's response to the COVID-19 crisis is critical now and in the future. This article attempts to bring attention to ways social work as an idea, as a project, as an institution, and as a profession might respond and change due to what is happening (COVID-19 pandemic) and grow in dealing with future challenges. It makes contribution to social work's response to COVID-19 pandemic and beyond. It suggests that the success of social work is very much dependent on social work educators, researchers and practitioners recognising the current challenges as opportunities, and responding in ways that advance social work profession's theories, models, and practice framework.

Key words: COVID-19, challenges, futures thinking, opportunities, social work education, research and practice.

INTRODUCTION

Social workers have essential life-saving roles, possessing many important skills to help clients and community access services, and obligation to promote social justice, and facilitate equality of outcomes (Carson & Kerr, 2020). As social workers, we are *ALL* needed in challenging and changing times. We are called by our professions' Code of Ethics to serve and promote social justice, human dignity and relationships, integrity, and competence (Australian Association of Social Workers [AASW], 2020; Canadian Association of Social Workers [CASW], 2005; National Association of Social Work [NASW], 2017).



As professionals, we are called like other professionals in the human services to get involved in a crisis, stand up to injustice, and move towards the realisation of a less unequal society (Francis & Udah, 2020). We are needed to provide moral and instrumental support, therapy to help clients deal with anxiety, and policy and advocacy to address client needs, systematic neglect, bias, racism, homophobia, and other structural inequalities in society. As we re-open, adjust to life and work, our work, along the continuum of social work from micro to macro levels, will be crucial if we are to still fulfil our professional obligations in the aftermath of COVID-19 (Walter-McCabe, 2020). This article, therefore, attempts to bring attention to ways social work as an idea, as a project, as an institution, and as a profession might respond and change due to what is happening (COVID-19 pandemic) and grow in dealing with future challenges. It suggests that the success of social work is very much dependent on social work educators, researchers and practitioners recognising the current challenges as opportunities, and responding wisely in ways that advance social work profession's theories, models, and practice framework.

CORONAVIRUS DISEASE (COVID-19) OUTBREAK

The coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus (World Health Organisation [WHO], 2020). The virus was first reported in Wuhan, a city in China, in December 2019. It affects people differently. Most people infected with the COVID-19 virus will experience mild to moderate respiratory problems and may recover without requiring any special treatment or hospitalisation. On average, it takes 5–6 days from when someone is infected with the virus for symptoms to show, but it can take up to 14 days (WHO, 2020). Due to its rapid spread across the globe, COVID-19 was characterised, officially, as a pandemic on 11 March, 2020 because it became “an epidemic occurring worldwide,” crossing international boundaries and affecting many people (Last, 2001). Between March 2020 and December 2020, there are over 73.9 million confirmed global COVID-19 cases, over 1.6 million deaths and over 41.8 million recoveries (Johns Hopkins University [JHU], 2020).

The COVID-19 pandemic in Australia and elsewhere has taken a toll on everyone (Francis & Udah, 2020), putting the world on hold, and resulting in untold human suffering and economic crisis across the globe. The virus is not just a health crisis, but also a human, economic and social crisis, calling for an urgent social work response. Describing the COVID-19 pandemic, Francis and Udah (2020) explain that “it is a health crisis with huge impact on social and economic welfare. It is also a welfare issue with huge impact on public health. It is a crisis like no other in modern human history, disrupting almost every aspect of our lives and society” (p. 167). The pandemic put everybody in a Great Lockdown and kept us contained in our homes. The virus changed and affected all of us either directly or indirectly.



As it attacked our societies, many restrictions were put in place. Our governments popularised the slogan and told us to ‘stay home, and save lives.’ With the introduction of quarantines, physical distancing practices and lockdowns as part of the national and global efforts to reduce the spread of COVID-19, many of us could not leave our homes. Our borders were closed; organisations, agencies, and schools were temporarily closed or shut down; conferences and religious activities were cancelled or suspended; and many people worked from home arrangements. As anxiety about the coronavirus pandemic increased, many people lost their income and means of livelihood, some lost their loved ones and some families skipped meals to feed their children. Many who remained in jobs had their hours or salaries cut. Indeed, the COVID-19 pandemic has changed life for many people. Never have we seen, as social workers in our lifetime, a crisis like this one that is so far-reaching. It is generating extraordinary challenges, requiring social workers to interrogate the present rigorously, learn from the crisis, envision the future boldly, and make meaningful change toward advancing and ensuring inclusive, ethical and reflective practices.

COVID-19 AND SOCIAL WORK

COVID-19 is changing our world. In this time marked by a pandemic, it has become clearer than ever that the COVID realities will be a powerful teacher in ways that stretch our collective sense of what is possible. COVID-19 proves that we are not always as prepared as we should be, regardless of our countries, regions and professions. The coronavirus pandemic is an unprecedented event in modern human history, affecting every aspect of human lives — socially, and economically. The virus brought not only an urgent medical crisis but also exposed the fragility of nearly every aspect of our societies. It laid bare the horrible existing inequalities, inequities and disparities in our societies — the racial, gender, generational, class — and a host of other structural challenges, political and cultural chasms that have always existed and persisted in our societies in responding to crises (Miller, 2020). Though a crisis like no other, we salute the people working, especially health workers — our doctors, nurses and other health workers in residential care facilities and social workers — at the frontline, responding to COVID-19, fighting the virus, and ensuring that people meet their basic needs, including support workers, such as laundry and cleaning staff, workers in transport, agriculture, and essential public services for their services. While we welcome with great sense of relief vaccines for COVID-19, we are also becoming more aware of the importance of futuring for our social work profession.

Social work is a profession focused on well-being, social justice, and human rights. As social workers, we are committed to promoting social justice and advancing the theory and knowledge base for our profession that would provide solutions for social change and development, social cohesion, and the empowerment and liberation of people (AASW, 2013). In times of crises, social workers face a plethora of challenges. However, our profession’s



values call us to “shine a light on the structural systems which perpetuate inequities and work hard to make changes to improve the overall public health [and well-being] of all communities during this pandemic and beyond” (Walter-McCabe, 2020; p.70). Indeed, social work in the time of COVID-19 environments of anxiety and uncertainty will challenge our conceptions of social work practice landscape. But crisis situations can also present and expand the opportunities to rebuild, advocate, improve and achieve a more inclusive, ethical and reflective practice, promoting health, well-being, social justice, human rights, allyship, empowerment, and a stronger sense of community.

As non-Western and immigrant social work academics, researchers and practitioners in Australian context, we believe that social workers, as experts in working in challenging environments, can make a difference. First, we are happy that people can now go out and enjoy some of their freedom again. In many ways, COVID-19 has allowed us to notice the things we can learn, try, and improve upon in the way we educate, research and practice. What we choose to do with the possibilities emanating from this extraordinary time will define the social work profession we create post COVID-19. Second, we attempt, in this article, to bring attention to ways social work as an idea, as a project, as an institution, and as a profession might change due to what is happening (COVID-19 pandemic) and grow in dealing with future challenges. Just as the world around us continues to respond to COVID-19 and change to best meet the times we live in, so must our social work profession.

Therefore, as we continue to adjust and understand what has come to be one of the most challenging crisis that many of us have ever experienced, it is important to begin conversation and discussions on how we, as social workers, will emerge from the coronavirus impacts and work towards a better, safer, just and inclusive world. There is no doubt, COVID-19 has radically changed the way we practice, and conceptualise the social work profession (Francis & Udah, 2020). While the COVID-19 pandemic has affected many people socially and economically, it has also presented, and is expanding, opportunities for both the social work profession and practitioners in the field to make meaningful change that acknowledges and works to build a less unequal society (Francis & Udah, 2020). Thus, it is important to explore the challenges, opportunities and look beyond COVID-19.

We owe it to our profession to dedicate time, rethink and develop a long-term plan to ensure that we can become more effective and efficient in the ways we educate, research and practice in the aftermath of COVID-19. No one knows exactly what will come, but we should not waste the possibilities emanating from this pandemic. The reality is we might not simply undo, no matter how unfamiliar or unsettling, some of the changes we see or expect to see in the coming months or years brought by COVID-19 pandemic. Even when this pandemic is all over, things might not go back to how, or be the same as, they were before: Will social work emerge from the coronavirus lockdown? Will social work profession and practice be significantly affected? Will COVID-19 change the social work profession? Will technology replace social work



education and direct practice? Will COVID-19 expand us, improve us, or threaten us? Will our social work profession be the same again? Should it be the same? What will be the challenges before us? What will become of social work education, research and practice? What needs to happen? How can we make this happen? What is the future of social work profession? These are curious questions, requiring not just straight forward answers, but also further thought on finding some alternative responses that will help us as educators, researchers, practitioners and students see the world and social work from, and with, a new lens.

SOCIAL WORK AND FUTURES THINKING

As social workers, we are needed. We must assert the power of social work to work alongside individuals, families and communities to make a change (Walter-McCabe, 2020) and secure the future of our social work profession. We need to seize the opportunities in this challenging time, and aim to achieve a COVID-19 safe economy and society, where people — everyone, our clients and the communities we work with — can feel safe, have economic opportunity and participate fully in the process of rebuilding communities. To achieve this, we must work towards unpacking some of the emerging challenges, and futuring social work in the aftermath of the COVID-19 pandemic. By futuring, we mean “thinking systematically about the future [of social work], drawing on scientific data, analysing trends, imagining scenarios (both plausible and unlikely) and thinking creatively” (Cooper, 2020).

Therefore, futures thinking invites us to dedicate a part of our time to the above questions, to think differently about the current pandemic, and proactively and collectively rethink about social work and steps to change things for the better – not 20 years from now, but from today (Cooper, 2020; Nissen, 2020). A crucial part of what we need to do is to use the experience of this pandemic to think hard about, or better prepare for, the kind of future we might want to avoid even as we respond to the challenges of the clients and communities we work with now. Also, it is important to use the experience of dealing with this crisis and some of the challenges we have passed through in this extraordinary time as a way to develop the steps needed to work toward a certain desired future and make sustained improvements to different fields of our social work profession (Cooper, 2020; Nissen, 2020; Walter-McCabe, 2020).

CHALLENGES AND OPPORTUNITIES

COVID-19 reminds us what functioning communities look like. It has brought back a new sense of patriotism and love of community, including humanity’s attention to an appreciation of courage, kindness, empathy and compassion, which are core values in social work practice (Stickle, 2016). During this global crisis, we have seen how social workers responded to the needs of their respective communities. In some cities around the world, we have seen also that



various professionals and cadres of workers within our discipline and across other disciplines, for example, doctors, nurses and other essential workers, and even volunteers are hailed and appreciated as heroes and warriors by the public and government, with people cheering and clapping for them from their doorsteps, windows or balconies (Rahman, 2020). Amid the COVID-19 pandemic, we have also found all types of media including social media and general public thanking frontline workers of all sorts for their humane efforts and selfless services. In this time of mass unemployment and a world of loss and pain, social workers have not lost sight of the pandemic's socio-economic and psychological disparity of impacts on people's lives and livelihoods. In many countries across the globe, social workers, individually and collectively, are undertaking community development activities, promoting community responsibility and providing education, hope, and much needed support to people within their communities (Truell, 2020). Indeed, what we choose to do with the challenges and opportunities presented in these anxiety-producing times by COVID-19 will define the future of our social work profession. While our health care workers such as doctors, nurses and other essential workers have been an essential component of responding to the COVID-19 crisis, the opportunities that social workers can, and must, draw from this crisis has not been clearly outlined.

As we respond to COVID-19, social workers have remained deeply connected to understanding the diversity of human experience and ensuring access to services. In every country, "social workers remain empowered to work side-by-side with people, especially those most vulnerable, disadvantaged, or marginalised, including victims of domestic and family violence" (Francis & Udah, 2020, p. 173). Driven by a deep commitment to promote human rights and social justice, social workers have continued to work on multiple fronts to offer emotional and mental health support to individuals, families and communities effected by COVID-19 pandemic to help them deal with anxiety and ensure access to available resources (Francis & Udah, 2020). However, the coronavirus pandemic has put social workers in challenging situations by testing our traditional social work conceptions of education, research and practice. It has undermined the importance we attach to human relationships and in-person services. Regardless of our practice area, many of us have suddenly embraced technology. Some of us are working now in organisations that have replaced, temporarily, in-person meetings with clients to telephone and digital communication as necessary to social work practice and service delivery (Barsky, 2020; Miller, 2020). In addition, the increasing use of communication technologies for working with clients is challenging our conceptions of community, raising questions of access for clients with limited access to the internet, but also with questions of how to handle a new delivery method, and adherence to our professional ethical and practice standards. In light of the COVID-19 pandemic challenges, we need to understand what the possibilities are when we are not able to provide professional social work services in our usual ways, particularly, the ways that are authorised by our Codes of Ethics, agency policies, and regulatory laws. Also, we need to examine what are working well and what can be done differently in terms of social work education curriculum and better to enable



social workers find new ways to make improvements and perform their roles better in challenging times.

POSSIBILITIES AND THE FUTURE OF SOCIAL WORK

Many of us practice at the micro and mezzo interpersonal levels. One of our roles is having to physically be in-person services and in the same place working with individuals, families, children and communities to promote health and wellbeing. But the emergence of new forms of online communities and distance communication technologies is replacing in-person practice. So, the question is, how do we develop professional relationships when in-person meetings are replaced with new forms of distance communication technologies that challenge our notions of community? Can technology help us provide needed care to the clients and communities we work with? If so, are we competent and well-trained to use and engage clients in new ways with technology? By using communication technologies, we may risk difficult gaps, as social workers, for those with disabilities, and those experiencing poverty, lack of access (Walter-McCabe, 2020). Also, we may violate our professional ethical standards if we are incompetent, and fail to maintain confidentiality when using communication technologies such as emails, social media, Apple FaceTime, messaging apps, Slack, Zoom or Skype videoconferencing, or other communication programs that are not specifically designed for social work service delivery.

In addition, there is a growing need for policy and advocacy. While COVID-19 has brought out the ‘best of us’ with a new sense of community, it has also brought out the ‘worst of us.’ Some essential workers doing their job (and people from ethnic minorities) around the world are racialised, profiled, targeted, discriminated, stigmatised, and attacked (Rahman, 2020) and their human rights violated (Barsky, 2020). For example, in the U.K., Belly Mujinga, 47, a train ticket office worker, died of coronavirus two weeks after a man claiming to be infected with the virus spat at her while she working at London’s Victoria Station (Weaver & Dodd, 2020). In Mexico, at least 21 nurses were assaulted by those accusing them of spreading COVID-19 (Nuño, 2020). In India, some healthcare workers were verbally and physically abused, spat on, and evicted from their homes simply for caring for coronavirus patients (Devi, 2020; Withnall, 2020). In the USA, a Chicago nurse was punched in the face while traveling home on a bus following a shift at North-western Memorial Hospital (Holmes, 2020). Attacks on healthcare workers have also been reported in Australia (Nguyen, 2020). Therefore, the way we educate, research and practice in social work need to change and evolve in “a way that not only responds to things that happen, but in a way that anticipates what is to come” (Miller, 2020).

Moving forward, social workers need to prepare for a post COVID-19 world and how they will respond to the needs of clients, placement agencies, and communities. The success of social



work in the aftermath of COVID-19 pandemic is very much dependent on social work educators, researchers and practitioners recognising the current challenges as opportunities, and responding wisely in a way that advances social work profession's theories, models, and practice framework. As Walter-McCabe (2020) suggests, there is need for social workers to be on the front lines not just of service provision, but also at the policymaking tables for micro service delivery at all levels, including increased macro level social work. If we respond wisely, we have the potential of moving the profession forward.

Social work education

The COVID-19 pandemic is a call to action not just for an immediate social work response, but also for moving the profession forward. It will serve as a focal point for social work to redesign, develop and address new ways to deliver social work education, training, and engagement with students. Advancing social work education requires significant efforts revisiting our pedagogical approaches, learning and teaching activities. There needs to be more emphasis on public health management, social policymaking, and inter professional learning in social work curriculum. Social work training needs to have a paradigm shift from *massification* to slowing down and focusing on quality delivery methods, practice and standards. With needs on the rise, social work training curricula should incorporate essential subjects such as epidemiology, and pandemic management to equip students with skills needed for public health emergency and service delivery at all levels. Also, there needs to be a focus on self-care and nurturing resilience. With mental health needs increasing, the existing mental health component in social work education needs to be strengthened by incorporating both clinical and critical aspects.

In addition, we need also to revisit the ideas around field placement. The components of social work practicum need to be strengthened with rigorous supervision and the highest possible standards of practice. Making field education supervision part of the curriculum needs to be discussed at national and local levels for more visibility, clarity, and engagement. For example, as part of the new measures to respond to the challenges presented by COVID-19, the AASW came up with an initiative to develop and create enhanced client-focused relationships through shifting to online platforms and E-Placement arrangements. This arrangement allowed universities to use technology-assisted mediums and more structured supervision and group supervision, and offered relief, in the form of reduced field hours, for social work students. The arrangement may be described as one of the attempts to provide solutions for positive transformation to several areas of need that social workers tackle on daily basis. Consequently, we have seen not only in Australia but also across the globe, a rise in the number of students undertaking projects that enable them to work independently online to assist effective responses to agency, and client, specific issues (AASW, 2020).



There is still a need to redesign social work pedagogical approaches to meet the needs of students and offer contemporary understanding on managing and responding to pandemic. We need also to prepare technologically sound, theoretically competent, and skilled practitioners who can navigate through the difficult, complex, challenging, confronting and unpredictable social and/or human interactions in working at the interpersonal and macro levels of social work practice. Indeed, there is also a need to reevaluate educational accreditation standards and prepare future social workers post pandemic through building the competencies fundamental for both research and professional practice.

Social work research

Social work researchers need to focus on current realities and prove the efficacy of social work methods and intervention strategies in dealing with problems by engaging in research. Internationally, there is a need for increased macro level social work research towards managing and responding to pandemics, immigration and diversity and developing practice more firmly grounded on empirical research (Miller, 2020; Walter-McCabe, 2020). COVID-19 is providing a need for more research to enhance social work advocacy and social policymaking, address its disparate impact on vulnerable members of our community and ensure equitable allocation of resources. It is also providing an opportunity for social work profession to strengthen the science behind it and explore more in detail about the art behind helping people in need. There are multiple ways that schools of social work, educators, scholars, and practitioners can advance a strong scientific base for our profession and engage in research to address the structural systems which COVID-19 has exposed, and which continue to perpetuate inequities in society. First, we can provide fuller engagement through the teaching of research methods in both undergraduate and qualifying social work programs, and in the development of doctoral programs in social work education. Social work students need to be engaged with research training as a valuable component throughout their professional training (AASW, 2013). Second, our national associations support the undertaking of research that is applicable to social work practice, and improving health and well-being of individuals, families, and communities. As social work practice involves the implementation of interventions with clients, there is a need for social work practitioners to commit to research and to advancing a strong knowledge base for the profession (Williams, 2016). As we transition into COVID-19 safe environment, there is a need for local and national social work practitioners, academics, and researchers to come up with locally and nationally suited, culturally appropriate, indigenous models of practice and evidence-based interventions. This can be done through collaborative research engagement and partnership and be driven by needs.

Research is key to the continued development of theory and solid knowledge and scientific base of social work practice, influencing and shaping the profession (AASW, 2013; Williams,



2016). This means that producing research that informs practice is key to building and maintaining the mission of the social work profession post pandemic. Fook (2003) argues that social work research must: a) deal simultaneously with individual, collective and institutional aspects of life and practice; b) use multiple methods; c) recognise the importance of researcher reflexivity; d) utilise the research process as intervention; e) focus on the vulnerable and oppressed; and f) enable collaboration of the researched (p. 50).

In a post COVID-19 world, there is need for social work researchers and practitioners to conduct high-quality research that brings effective change in our practice (Simpson, 2020; Williams, 2016) and shines a light on the structural systems which perpetuate inequalities, racism, homophobia, and sexism (Walter-McCabe, 2020). This depends, as Williams (2016) explains, on the “quality of our scholarship, our ability to collaborate with allied disciplines [and within our discipline], and the ability for translation and implementation of research to practice and education” (p.68). The challenges presented by COVID-19 pandemic give us opportunity to build bridges and collaborate with many of our colleagues within and beyond social work.

Indeed, there is a need for a renewed movement in social work research. The importance we attach to social work research post COVID-19 must reflect, among other things, the demands for better quality and outcomes, pandemic management, greater transparency, and professional accountability in practice (AASW, 2013; Chan & Ng, 2004; McCrystal & Wilson, 2009). Developing high-quality social work research to inform what works in practice, the role of social workers during a pandemic and its aftermath (Francis & Udah, 2020) is clearly advantageous in social work practice skills to pandemic preparedness, and policy responses to pandemics, contemporary challenges, and interventions (McCrystal & Wilson, 2009; Williams, 2016). Commitment to quality social work research can help us evaluate the effectiveness of social work education and teaching, inform social work practice and intervention; and meet the needs of practitioners and clients (Teater, 2017). Teater (2017) argues that research can inform social work professional knowledge, theories, and practice through: (i) assessing the needs and resources of people in their environments; (ii) demonstrating relative costs and benefits of social work services; (iii) advancing professional education in light of changing contexts for practice; and (iv) understanding the impact of legislation and social policy on the clients and communities we serve (p. 549).

Social work practice

Social workers are trained in the basics of mental health, counselling, and community development. In this time of COVID-19, mental health interventions should be essential parts of the ways we respond and work with our communities. Post pandemic, we are more likely to witness a sharp increase in mental health problems — increased anxiety and depression. The



potential fallout of an economic downturn on physical and mental health are more likely to be profound but not inevitable post pandemic (The Lancet, 2020). Social isolation, familial tensions, poverty, unemployment, domestic violence, substance misuse, discrimination and racism resulting from the coronavirus lockdowns, physical distancing and combined with the loss of loved ones and livelihoods can have devastating indirect impact on mental health and lives of many vulnerable people who do not have a house, and access to social security (Dutton, 2020; Twenge, 2020), including children in families with multiple and complex problems. The increase in people experiencing mental health issues is going to be manifested in different shapes and shades around the world as we move through the different phases of the pandemic restrictions. Therefore, it is important we consider ways to provide mental health care to members of our communities and minimize the mental health consequences of this pandemic. We need to prepare and respond effectively to some of the psychosocial and economic issues arising from the COVID-19 pandemic. We need to develop new but efficient, inclusive, and effective delivery methods to handle public health emergencies and increase access to services. As the United Nations (2020) recommends, we should seek to (a) apply a whole-of-society approach to promote, protect and care for mental health; (b) ensure availability of mental health and psychosocial support; and (c) support recovery from COVID-19 by building mental health services for the future (p.2).

As we slowly move out of lockdowns, and return to normal life, we need to work more in tandem with government and policy makers to increase access to psychosocial interventions and supports for vulnerable populations. We need to strengthen our mental health intervention skills as well as respond proactively and equitably to reducing domestic and family violence and acute impoverishment that harm mental health. It is important, also, that we develop mental health interventions, which are time-limited, culturally sensitive, and can be taught to volunteers (Rajkumar, 2020). It is important, also, that we communicate empathy, empower, and educate our community about common psychological effects of a pandemic, and motivate them to adopt strategies for health promotion and emotional well-being. Thus, in a time of public health emergency, we need to provide the care needed by our clients and community in a way that is ethical, inclusive, and safe. Also, we need to support community activities that protect and promote human rights, strengthen social cohesion, and reduce loneliness for isolated older persons, and persons with mental health conditions and psychosocial disabilities (United Nations, 2020). We need continue to engage with community wherever we are to support the initiatives of government in responding to COVID-19 emergency, and educate people and promote inclusion, equality and community development and responsibility. This can be done in partnership with our colleagues and local governments, ensuring that our professional response is visible, and people recognise our role in managing this pandemic.

Social work practice in post COVID-19 times also requires schools of social work training to shed their differences and come together for revisiting, reassessing, and redesigning the curricula and pedagogy for a more effective social work models, and practice framework. After



this global crisis, social work practice has to shift its gears by revisiting age-old intervention strategies, examining their efficacy and wherever necessary, replacing them with creative, innovative, and effective interventions. Just like how the field of medicine has undergone a sea of changes during the past four to five decades, social work practitioners need to come up with newer strategies and interventions for social workers to address needs affecting our clients' quality of life. Also, there is need for a more evidence-based practice intervention with a focus on solutions with a strengths' perspective. Some of the existing social work interventions may need modifications in the best interest of our client's needs.

To ensure the relevance of social work interventions post pandemic, we need to know what is needed rather than trying to develop something that may not be useful. We need to think about models of interventions that we can use in our practice to promote optimal health and well-being of our communities and people. A national discussion on exploring innovative approaches for promoting health and well-being could be considered to look at possible guidelines, models and protocols for social work interventions and services through the use of technologies that would be beneficial in working with individuals or communities. While human interaction is very important in the social work practice, given the current circumstances, it may be necessary for social workers, in tackling the needs of their clientele, to use more, and be supported by, technology that is effective, ethical, and inclusive.

CONCLUSION

Our profession's response to this moment is critical now and in the future. The immediate and future needs arising from the pandemic invite social work educators, researchers, scholars, and practitioners to embrace and promote new ways and strategies, align across many sectors, to respond and practice in a post COVID-19 world. In the aftermath of COVID-19, there is need for social work students to learn and understand how to respond and practice in times of emergencies. There is also need for all members of our profession to incorporate into their work innovative ways of teaching, researching, and practicing, and to encourage well-informed social policymaking and advocacy, and be willing to work together with governments and invest in global partnership and knowledge sharing. It is important that we expand and act on a broader and long-lasting solutions to build a new evidence base for our profession, and practice in accordance with our professions' Code of Ethics towards promoting social justice and human rights for all.

In a post COVID-19 world, there is need for social work researchers and practitioners to conduct high quality research (Williams, 2016), and invest in the development of (tested) mental health interventions that can be delivered remotely, for example, effective therapeutic strategies and quality-assured tele-counselling for frontline workers and people at home with depression and anxiety, to bring real change. It would be important for us, as social workers, to integrate our services with available health care and ensure that the most vulnerable have



equal access to care and protected from the mental health impact of COVID-19. Also, our vulnerable interconnectedness and the challenges highlighted by the COVID-19 pandemic should ignite meaningful solution-focused collaborations among our colleagues, community leaders, scholars and policymakers within and beyond social work to orchestrate sustainable change aimed at addressing pervasive health care and socioeconomic disparities (Haynes, Cooper, & Albert, 2020), and reducing the deepening gaps between the haves and have-nots.

While the impact that the coronavirus pandemic has, and will continue to have, on social work cannot be overstated, the challenges presented by the pandemic are opportunities to promote effective social work practice. Without question, COVID-19 has changed the way we teach, research, practice and go about our daily businesses, including the modalities of our work and social engagements. We must, therefore, interrogate, reassess, and revisit our pedagogical, research and practice approaches and question the relevance of what we teach, what research and how we practice. It is a time to examine and see what is working well and what is not working. “If COVID-19 has taught us anything, it is this: *Business as usual is not, and will not, be sufficient.* Moving forward, the way we practice, educate, and research must evolve in a way that not only responds to things that happen, but in a way that anticipates what is to come” (Miller, 2020). However, we need to maintain a still and settled mind, as social workers, which orientates us to engage mindfully with our strength and resilience. As social workers, we require as always critical thinking, knowledge, skills and clear ethical codes and values in the aftermath of COVID-19. We also need to trust that when we are calm, grounded and connected to people through our engagement process — heartfelt interventions will arise. There is also a need to revisit the head, heart and hand approach in our practice. Strengths perspective provides a foundation for us to enter the unknown together with the people whom we are working with. We must continue to work beyond the pressures of today and assist communities and societies to translate their concerns into longer-term solutions (Truell, 2020). We need to be focusing on the possibilities as a result of the COVID-19 challenges and looking forward rather than going back to what we saw as normal.

Writing on the COVID-19 world, Arundhati Roy (2020) reminds us, “Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway, between one world and the next. We can choose to walk through it, dragging our carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers, and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.” This pandemic has changed the way we practice, and we must adapt in ways that align with social work values. As highly skilled professionals, let us use our voice to support and facilitate a vision beyond the present crisis: “A vision of better, respectful and sustainable societies. A vision where our social systems can actively eradicate the conditions that have led to diseases” (Truell, 2020). Let us continue to use all our skills such as crisis intervention skills, listening skills, advocacy skills, and negotiation skills to prioritise needs and work with, and alongside, people who are



at greatest risk and most vulnerable to “amplify their voices rather than to substitute our voices for theirs” (Walter-McCabe, 2020). Let us visualise and dream about moving forward to developing a more just and compassionate society. Even though we do not know what the future would look like, as Mahatma Gandhi said, you can “be the change that you wish to see in the world.” We have “the skills and capability to not only address safety for today but to translate fear, grief and loss into empowerment and social transformation” (Truell, 2020). Let us, collectively, continue to play our roles as agents of social and community change and invest in the new normal. The social work profession, like the rest of the world, will not be the same as before.



REFERENCES

- Australian Association of Social Workers. (2020). *Code of Ethics*. Australian Association of Social Workers.
- Australian Association of Social Workers. (2013). *Practice Standards*. Australian Association of Social Workers.
- Barsky, A. (2020). Ethical exceptions for social workers in light of the COVID-19 pandemic and physical distancing. *The New Social Worker*. Retrieved from <https://www.socialworker.com/feature-articles/ethics-articles/ethical-exceptions-social-workers-in-light-of-covid-19-pandemic-physical-distancing/>
- Canadian Association of Social Workers. (2005). *Code of ethics*. Retrieved from https://casw-acts.ca/sites/casw-acts.ca/files/attachements/casw_code_of_ethics_0.pdf
- Carson, E., & Kerr, L. (2020). *Australian social policy and the human services*. Cambridge
- Chan, C. & Ng, S. (2004). The social work practitioner-researcher-educator: Encouraging innovations and empowerment in the 21st century. *International Social Work*, 47(3), 312–20.
- Cooper, C. (2020, January 21). ‘Futuring’ can help us survive the climate crisis. And guess what? You’re a futurist too. *The Conversation*. <https://theconversation.com/futuring-can-help-us-survive-the-climate-crisis-and-guess-what-youre-a-futurist-too-130538>
- Devi, S. (2020). COVID-19 exacerbates violence against health workers. *The Lancet*. 396 (10252), 658.
- Dutton, J. (2020, May 7). *The fatal danger which is spiking due to coronavirus pandemic*. Retrieved from <https://au.news.yahoo.com/suicides-spiking-due-to-coronavirus-menat-health-impact-071619272.html>
- Fook, J. (2003). Social work research in Australia. *Social Work Education*, 22(1), 45-57,
- Francis, A., & Udah, H. (2020). Coronavirus and Ruby Princess crew in Australia: a call for increased macro level social work. *International Journal of Innovation, Creativity and Change*, 14 (6), 166-181.
- Haynes, N., Cooper, L., & Albert, M. (2020). At the heart of the matter: Unmasking and addressing COVID-19’s toll on diverse populations. *Circulation*. doi: 10.1161/CIRCULATIONAHA.120.048126



- Holmes, E. (2020, April 4). Man attacks nurse on CTA bus after accusing her of trying to spread COVID-19. *ABC7*. Retrieved from <https://abc7chicago.com/cta-bus-attack-nurse-punched/6074852/>
- Johns Hopkins University. (2020). *COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*. Retrieved from <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
- Last, J. (2001). *A dictionary of epidemiology*. Oxford University Press.
- McCrystal, P., & Wilson, G. (2009). Research training and professional social Work Education: Developing research-minded practice. *Social Work Education*, 28 (8), 856-872.
- Miller, J. (2020). Nothing was the same: 3 reasons post-COVID-19 social work practice is never going back. *The New Social Worker*. Retrieved from <https://www.socialworker.com/feature-articles/practice/nothing-was-the-same-3-reasons-post-covid-19-social-work-practice-is-never-going-back/>
- National Association of Social Workers. (2017). *NASW code of ethics*. National Association of Social Workers
- Nguyen, K. (2020, April 5). NSW nurses told not wear scrubs outside of hospital due to abuse over coronavirus fears. *ABC*. Retrieved from <https://www.abc.net.au/news/2020-04-05/nsw-nurses-midwives-abused-during-coronavirus-pandemic/12123216>
- Nissen, L. (2020). An open letter to social work students in the time of COVID-19. *The New Social Worker*. Retrieved <https://www.socialworker.com/feature-articles/practice/open-letter-social-work-students-covid-19/>
- Nuño, A. (2020, April 23). ‘What’s wrong with you Mexico?’ Health workers attacked amid Covid-19 fears. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2020/apr/23/mexico-health-workers-attacked-covid-19-fears>
- Rahman, K. (2020, May 14). WHO says COVID-19 is bringing out the ‘best and worst of us’ as essential workers around the world are attacked doing their job. *Newsweek*. Retrieved from <https://www.newsweek.com/who-coronavirus-bringing-best-worst-people-1503986>



- Rajkumar, R. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 1-5. <https://doi.org/10.1016/j.ajp.2020.102066>
- Roy, A. (2020, April 1). The pandemic is a portal. *Financial Times*. Retrieved from <https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca>
- Simpson, G. (2020). Social Work research in Australia: Continuing the growth in the new decade. *Australian Social Work*, 73 (1), 1-3.
- Stickle, M. (2016). The expression of compassion in social work practice. *Journal of Religion & Spirituality in Social Work: Social Thought*, 35 (1-2), 120-131.
- Teater, B. (2017). Social Work research and its relevance to practice: The gap between research and practice continues to be wide. *Journal of Social Service Research*, 43 (5), 547-565.
- The Lancet. (2020). COVID-19 puts societies to the test. *The Lancet Public Health*, 5(5), E235. doi:10.1016/S2468-2667(20)30097-9
- Truell, R. (2020). *As social workers work through the COVID-19 crisis we work towards a better world*. Retrieved from <https://www.ifsw.org/as-social-workers-work-through-the-covid-19-crisis-we-work-towards-a-better-world/>
- Twenge, J. (2020, May 8). New study shows staggering effect of coronavirus pandemic on America's mental health. *The Conversation*. Retrieved from <https://theconversation.com/new-study-shows-staggering-effect-of-coronavirus-pandemic-on-americas-mental-health-137944>
- United Nations. (2020). *Policy brief: COVID-19 and the need for action on mental health*. Retrieved from https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf
- Walter-McCabe, H. (2020). Coronavirus pandemic calls for an immediate social work response. *Social Work in Public Health*, 35 (3), 69-72.
- Weaver, M., & Dodd, V. (2020, May 13). UK rail worker dies of coronavirus after being spat at while on duty. *The Guardian*. Retrieved from <https://www.theguardian.com/uk-news/2020/may/12/uk-rail-worker-dies-coronavirus-spat-belly-mujinga>
- Williams, J. (2016). Grand challenges for social work: Research, practice, and education. *Social Work Research*, 40(2), 67-70.
- Withnall, A. (2020, April 23). Coronavirus: Why India has had to pass new law against attacks on healthcare workers. *The Independent*. Retrieved from



International Journal of Innovation, Creativity and Change. www.ijicc.net
Volume 15, Issue 1, 2021 – Special Edition

<https://www.independent.co.uk/news/world/asia/coronavirus-india-doctor-nurse-attack-law-modi-health-care-workers-a9480801.html>

World Health Organisation. (2020). Coronavirus. Retrieved from https://www.who.int/health-topics/coronavirus#tab=tab_1