

IASW Social Work During Covid-19 Ongoing Survey

Lockdown Data (12th-18th May 2020)

BACKGROUND AND INTRODUCTION

When the Covid-19 pandemic began to hit Ireland, sweeping changes to how we live impacted on how social work is practiced and on those who need and use social work services. Our society has rapidly changed as we live lives shaped by social distancing and social isolation, the shift to home working, loss of employment and earnings and the loss of school and childcare supports. These losses have been compounded by the reduction and absence of many essential services to support, safeguard and protect the most vulnerable.

The Irish Association of Social Workers (IASW) saw that crucial information on how and whether social workers were supported to do the work they need to do was missing. We had a unique opportunity to capture the key issues for social work, to identify solutions and responses of the social work profession and to build on what works in adapting to the complex working conditions in which social workers find themselves. Funding was sought and provided by the Department of Children & Youth Affairs to conduct an ongoing survey of social work during this time. Permission was also sought and received from the British Association of Social Workers (BASW) to replicate and adapt their **Social work during Coronavirus (COVID-19) - Ongoing Survey**.

This is the first report on the survey data and presents the findings on the data collected during the final week of lockdown from the 12th – 18th May, approximately seven weeks after lockdown began at midnight on Friday, 27th March. 148 responses were received, with social workers in Children and Families comprising 39% of responses. This report presents the key messages from the survey data in respect of the total 148 responses, before summarising the data from responses to each question. Data on those who participated in the survey can be found at the end of the report.

The next report on the survey will report on data collected during the first phase of reopening Ireland (19th May – 8th June).

KEY MESSAGES

The biggest worry for social workers (one in three) during lockdown was the impact of lockdown restrictions and the closure of supports and services on the children, families and individuals they worked with.

A third of social workers worried about how best to provide a high quality social work service safely during lockdown as well as worrying about how to meet the increased needs and demands when services resume.

The impact of lockdown restrictions on direct work emerged as the biggest challenge, highlighting the significance social workers place on building relationships through face to face contact.

Workplace challenges were also high on the agenda as social workers dealt with the challenges associated with rapidly changing and new work practices (40%) and issues related to their employer response (30%).

When asked what one thing your organisation could do to support your work, 23% requested additional technology resources: equipment and software; training and support; online access to files.

Seven weeks after lockdown began, three out of ten social workers had an employer who did not provide one or more of the following:

- Laptop or desktop computer
- Necessary software to do your job
- Guidance/protocol for working from home
- Guidance/protocol for working online
- Mobile phone

23% asked that social work is acknowledged and valued. The key messages to employers are to:

- Recognise the role and contribution of social workers
- Acknowledge the toll and impact of work during the pandemic on social workers
- Include social work in planning and management processes
- Trust social workers working from home & avoid micromanagement

21% described the challenges posed by Covid-19 in their personal life, the key challenge being management of childcare while working. Some experienced anxiety, stress and fatigue with fear of infection highlighted by a small number.

Social workers shared learning/best practice examples on use of technology, contact and connection with clients and teamwork as the top three themes. Creativity emerged as a cross-cutting theme.

31% focused on the use of technology and communication applications as an example of key learning/best practice in relation to supporting family or client work. A note of caution was sounded in relation to digital inequality/the digital divide whereby differing levels of access to the resources needed to engage online create inequality of access to services and supports.

24% highlighted the benefits of regular and pro-active contact with clients, in terms of building and maintaining relationships, providing support and keeping people informed.

22% gave examples of teamwork as an aspect of key learning or best practice, describing high levels of client focused co-operation and support across agencies and disciplines.

22% had queries about the role and profile of social work during the pandemic, expressing the view that social work expertise is overlooked and underutilised at both organisational and national level.

WORRIES

(143 of 148 responses)

Social workers were asked what they were worried about. Responses fell into two areas: worry about the impact of lockdown restrictions on children, families and individuals and worry about providing a social work service.

Worry about the Impact of Lockdown Restrictions on Children, Families and Individuals

The biggest worry for social workers (one in three) during lockdown was the impact of lockdown restrictions on the children, families and individuals they worked with. Although a theme in itself, the impact of service closures and loss of essential supports cut across many of the other worries social workers had. The main areas of worry were as follows.

Vulnerability to abuse and neglect

'Children who are vulnerable in the absence of schools, routines, after school activities.'

'Vulnerable mothers already experiencing domestic abuse.'

Mental health

'Deterioration in clients' mental health - this is already showing. Clients are losing skills already developed and the restrictions are preventing them from developing further in their rehabilitation.'

'The longer term mental health impact on children and teens, particularly those whose parents have limited ability or resources to keep them safe and emotionally supported.'

Safeguarding needs

'Children at risk and vulnerable people in lockdown - Covid is the least of their problems.'

'I'm really worried about children at home without daily face to face support. After they come into care many children talk about school or clubs being their safe place and they've lost that.'

How clients were coping in light of service closures

'I worry about the continued lack of services in the community for older people - no day centres and no respite, for example.'

'The physical and mental wellbeing of parents, service users and siblings and the added burden for them of having no day service or respite. Many are inappropriately housed, in apartments with no outlet for their son or daughter with autism, ADHD. There's increases in assaultive behaviour against parents and no supports available to them.'

Grief and distress

'I am worried about long term consequences for some people who cannot access bereavement face to face support in ordinary way. Also, some patients can't manage isolation easily and become very, very distressed.'

'Some palliative patients are making the decision to go home to die, so that they will get to be around family, versus their first choice, which is to pass away in a hospital or hospice.'

Carer stress

'I worry about the negative impact on clients' wellbeing and their carers mental health too.'

Worry about Providing a Social Work Service

The second key area of worry was about providing a social work service. A third of social workers reported worrying about how to do their job well and how best to provide a high quality social work service safely during lockdown as well as worrying about how to meet the increased needs and demands when services resume. Key concerns identified are outlined below.

How to provide quality assessments and interventions

'I am mainly concerned about our in-patients, especially the new admissions. I feel aspects of their admission and discharge are being missed when I'm not able to directly work with them.'

'I work with children in care and relationships are key here. I am worried about losing my relationship with some of my kids and having to rebuild that after quarantine.'

The limitations of virtual or phone communication and remote working with clients

'I work in fostering, assessing potential foster carers. We are doing assessment via Skype and I worry we are missing something by doing interviews this way.'

Provision of ongoing and future quality services during the pandemic

'The impact of working like this in the long term. How to sustain myself within the role if I cannot connect with patients/clients and families in person. That clients/patients and families will not benefit from emotional support as they adapt and adjust to life changing diagnoses, illness and death.'

'I'm particularly concerned about delayed referrals, as crises remain hidden during 'lockdown' and the increased risk to women/children. I'm also concerned about how we will be able to meet service demands when the inevitable onslaught of referrals occurs.'

'Being able to meet clients face to face and the implications of restrictions on relationships/social work practice. The impact of the disruption in terms of court cases being adjudicated on and the potential for collateral damage in terms of mental health, disharmony among families, abuse, neglect, domestic violence etc. In a nutshell, the cure being worse than the cause itself.'

'Worried that remote working will be more common to the detriment of the relationships with those we work with and support.'

How to offer a safe service

'Having safe space to interview clients. Having PPE available'

'How we can resume a normal service as safely as possible? Many of the people we serve are extremely vulnerable and many struggle with social distancing, hand and respiratory hygiene'

Social workers also told us about their worries about themselves and their families. One in six worried about the risk of infection with Covid-19 while some worried about managing childcare. Some were concerned about their own mental health.

One in ten expressed worries about the social work profession, including the profile of social work within agencies in terms of consultation and decision making around redeployment. The impact of the pandemic on social work students, their placements and graduation was also a source of worry about the profession.

A smaller but substantial number of responses indicated concern about the social and economic consequences of the pandemic and the resultant impact on wider societal needs.

THE CHALLENGES

Social workers were asked about the challenges they were experiencing. Interesting themes emerged from the 146 responses to this question, responses highlighting the significance social workers place on building relationships through face to face contact. Workplace challenges were also high on the agenda as social workers dealt with the challenges associated with rapidly changing work practices and issues related to the response and supports provided by the social worker's agency. In addition, social workers faced the impact of the pandemic on the social worker's personal and home life. Social workers were struggling and juggling a multiplicity of complex challenges in their home and work life in addition to the worries outlined in the previous section. Three broad themes were identified: challenges for direct work; workplace challenges and challenges in personal life.

Challenges for Direct Work

The impact of lockdown restrictions on direct work emerged as a strong theme. 45% of responses highlighted the challenges of restricted face to face contact or the challenges of remote/online work with clients where no face to face contact took place. When compared with face to face contact, social workers found other forms of communication to be less effective or more challenging. Social workers described the impact of this changed contact on their relationships and sense of connection with clients highlighting the centrality of relationship based practices to social work. The loss of direct contact and home visits significantly hindered their work.

Key social work tasks affected were:

Completion of thorough assessments (19)

'It is difficult to engage with children fully on the phone/video, especially younger children.'

Also, we are now missing out on the key observations of children in their placements and during contact.'

Provision of interventions and support (15)

'The main challenge is not being able to see service users face to face and the impact on my capacity to continue to support them and continue to deliver a service.'

'Lack of direct contact with service users making relationship building difficult'

'Maximum 15 mins for face to face contacts, limited footfall within the hospital makes it difficult to engage partners and families. It's difficult to provide a holistic service while adhering to the necessary rules imposed as a result of COVID.'

Some respondents wrote of their experiences of using PPE and social distancing when meeting patients and its disruptive impact on direct work.

'Use of face masks is an added dimension - patients often can't hear me, and ask me to come nearer to them, which I'm not allowed to do. Also, empathetic working is more restricted, as patients can't see my facial gestures as much.'

'Impact of social distancing and PPE on connection and communication with patients and family members'

'Difficulty in one-to-one work and building relationships when wearing PPE e.g. masks'

It is interesting to note that when asked about the challenges they were experiencing, social workers also reported on the challenges those they work with were experiencing. Lockdown restrictions increased the vulnerability of many social work clients as services and supports closed down and contact with others was drastically reduced or non-existent. At a time when increased supports and protection were needed to cope with the increased anxiety and stress, most essential supports and services were withdrawn. Reduced and absent formal and informal supports increased pressure and stress for clients with uncertainty about when services will open creating further anxiety.

'Families struggling with challenging behaviours with minimal support. Families receiving no respite with school closures and impact on their mental health.'

'Reduced capacity and closure of many support structures and organisations, means that neglect, escalating needs and challenges may go undetected and children and families and vulnerable families may not receive the support they need during the lockdown.'

'Limited support resources to facilitate discharge due to COVID restrictions (e.g. family unable to support due to social distancing guidelines, no PCT services, difficulty in sourcing carers, inability to provide direct training and education with family members, the emotional impact upon patients of not seeing their families & also not being able to participate in weekend leave as a part of their rehab programmes which is crucial for phasing towards home...).'

'Trying to support families with a child or adult child at home all day with intellectual disability, autism behaviours that challenge, medical needs and the burden of care for parents and siblings.'

Social workers also described the distress caused by visiting restrictions for patients and families.

'Restrictions on visiting in hospitals means our patients are isolated and its harder to discharge plan. Families feel "shut off" from the process.'

'Trying to help families cope with not being able to visit their loved ones in hospital.'

'New way of working - social distancing and restrictions on visitors and trying to find ways to help people to feel connected but also observe protocols.'

'Family distress with regards to visitor restrictions to inpatient units. Impact of restrictions on funerals and how this affects people's grief.'

'Supporting bereaved people with their additional loss experiences as a result of Covid-19 restrictions.'

Workplace Challenges

The second most common set of challenges fall under the heading of workplace challenges, 40% responses identifying challenges with new work practices and 30% experiencing challenges presented by their employer response.

New Work Practices

40% social workers focused on the changes in work practices, the key challenges being adapting to safer work practices, working from home/working remotely and adapting to increased use of (often unfamiliar) technology. Some wrote about missing the support of colleagues. Safer work practices posed challenges for social workers as they adjusted to physical distancing measures and PPE requirements in their workplace.

'Managing the necessary changes to ensure service users and staff are safe and service is maintained (remote working, use of PPE, etc).'

'Putting in place safe practices when in contact with service users who are Covid positive or suspected.'

'Managing a team through social distancing has been challenging, balancing the needs of service users while ensuring the safety of staff'

'Not having enough hand sanitizer in offices, no clear guidelines on social distancing and some staff and managers not valuing it and travelling in cars together, etc.'

'Lack of PPE.'

'In healthcare, advice changing constantly-reduce footfall, work from home then bring back services but still with social distancing. Space is an issue.'

A further set of challenges resulted from working from home with many trying to juggle work/life/parenting responsibilities. The challenges posed by working with new technology while managing without office equipment and resources was an issue. The lack of connection and usual support from colleagues was also felt.

'It is very difficult to work from home where there is no longer a clear separation between work and home, as well as the lack of natural connections with colleagues for support.'

'Working from home, feeling isolated with it harder to access support since having to do it through call or emails.'

'Working from home challenges; no access to files, printer, scanner, etc.'

'Trying to juggle working online/phone with childcare and home-schooling.'

'Adapting to working from home - managing a busy caseload & parenting, school work.'

'Shifting to working remotely. Learning new technology and applications for remote working. Building self confidence in terms of competently using the technology that is available.'

Also highlighted was the general sense of change and uncertainty in their workplaces as another challenge.

Challenges presented by Employer Response

30% social workers identified issues with the response and support provided by their employer. Lack of resources was the biggest challenge, the main resources lacking being IT and technology support.

'No availability of technology to enable video sessions with clients.'

'Delays in getting video calls rolled out.'

'Lack of IT to work effectively remotely.'

Poor support and guidance from employers was the next challenge identified, responses highlighting poor guidance around a range of issues including use of PPE and return to work. A small number of social workers found micromanagement to be an issue.

'Lack of clear guidance from management. Still facing the same challenges of managing risk and harm. Lack of support – PPE.'

'Lack of PPE. Lack of support from Management.'

'Communication with and from senior management, not included in planning, difficult to access PPE, staff anxiety re covid and being in work.'

'Social distancing requires SPACE. Prior to COVID we were working in sub optimal conditions with inadequate space.'

'Lack of information from management. Heavy caseload. Lack of resources to work from home. Lack of flexibility to work from home. Unable to have a balance between work and family.'

'Other managers being overly concerned what people do as they work at home.'

Some described their agency proposal to redeploy social workers as having a negative impact on morale and expressed concerns about the impact of redeployment on the delivery of essential social work services. Social workers described a lack of value on social work in their agency, as evidenced by suggestions to redeploy, failure to consult, or failure to make referrals.

'Redeployment in areas outside my training, experience and skill base (care assistant) and to more than one area of redeployment (swabbing) along with being directed to support other

services. This is occurring without consultation and where concerns are raised they are dismissed.'

'Expectation that SWs would be available to carry out duties such as providing physical care for patients (while there was ongoing demand for the social work service).'

'Social work not seen as core discipline in our service so demoralisation sets in.'

Challenges in Personal Life

'Working from home without childcare and balancing childcare responsibilities with my wife.'

'I am fatigued from change. No breaks as I can't get to sea within 5 km. Missing my family down the country. Feeling tired all the time. Too much zoom/t-cons exhausting.'

'Exhaustion. Depression. Negative media.'

'Tiredness. Sore throat from all the talking over phones.'

'On a personal level challenge is managing anxiety re contracting the virus and bringing it home to my family.'

'Managing own and staff fear of infection.'

BEST PRACTICE & KEY LEARNING

We received 124 responses to the question 'What examples of best practice/key learning can you share?'. Social workers shared learning in relation to use of technology, contact and connection with clients and teamwork as the top three themes to emerge. Social workers wrote about the importance of being creative and this emerged as a theme in itself although it can also be considered to be a cross-cutting theme. Self care and the profile of social work are also themes to emerge from the data.

Use of Technology

31% focused on the use of technology and communication applications as an example of key learning/best practice in relation to supporting family or client work during the pandemic with several identifying its role in supporting professional meetings. A note of caution was sounded in relation to digital inequality/the digital divide whereby some have access to the resources (financial, technological, literacy skills, etc.) needed to engage online while others do not, creating inequality of access to services and supports.

'Increased use of telehealth e.g. video conference and television conference platforms to offer counselling, psychosocial assessments and family meetings. Virtual conferences for families in mental health. Team based key working approaches in mental health to ensure most vulnerable and at risk cohorts of service users were proactively engaged with and supported during peak of crisis. Virtual 1:1 supervision. Virtual team meetings.'

'By mobilising resource required if available. Zoom meetings working well, zoom face to face contacts with service users, zoom classes, movie clubs etc. very well received by service users.'

'Clients are being supported where possible to explore technology to engage in therapeutic groups and maintain contact with family e.g. Zoom, Skype, etc. Clients in isolation still being able to engage in groups via Zoom.'

'Use of technology to have virtual visits with clients and families; the continuation of family meetings around end of life using technology.'

'A push toward online/virtual engagement within health (while revolutionary for many) is INACCESSIBLE for a vulnerable cohort of service users who have limited financial, soft and hard IT resources; reduced personal freedom or safety and or insufficient skills/knowledge to access same. Social work must continue to have a voice for the minority groups and continue to provide bespoke services that are person centred.'

Some responses noted that the use of technology was not suitable for all while some said it worked best as a communication tool when pre-existing relationships with clients were in place.

Contact and Connection with Clients

24% highlighted the benefits of regular and pro-active contact with clients, in terms of building and maintaining relationships, providing support and keeping people informed. Some highlighted the role of social workers supporting contact through technology as an example of best practice/key learning while others referred to the importance of offering clients choice around how to communicate.

'The importance of maintaining regular contact with parents, foster parents & children, to touch base and offer support.'

'Maintaining communication with families helps to minimise stress levels.'

'Routine contact for vulnerable adults and families that can be a connection or an anchor.'

'Keep communication lines open, even if it is just by phone. Keep families as up to date as possible. SW has huge role in being a link between med team and family.'

'Proactively reaching out to families in their grief and offering support and hearing their experiences has been very important.'

Teamwork

22% responses identified teamwork as an aspect of key learning or best practice, many highlighting the benefits of positive teamwork in their role. Social workers described high levels of client focused co-operation and support across agencies and disciplines.

'Interagency working has been at its best and the engagement of community and voluntary sectors in conjunction with statutory services has been amazing in ensuring that the needs of children and families are brought to the fore and met.'

'It has been great to see agencies from different sides pitching in and collaborating to achieve the best outcome from service users. So often you have the health service battling against the local authority to source appropriate accommodation or against the social welfare service to ensure the appropriate payment, but I've only experienced cooperation from all sides now to try and ensure that individuals are kept safe and well.'

'Worked extremely hard with three different agencies to transition a child from foster care into adoption and it worked out superbly well thankfully.'

'I feel the current difficulties/challenges has propelled my interdisciplinary team to work together in a way which is more patient focused. We are realising that we are better together.'

Creativity & Adaptability

17% responses referred to or described flexible, creative and adaptive ways of working with clients, families, foster carers and teams as examples of best practice or key learning.

'Being creative is key to moving forward with your work. People quickly adapt to new ways of working so don't be afraid to try implement a new approach.'

'Key learning - it's important to be creative. I am working with one young person via email as she refuses to talk on the phone or attend appointments. I am also sending young people out workbooks and notes, to help keep them engaged in the therapeutic process.'

'Using crafts to engage children via video calls is working very well. My contact with children in care is shorter in duration but more frequent. I send crafts to the child by post every second week and we make the crafts the following week. The kids are excited to receive post, read my letter and look at the crafts. They readily engage in the video call the next week.'

'I've found some great ways to be playful onscreen. I've also sent caregivers videos or silly photos I think the children will like and in terms of feeling held in mind this has been quite powerful and something I'll continue.'

'Don't be afraid to try things out.'

Self-Care

Some highlighted learning around the importance of self-care, referencing the importance of maintaining a good sense of self care. Some focused on the importance of supervision in supporting social workers to be well.

'Regular breaks for tea or coffee to get up and moving. Turn off phone and computer at the end of the day. Take a full lunch break away from place your working.'

'Paying attention to the importance of self-care.'

'Look after yourself and family.'

'Staff need support which may not come from senior management. This support needs to show concern for their wellbeing, ensuring appropriate PPE is available and that they can take time off work to rejuvenate and recover for the demands of work at this time.'

'Keep on track with supervision. Self-care is key.'

'Ongoing supervision is vital when stress levels are high. Taking time out from work/self care.'

Profile of Social Work/Advocacy and Leadership

A small number of responses highlighted the role of social workers as advocates and leaders in the response to the pandemic, on local and national level, referencing core social work values. The role of social work in developing a psychosocial response to the impact of the pandemic at organisational and national level came through clearly. Also highlighted was the need for social work to clearly communicate and demonstrate its value.

'Social work must continue to have a voice for the minority groups and continue to provide bespoke services that are person centred.'

'It's also highlighted the need for SWs, particularly senior and Principal SWs, to highlight the nature of SW and the importance of our role and our core values. The focus has been on the medical model and it's important for us as a discipline to remind ourselves and our colleagues of our vital role during the pandemic.'

'Social work advocacy at national and local level for social work to be acknowledged as leaders in responding to psychosocial needs during covid.'

'In the organisation I work in, Social work have been pivotal in ensuring essential multi-disciplinary meetings continue albeit remotely. There was a very real concern that good practice and individual rights were becoming compromised by an increasingly medicalised response, focused purely on infection control. With social work continuing to challenge this via multi-disciplinary meetings, we succeeded in having the organisation relax some unnecessary restrictions on individuals, examining individual rather than collective needs, in the best interests of their overall wellbeing.'

QUERIES ABOUT COVID-19 AND SOCIAL WORK

(88 of 148 responses)

27% of those who responded had queries specific to practice. There was a striking focus on the centrality of relationships and face to face contact for social work practice. Queries on this theme related to remote working, the lack of information on resuming or managing home visits, the impact of loss of direct work on clients as well as queries about uncertainty and change in the future of social work. Some expressed concern about the long term viability or role remote work may play in social work.

'Whether it is possible to work effectively as a social worker when opportunities for being in a room with parents/children/families are significantly reduced.'

'Impact of non-face to face contact on assessments / interventions if restrictions continue.'

'Uncertainty on our work practices into the foreseeable future.'

'I worry that some of the current practices of phone conferences will be expected to continue and be seen as cost effective and the importance of being in the presence of those we work with will be ignored.'

'If working from home and, in particular, teletherapy becomes more normalised, what policies can be developed to support social workers in relation to confidentiality and safety/risk boundaries?'

Profile of social work

22% had queries about the role and profile of social work during the pandemic, expressing the view that social work expertise is overlooked and underutilised at both organisational and national levels. Some said there was a lack of clarity as to whether social work was considered an essential or frontline worker.

'The only thing that sometimes saddens me is that social workers are very often the omitted, unmentioned, overlooked or forgotten front line workers. Before Covid-19, we already were and still are frontline workers.'

'Wanting to ensure the profession is properly represented and recognised in providing valued information and developing responses.'

'Some great work going on nationally supported by IASW about SW roles. Needs more recognition as a norm at government level - should be included from the start not having to advocate for a place. for example. on the psychosocial committee when this is the core of our skill set.'

'The response has felt one dimensional rather than holistic. Does the NPHE have a social work advisor who can provide input to a whole systems approach to C-19? There are huge concerns regarding child sexual abuse during this pandemic. How will services be supported to managed the likely implications of this on children given the current lack of resources to respond prior to C 19?'

'Why are social workers being undervalued in the crisis? Is this a reflection of a social environment where some aspects of vulnerability are of less concern to our society e.g. older people, people with physical /mental health vulnerabilities, children and families living in already disadvantaged settings?'

'Social workers can provide pivotal support to those who are without normal services at present. In the area I work, adult intellectual disability, this is being overlooked.'

Responding to the Social Impacts of Covid-19 and Lockdown

Social workers had queries about national and organisational responses to the social impact of Covid-19 and of lockdown, emphasising the need for a national response which is broader than the

medical perspective. Putting a focus on those who have suffered the most during lockdown was at the core of respondents queries and concerns.

'Will the government provide the same open handed resources for dealing with the lifelong collateral damage done to the hearts and minds of people and relationships, as they have to preventing an infection in the vulnerable population? Will we see an outpouring of resources to care for those traumatized by lockdown (domestic violence survivors/ children experiencing neglect, violence and abuse in their homes/ serious mental health destabilisation/ etc.)? Will there just be another push to recruit more nurses or will there be a recognition that we need to repair the soul of the nation and provide resources for this?'

'The social aspect of COVID 19 must be now be focused in on as the medical perspective has been the focus understandably thus far but COVID 19 will and is having a significant social and economic impact and this needs to be examined now and services identified to meet these needs.'

'The disenfranchising of elderly people - Government don't seem to be valuing the contribution vulnerable people make to society. The emphasis is on "cocooning" them whilst taking away all their support networks. I'm concerned the use of wraparound services could be impacted if we are only seeing vulnerable people based on their deficits not strengths.'

'What measures are in place to support child and adolescent mental health during the pandemic? What measures are in place to support carers, parents' mental health during the pandemic?'

WHAT ONE THING COULD YOUR ORGANISATION DO TO BETTER SUPPORT YOUR WORK IN A LOCKDOWN SITUATION?

(128 of 148 responses)

Three key themes emerged in response to this question. 23% requested **additional technology resources**:

- equipment and software
- additional training and support
- online access to files

23% also asked that **social work is acknowledged and valued**. The key messages to employers are to:

- Recognise the role and contribution of social workers
- Acknowledge the toll and impact of work during the pandemic on social workers
- Include social work in planning and management processes
- Trust social workers working from home & avoid micromanagement

'Acknowledge the key role that social workers play during these times. We are often forgotten about and not always appreciated but are the people who are called on at times of extreme crisis.'

'More recognition & acknowledgment of social work. Also, the IASW needs to become more vocal and public in championing social work.'

'Acknowledge the emotional and psychological toll this is taking on everyone and don't always be encouraging positivity.'

'An increased acknowledgement by my organisation that this is a challenging time for staff who are doing their very best to provide a quality service in the midst of a global pandemic.'

'Recognise value of social work and include SW in planning stages.'

'More input into discussion/decision making about Covid precautions.'

'In early days of restrictions social work not included in meetings about impact of Covid and changes required - now more routinely involved but still not always.'

'Trust us, we are all working from home not sitting around. Stop asking for us to repeat the same statistics on to various excel spreadsheets/ lists/ trackers. It is not the fault of social workers that the system NCCIS is not fit for purpose.'

15% highlighted the requirement for **clear, concise guidance, information and effective communication from employers.**

'Clearer and brief communication in easily understood English, especially from management.'

'Regular updates on what changes in Government road map mean for employees.'

Social workers also sought clarity on the requirements of safe working practices such as use of PPE and social distancing/safe spaces/practices.

'Furnish office spaces with Perspex divides so that appointments can resume in a safe way for young people who need to attend.'

'Provide more adequate space to facilitate social distancing. Make our workplaces safe.'

'Provide PPE as its in short supply.'

LOCATION OF WORK DURING LOCKDOWN

(146 of 148 responses)

Social workers were asked to indicate the location in which they worked during lockdown. 62% of respondents chose 'at home' while 46% chose 'in your usual place of work'. In the comments section to this question, a number of respondents indicated that their work time was split between home and their office base which would explain the reason why responses to this question total more than 100%.

Five social workers were redeployed.

Respondents were asked whether they had access to, and whether their employers provided access to, a list of resources to support their work. It is important to note that data was collected from

Tuesday 12th May to Monday 18th May, seven weeks after lockdown in Ireland began at midnight on Friday 27th March.

Seven weeks after lockdown began, three out of ten social workers had an employer who did not provide one or more of the following:

- Laptop or desktop computer
- Necessary software to do your job
- Guidance/protocol for working from home
- Guidance/protocol for working online
- Mobile phone

It is concerning that at this late stage in lockdown, one in four social workers were not provided with a mobile phone by their employer, when the majority were working from home.

Due to the unprecedented nature of the pandemic and the national lockdown, it is not surprising that many social workers found themselves without the necessary resources to do their job. However, it is not unreasonable to expect that, at the time of data collection, social workers would have the necessary supports in place to do their job.

Childcare was solely provided by respondents.

THE SURVEY PARTICIPANTS

Data for this report was based on 148 survey responses received during the last week of lockdown in Ireland from Tuesday 12th May – Monday 18th May (Beginning of Phase 1 of easing Covid-19 Restrictions).

- The majority of respondents (58%) work in Dublin, followed by 10% in Cork.
- Most (40%) work in Children and Families, followed by 14% in adult services, 13% in mental health and 2% in Criminal Justice.
- 31% (46) chose the 'other' category. Of the group who chose 'other' 26% as identified Medical & Hospital Social Work, 26% Disability (two thirds of whom worked in Children's Disability Services), 15% from Hospice & Palliative Care, as well as 2 students and 2 social workers from Primary Care.
- Over half chose the category of *experienced social worker* to describe their primary role, 18% chose *manager* and 10% chose *social work supervisor*. 4% described themselves as newly qualified and we had responses from 3 students.

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An advisory group was established to

1. Support and advise on data analysis
2. Review emerging themes and results
3. Advise on dissemination of key findings and results with a view to making relevant information available to key stakeholders

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- Sarah Donnelly, School of Social Policy, Social Work and Social Justice, UCD
- Niamh Flanagan, Department of Applied Social Studies, Maynooth University
- Vivian Geiran, School of Social Work and Social Policy, TCD and IASW Board Member

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