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## SOCIAL WORK AT THE INTERFACE OF COVID-19: AN EXPLORATORY STUDY AT A UNIVERSITY OF TECHNOLOGY

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### ABSTRACT

The aim of the study was to explore the roles of social workers at a university of technology in KwaZulu-Natal during the COVID-19 pandemic. Through semi-structured interviews and focus group discussions, the study confirms the pivotal role of social workers in dealing with the psychological distress caused by illness, the loss of loved ones, economic insecurity and violence. While participants expressed a lack of preparedness for the significant mental health burden caused by the pandemic, existing expertise allowed them to offer counselling and support to offset the isolation and anxiety that many students were facing. Participants also noted the importance of social work involvement in educational initiatives.

**Keywords:** COVID-19; psychological distress; social work; student interns; university of technology

### INTRODUCTION

In early 2020, social work faced the full impact of the COVID-19 pandemic, leaving many practitioners unprepared for what has often been described as the most challenging public health emergency of the century (Montenegro *et al.*, 2021). In addition to affecting humans across all nations and continents, the virus transcended almost every cultural and socio-economic group, having dire consequences for the physical and mental health of all of humankind (Prime, Wade & Browne, 2020). Moreover, the COVID-19 pandemic has been described as an invisible, insidious phenomenon with long-term, far-reaching ramifications that will impact on social interactions and interpersonal relationships, economic stability, physical safety, and emotional and cognitive processes even long after the virus has been contained (Dell'Araccia, Mauro, Spilimbergo & Zettelmeyer, 2020; Pfefferbaum & North, 2020). Despite the fact that the lockdown regulations have been lifted and that the vaccination drives have halted the spread of the virus, there remains concern about the long-lasting mental health effects (Shah *et al.*, 2020) and the potential for another wave.

Millions of people globally endured insurmountable levels of psychological distress, particularly heightened levels of fear and anxiety as well as financial stress (Bao *et al.*, 2020; Serafini *et al.*, 2020). Those in developing countries (Okafor, 2021) faced additional stressors as a result of the huge inequalities in global health systems, public health facilities, and economic and social welfare institutions (Henrickson, 2020; Lingam & Suresh Sapkal, 2020). This undeniably had lingering psychological, emotional and social impacts on vulnerable groups, namely older adults, children, people with disabilities, and the poor – individuals who often have limited access to proper health and socio-economic support (Amadasun, 2020a). Krouse (2020) asserted that socio-economic determinants, e.g. poverty, limited access to healthy food, poor education and high unemployment, do not only adversely affect the general health of individuals, but also increases their chances of being infected with the virus. Alessi, Hutchinson and Kahn (2022) maintained that individuals living alone or in overcrowded circumstances, with little control over their environments or confined to a space with abusive partners or family members, may experience enhanced loneliness or a disconnect from others, which is a key element of complex trauma.

Prior to the outbreak of pandemic, South Africa was already characterised by widespread poverty, high levels of unemployment, vast health and social inequalities, slow economic development, inadequate water and sanitation, and high levels of food insecurity (Chitsamatanga & Malinga, 2021). The lockdown regulations and various restrictions that were imposed to curb the spread of the virus resulted in the closure of workplaces and hampered socio-economic activities, which in turn led to the loss of employment and income for many (Odeku, 2021). The United Nations Office for the Coordination of Humanitarian Affairs (2020) noted that the most affected were the elderly, those with disabilities, people with comorbidities, individuals with mental health issues, women, children and the youth, displaced persons, refugees, asylum seekers, and particularly those who had lost their income.

One of the other most vulnerable populations that had to endure both the academic and mental health sequelae of the virus were students at higher education institutions (HEIs) (Govender, Reddy & Bhagwan, 2021). The literature reveals that they endured high levels of stress, depression and suicidality during the pandemic as result of the forced closures of HEIs and their anxiety was specifically related to the completion of their studies (Debowska, Horeczy, Boduszek & Dolinski, 2022). A study undertaken by Le Vigouroux, Goncalves and Charbonnier (2021) found that students' high levels of depressive symptoms were linked to their fears about their own health and their belief that the lockdown had compromised their future job prospects. Consequently, they called for greater psychological support for students at HEIs. In South Africa, students faced even greater vulnerability because of the threat to the financial security of their family. Studies undertaken by van Breda (2017) with students at the University of Johannesburg revealed that the most prevalent and severe life challenges students faced were the death of loved ones and poverty. These challenges, together with learning challenges as a result of no connectivity in rural areas and overcrowded living conditions which made studying difficult during the lockdown (Govender *et al.*, 2021), resulted in many students experiencing increased vulnerability during the pandemic.

Social work as a human rights profession is known to provide appropriate services during pandemics and other emergencies (Brinkerhoff, 2014), which includes support and empowerment of vulnerable people, particularly the elderly, children and people with chronic diseases (Dako-Gyeke, Boateng, & Mills, 2018). As Bess and Collins (2014) argued, social work contributes immensely to the area of care, protection of rights and support for at-risk populations. If anything, the pandemic has brought to the fore existing health disparities and social inequalities which intersect with the pandemic to increase the vulnerability of historically under-represented and marginalised communities (Alessi *et al.*, 2022). Cohen, Quiros and Rawcliffe (2021) noted that the pandemic has created the opportunity for social workers to engage with issues of disparity, social justice, inequities, mental health, racism and trauma in completely new ways.

The growing literature over the past two years has reflected the contribution practitioners can make to address the COVID-19 pandemic in these aforementioned areas (Walter-McCabe, 2020). Several scholars have asserted that social workers possess skills and competencies such as crisis management, advanced care planning, case management, problem solving and policy development that can contribute to issues that have emerged from the COVID-19 pandemic (Bern-Klug & Beaulieu, 2020; Walter McCabe, 2020). Consequently, many social workers became involved in policy decisions and the social aspects of health related to the pandemic (Miller & Lee, 2020; Truell, 2020).

Moreover, because COVID-19 led the world into unknown and uncertain territory, with unclear and ambiguous parameters, levels of fear of the unknown and uncertainty for most of humankind escalated. Dominelli (2021) argued that social workers can empathise with such fears, and they can encourage people to work on their strengths and seek support from others. Additionally, social workers can help them reduce their anxieties and dispel their fears (Dominelli, 2021). The sudden and pervasive challenges that emerged from the pandemic have, in fact, demanded that social workers reconsider how they practise in a multitude of settings, including community mental health centres, child protective services, employee assistance programmes, human service agencies, hospitals, nursing homes, primary care centres, private practices, and schools and universities (Abrams & Dettlaff, 2020). Whilst traditionally social workers are employed at social welfare or government service departments and non-governmental organisations (NGOs) in South Africa and in other international settings, rarely are they employed at universities (Brennan *et al.*, 2020). The increased vulnerability of students at HEIs, however, made more urgent the need for greater psycho-social support during the pandemic. Whilst there is almost no literature on the impact that social workers at HEIs have on students, it remains an important aspect to consider, given the enormous stressors students faced, e.g. becoming ill with the virus, loss of loved ones, and financial stress due to potential job losses. In addition, many struggled with the transition to online learning and experienced various associated challenges, such as poor connectivity at their rural homes, and lack of access to the library and academic staff, as they continued with their research remotely.

It is against this backdrop that the current study explored the role of social work practitioners at a university of technology (UoT) during the COVID-19 pandemic in South Africa. Given the limited studies on the experiences of social workers at HEIs during the pandemic, this study fills

a significant gap. The study will, firstly, shed light on the role of social workers in relation to the psycho-social sequelae of COVID-19 amongst students at a UoT in eThekweni; and secondly, it will illuminate how social workers perceive their roles beyond the boundaries of the university.

## **LITERATURE REVIEW**

### **The psycho-social and economic sequelae related to the pandemic**

The pervasive social-structural disadvantages that challenge many developing countries, including South Africa, inevitably give rise to fragile health systems and economic disparities, which consequently jeopardise lives, psychological wellbeing, economic security, a sense of community with others, and whatever relationships humankind has held as most sacred (Counted *et al.*, 2022). COVID-19 exacerbated the sense of loss of safety and security for many, leading to a fear of contagion, sickness or death of self or loved ones, material deprivation and irreparable damage to other aspects of life (Every-Palmer *et al.*, 2020). A fuller understanding of its effects on the psychosocial wellbeing of people will only emerge in the years to come (Rajkumar, 2020).

Preliminary research suggested that low-income individuals are at risk of becoming severely ill if they were to become infected (Koma *et al.*, 2020). The higher risk of adverse health outcomes among marginalised communities could also increase the risk of traumatic stress for those who are ill and their significant others. For example, if primary breadwinners become ill or pass away, there will be a potential loss of family structure or capacity for childcare (Bhagwan, 2021). In addition to these factors, the COVID-19 lockdown unleashed a myriad of mental health issues through isolation, loneliness, limited social interaction and fear (Geburu, 2020). Hagerty and Williams (2020) argued that beyond the economic and healthcare strains of the COVID-19 pandemic were the profound threats to human connection. Several studies found that COVID-19-related psychological distress was triggered by a combination of factors such as social disconnectedness, job insecurity, the threat of contagion and potential death, perception of fragile safety and financial loss. The specific pathways by which the public health crisis impacts on psychological wellbeing might be particularly devastating for those with pre-existing mental health issues. Moreover, clients have faced challenges in terms of accessing services as a result of matters such as poverty, childcare issues, rural settings, lack of technology, psychiatric diagnoses and age (Canady, 2020; Liberati *et al.*, 2021; McKenny, Galloghly, Porter & Burbach, 2021; Perrin *et al.*, 2020; Pierce *et al.*, 2020; Razai *et al.*, 2020; Simpson *et al.*, 2021; Wells *et al.*, 2020).

### **Social work within the context of the pandemic**

Farkas and Romaniuk (2020) point out that social workers also have families and many are caregivers of their young children and/or older adults. They therefore have personal as well as professional duties to perform. This means that their duty to service is not without some tension as they try to balance personal health and safety concerns with their professional duties to serve. Social workers on the front lines of service, with deep ties to their clients, find that social relationships are hampered by the closure of public places, the inability to contact clients, cancellations of programmes, and the lack of computers and internet access, thereby creating ethical tensions with no clear means of resolution.

Ross, Lombardi and Zerden (2021) argue that as a workforce that focuses primarily on addressing the social needs of those who are vulnerable and marginalised, social workers can respond through direct service provision and through macro-level efforts to ameliorate the catastrophic disruptions being experienced across health, social and economic systems. Abrams and Dettlaff (2020) mention the need for an escalation in the upscaling of telehealth to facilitate social (physical) distancing measures necessary to mitigate the spread of disease, to be able to provide remote behavioural health services, and reach out to vulnerable and marginalised groups at a time when resources would become more scarce. Farkas and Romaniuk (2020) state that COVID-19 has meant that social workers need to continue their work in the many settings in which they can practise. Like other health care professionals, their relationship with clients is based on providing needed resources and services to those in distress (Farkas & Romaniuk, 2020). Clients with access to computers and telephones can continue to receive social work services, available online support groups, and telehealth counselling options (Farkas & Romaniuk, 2020). The “digital divide”, however, means that access to online counselling, support groups and other services is limited to those who can afford personal computers and internet at home (Farkas & Romaniuk, 2020). For high-risk populations, especially those with fewer social connections, the lack of personal computers and internet reduces their access to news, social connections, medical care and food during virus containment periods. If anything, the pandemic has deepened the digital divide and turned it into a social justice issue, intensifying the need for stronger advocacy efforts (Farkas & Romaniuk, 2020).

The core value of social justice is associated with the skills and tasks of advocacy and policy reform, therefore demanding that social workers challenge the inequities and injustices that they see and experience in the world. If anything, the pandemic has uncovered a number of social justice and advocacy issues of importance to social work professionals. Social workers are further bound by the values of social justice to counter stereotypes and to speak up on behalf of those who are victimised by hatred and ignorance, and to advocate for any who are stigmatised or abused (Farkas & Romaniuk, 2020).

Social workers are turning to online options, social distancing in open settings, phone contacts and written communication to stay connected with their clients, knowing the importance of human relationships for wellbeing, especially in times of crisis (Farkas & Romaniuk, 2020).

Dominelli (2021) described the various essential services that social workers could engage in during the pandemic:

- The promotion of community public health education, so that clients could take care of themselves, their loved ones, communities and their physical environment;
- Addressing the emotional needs of clients, such as fear, anxiety, distress, grief, insecurity and other emotional reactions amongst colleagues and health care workers on both collective and personal levels;
- Creating access to counselling as well as psychosocial and mental health services;
- Helping people to understand how to keep themselves safe, especially when socially and physically distancing;

- Lobbying or advocacy for resources and using existing networks and organisations to ensure equality of access;
- Creating allies to support collective action for transformative structural and policy changes;
- Enabling children and adults to access food, essential goods and services, particularly during school closures;
- Training, supporting and utilising volunteers appropriately.

There have been a few studies that focused on the changes to and adaptations of the fieldwork placements of social work students (Morley & Clarke, 2020) and on the experiences of remote learning among Bachelor of Social Work (BSW) students during the pandemic (Smoyer, O'Brien & Rodriguez-Keyes, 2020). A study conducted in the Eastern Cape in South Africa explored the effects of emergency remote teaching and learning with social work students and educators. The findings reflect the students' anguish and frustration, particularly regarding rural infrastructure, which presented scary moments at home because of limited access to connectivity. The social work educators reported concerns regarding online teaching and doubted its success (Tanga, Ndhlovu & Tanga, 2020). Similar findings were made at another disadvantaged university, where social work students reflected on how their holistic wellbeing was affected due to the pandemic (van der Westhuizen, Brey & Warner, 2022).

Most of the other studies within a social work context focused on practice-based issues in an international context. One interesting study in the United Kingdom, which investigated virtual home visits, found that assessments done virtually were less robust and should be revisited. They propose a hybrid model of virtual and face-to-face practice (Cook & Zschomler, 2020). Other studies explored the ethical challenges faced by social workers during the pandemic. A qualitative study undertaken by Banks *et al.* (2020) with 607 participants identified the following main issues that emerged in their work during the pandemic: maintaining trust, privacy, dignity, and service user autonomy in remote relationships; allocating limited resources; balancing the rights and needs of different people; reflecting on whether to break or bend policies in the interests of service users; managing emotions; and ensuring care of self and colleagues.

In another study, which involved interviews with social workers providing services at the front line of the pandemic in the United States, Abrams and Dettlaff (2020) found that many practitioners were putting themselves and their loved ones at risk of infection, as they continued to perform their duties. They lamented that in comparison to other helping professionals, little attention was devoted to the risks practitioners faced and their lack of access to personal protective equipment. A Canadian survey of 2,470 practitioners revealed other stressors that social workers faced (Asakura *et al.*, 2023). With regards to their employment, the following was found: heavier workloads emerged for some; loss of employment and redeployment to new settings for others; personal concern for their health; decreased number of clients being seen in private practice; and greater personal caregiving responsibilities. With regards to the impact on practice, clients were found to be presenting with increasing complexities, experiencing difficulties adapting to virtual care and changes in in-person services.

It is against this backdrop that the current study was undertaken to explore social work within a higher education context. Whilst many studies focused on the academic challenges of students (Govender *et al.*, 2021), empirical attention to social workers at tertiary students during the pandemic is almost non-existent. Given the challenges connected to remote learning, and considering other psycho-social sequelae associated with the pandemic, the importance of documenting the role of social workers both at a university and beyond its boundaries cannot be under-estimated.

## **METHODOLOGY**

### **Research design**

An exploratory, qualitative research design was used to guide this study. This design allows the researcher to explore a topic with limited coverage within the literature and allows the participants of the study to contribute to the development of new knowledge in that area (Hunter, McCallum & Howes, 2019). It was most appropriate as the study sought to gain insights into the roles of social workers at a UoT during the COVID-19 pandemic, particularly their thoughts on what their potential roles were beyond the university's boundaries.

### **Sample and sampling**

The sample consisted of 11 qualified social workers, all of whom had graduated recently. There were nine females and two males, who were purposively selected using non-probability sampling methods. Mason (2018) defines purposive sampling as a process of directly selecting groups or categories as per the relevance of the study based on selecting a sample that is meaningful to the study.

### **Ethics considerations**

The study was conducted at the Durban University of Technology in the eThekweni district. Once gatekeeper permission was received from the Gatekeeper Committee of the UoT and full approval secured from the Ethics Committee, recruitment of the participants began. Permission to conduct the research was obtained from the Institutional Research Ethics Committee (ethics number 176/20) at the Durban University of Technology. An invitation to participate in the study was made through the Head of the COVID-19 task team and Manager of the Social Work interns. Those who volunteered were included in the study.

### **Data collection**

Given the COVID-19 regulations at the time of the study, data were collected through online platforms, namely both in-depth interviews and an online focus group discussion with all 11 participants. An interview guide and focus group guide was used to facilitate data collection. Some of the questions in the guides included:

1. Can you describe the salience of social work during COVID-19?
2. Please share with me your roles as social worker during the COVID-19 pandemic at the university?

3. What are some of the ways that social workers can contribute to student wellbeing at a UoT?

The questions were developed in accordance with the objectives of the study. They were piloted with a group of helping professionals before ethical approval was granted. Each interview was approximately 45 minutes and the focus group discussion lasted approximately an hour. Letters of information and consent were emailed to participants ahead of the interviews. Permission was obtained from the participants to record the Microsoft (MS) Teams interviews.

### **Data analysis**

Data were analysed using thematic analysis. The researcher uses this process to identify, analyse and interpret themes or patterns, which in turn become key information related to meeting the research objectives (Braun & Clarke, 2016). Themes were identified based on words and phrases found in the texts of each interview or focus group discussion. Themes were derived from the texts based on their frequency of use and relationship to other texts. The analysis process allowed the researcher to organise and reduce data into relevant themes and sub-themes throughout the study.

The researcher was cognisant of her own reflexivity, remaining aware of how possible assumptions and biases could influence the findings.

### **Trustworthiness**

To ensure trustworthiness, particularly transferability, a complete description of the study process and context has been provided and, additionally, the participants were quoted directly. In addition, member checking was used whereby participants were given the opportunity to verify the findings.

## **ANALYSIS AND DISCUSSION**

This section presents the themes and sub-themes that emerged during the data analysis phase of the research process.

### **Theme 1: Personal losses and feelings of the social workers**

The data revealed that participants themselves had endured loss and experienced fear and anxiety because of COVID-19, as noted in the comments below:

*I lost my grandmother last week ... losing someone to something like COVID-19, it is big, it's really hard. We found a way to move forward but it was a painful experience.*

*I have friends, old friends, people I went to the same school with who died from coronavirus, which made me terribly afraid.*

*I was scared. I had the flu in December, I thought I had Coronavirus. I was scared to death ... It's just, you know, we were more affected psychologically than physically.*

As evinced in the data, the social workers in the sample had to deal with the loss of family and friends from COVID-19. They described these losses as painful, and the fact that they could also contract the virus made them fearful. Wang *et al.* (2020) confirmed that most people experienced



helplessness and feared getting sick or dying from the virus. Other researchers also found acute levels of virus anxiety as well as various other psychological disturbances such as depression, panic disorders and mental health concerns because of COVID-19 (Cao *et al.*, 2020; Qiu *et al.*, 2020). With regards to social workers, Banerjee and Nair (2020) noted that the pandemic not only contributed to depression amongst them, but that providing services to those in distress, whilst experiencing trauma in their own lives, exacerbated their own distress. Dixon (2021) therefore argued that practitioners should not only support others to create transformative healing and build their resilience beyond the pandemic, but also take care of themselves holistically.

## **Theme 2: Fears as a frontline worker at the university**

The participants also described their fears of having to work with students face-to-face during certain periods when full lockdown occurred.

*We saw some students face-to-face ... in person. It was difficult because I had to ensure that every student who comes to see me would be masked... It's scary; people are dying. So you fear for yourself, am I protecting myself enough? ... There were a lot of students coming, and the fear of getting infected was overwhelming.*

*It's very scary, because you don't know how you are going to get it and where you can get it, and you can't avoid your job as well.*

*I go to the Berea residence dressed with the gowns on to protect myself and the mask on; I was scared, because I didn't know when, if, I was going to contract the virus myself.*

As reflected in these comments, the participants experienced tremendous fear as essential workers during the pandemic. Most were afraid that they could contract the virus from students, but also understood that they could not avoid their work as essential workers at the UoT. This ethical quandary was also described by Ghebreyesus (2020) in relation to health workers, who endured exceptional stress whilst upholding their professional values in terms of service delivery. Although social workers, in the current sample, ensured that they were wearing their personal protective gear during visits to the university residences, the stress of the risk of being infected was compounded for many frontline workers whose facilities lacked sufficient personal protective equipment (IFRC, UNICEF & WHO, 2020).

Research emerging across the globe has also documented the significant mental health burden experienced by frontline workers in response to COVID-19, with elevated rates of depression, anxiety, post-traumatic stress disorder (PTSD), and suicidality being reported (Lai *et al.*, 2020; Rossi *et al.*, 2020). In the UK, it has been estimated that 45–58% of the frontline social care workforce met the criteria for clinically significant levels of anxiety, depression and/or PTSD following the first wave of the pandemic (Greenberg *et al.*, 2021; Greene *et al.*, 2021). These findings suggest the need for providing professional care regimes and peer support services through the use of technology (O'Leary & Tsui, 2020) to social workers experiencing mental health distress during and after the acute phase of the pandemic. Farkas and Romaniuk (2020) point out that social workers in institutions such as hospitals, nursing homes, residential care centres and shelters for homeless persons face particular hazards from interacting with at-risk

people in closed settings, similar to other medical professionals. This was also similar to the participants in the current study, who had to visit students who were isolating in certain parts of the residence. Hence, whilst the core value of service should be upheld, it should not carry the increased personal risk of contagion for the social work practitioner. In fact, COVID-19 created a competing set of demands to serve clients whilst simultaneously protecting themselves and their families from infection (Farkas & Romaniuk, 2020).

### **Theme 3: The preparedness of social workers to deal with the pandemic**

Most of the practitioners in the sample expressed the view that they were unprepared to deal with the complexities of the pandemic. Participants said that whilst their social work training prepared them to deal other diseases like HIV (human immunodeficiency virus) and TB (tuberculosis), both of which are prevalent in South Africa, their training was insufficient to cope with the COVID-19 pandemic.

*It did prepare us with other illness[es] like HIV [and] TB, and how to deal with those people .... and how we should handle them. But not on COVID.*

One key aspect highlighted by the participants was their undergraduate education did not cover the “magnitude” of a pandemic like this and its consequent psychological sequelae. They commented as follows:

*There was no preparedness to deal with the magnitude of the pandemic, we only did HIV and AIDS training... but not such huge losses, death and grief.*

*Not specifically a virus that's like this but maybe dealing with situations like this.*

Another participant pointed out that the pandemic compelled them to learn everything again, including the use of technology, to facilitate interventions.

*It is a whole new situation. We did have to learn everything... we had to learn to do webinars. We had to learn to communicate in different ways ... in school we were taught; we would be sitting down and having counselling, or you would have telephone counselling, or having a campaign outside with people. But now you have to rely on technology to do this.*

Reflecting on the gaps in their undergraduate training that became particularly evident during the pandemic, one social worker said:

*I would have wanted to have the necessary skills to deal with the trauma of so much of death and loss, and also to get skills to work with something that could be a sickness, or a disorder that is filled with a lot of stigma.*

The lack of educational preparedness to deal with global pandemics also left participants with fear, as they had no knowledge or skill on how to intervene within such contexts.

*You also scared as social workers... we wouldn't know what to say. Because we have never been trained, not that we don't know. We don't have the knowledge on how to tackle this much of fear, death and mourning.*

*I would have liked my practical experience to be longer. Most of the work that we did was theoretical work in our undergrad training... practical work was very short for us. So, when you are thrown in an environment where you have to deal with real-world stuff, it becomes a little bit difficult, and especially during this pandemic where there is so much stigma.*

As the data reflected, the practitioners were left unprepared to deal with the scale of deaths and loss that were confronting so many people at once during the pandemic. They highlighted that they would have liked to have acquired greater capacitation for working with diseases that carried a high level of stigma (Okafor, 2021). Kodom (2022) pointed out that there was a limited focus on medical social work in educational curricula in Africa, therefore making it difficult for students to understand and apply social work theories in health care settings. Although the research site was not a health setting, the practitioners were housed within the counselling and health division of the UoT.

These findings should therefore impel educators to consider the development of new theories and interventions that will prepare students to work in the areas of trauma and stress within the context of pandemics and other disasters should they occur. In fact, Kodom (2022) argued for the inclusion of social work in health care settings, both during and after the COVID-19 pandemic in Africa.

The role of social workers in public emergencies is neglected in social work training and education. Moreover, and as illustrated in this study, social workers have a mammoth task in responding to COVID-19. As a public and global humanitarian emergency, COVID-19 presented not only challenges but also significant opportunities for social workers to leave an indelible imprint on COVID-19 victims and survivors (Murenje & Porter, 2020).

The emphasis placed on theoretical knowledge within contemporary local social work education, as opposed to the acquisition of learning in real-world contexts, also emerged as a theme in the data. As one participant mentioned, social work departments should extend opportunities for students to undertake their fieldwork practicum placements within the counselling departments of HEIs.

*I would have liked to have a little bit more preparations to work in the real world, especially, going to universities wasn't really something that was suggested. But here we are today, we're at a university, we're doing our work efficiently. But that was not something we were prepared for. So I would have liked our undergrad studies to be a little bit more inclusive in the practical institutions we could have been placed and gained experience.*

Murenje and Porter (2020) argued that the probable effects of COVID-19 on social workers and their readiness for practice has been under-researched. The educational training that social workers received did not prepared them sufficiently for specific roles and activities in the management of public emergencies. Hargreaves *et al.* (2020) argued for the enhancement of the role of social workers within the context of the global humanitarian emergency that generated such despondency, fear and desperation among the world's population.

A reconstruction of current social work curricula will not only help social work students to effectively prepare for future disasters, but it will also enhance their current responsiveness and efficiency with regards to the myriad of social and mental health issues that have challenged both survivors and those who lost loved ones. In fact, scholars have pointed out the need to address stress management in the training of public emergency workers in their position as survivors and victims (Murenje & Porter, 2020). COVID-19 and its aftermath have created rich opportunities for social workers to engage in rigorous disaster-management research which can improve social work interventions.

#### **Theme 4: Roles of social workers during the pandemic**

The fourth theme that emerged in the data focused on the roles that the social workers played at the UoT during the pandemic. Participants reported that they had spent time counselling students, both in person and virtually. They commented as follows:

*I had to be there for them, ease the academic pressure and pressure of being ill with the virus... to help students come to terms with the situation they are in.*

*We have done counselling. I had one student where the whole family were found to have COVID-19, and she was quarantining alone at the residence, so I just had to provide counselling.*

*I was also in charge of students who had tested positive for COVID-19 at [the] residence. I was in charge of facilitating their programme of isolation, and following up on the students and informing their parents, and organising their meals.*

*I made sure as a social worker that I talked to the residence advisors, and made sure that those infected get food... made sure they get the breakfast, lunch and dinner ... made sure that I communicate with residence advisors about their needs.*

One participant also shared her experience of working with students who were infected.

*It was overwhelming to see them cry. Others will talk in tears and tell me how they feel, and they think they're going to die. You know, and then others would regret to have been in contact with someone, but they didn't know... they told me that they were so cautious, they had their masks on.*

Other practitioners had to transition to tele-counselling or virtual counselling when lockdown restrictions prevented face-to-face counselling. They expressed themselves as follows:

*Most of them were quarantined at hospital. Sister will refer them to me to do telephonic counselling and tell me how they feeling. They tell me how scared they were.*

*So we are taking care of the students ... also counselling students that are affected badly. We do that online.*

As can be seen, the social workers had to transition to online or tele-counselling, especially in dealing with students who were positive. This took place for those who were transferred to hospital to be quarantined and for medical intervention. Ribeiro *et al.* (2020) also highlighted the importance of emergency lines where people could talk with a mental health professional

telephonically. Another practitioner shared how this became relevant particularly at a time when students had to self-isolate.

*If they feel like they cannot deal with the COVID thing and also us calling them, doing telephonic interviews ... It's just offering a service so they know that social workers are available; they not alone.*

*Also being in contact with the ones that are in quarantine, I felt that maybe I would be in contact with the virus, so it was better to call them, rather than just going there.*

*Supporting them; they call me after hours and I would talk to them because they had no one to talk to. They were scared to talk to even talk to their families. They did not want to stress their mothers.*

This was particularly important for students who had to cope with the virus alone as they did not want to stress their family members, as is clear in the comment above. Alessi *et al.* (2022) added that people may experience loneliness during the period of isolation, and the core need for love, connection and physical contact may exacerbate their trauma. Cohen *et al.* (2021) also commented that social distancing does not translate to emotional distancing and argued that students create opportunities to talk with friends, family members or other social workers. They described how online mutual aid groups that were facilitated for students across the university by Master of Social Work students in their final semester were beneficial.

Some practitioners indicated that they also engaged in educating students on COVID-19.

*We worked with peer mentors to try and educate students at residence[s] about adhering to COVID-19 rules.*

*We started with the residences, had awareness programmes every time we went, educated the students who are COVID-19 positive on how to use the PPE [personal protective equipment] – how to protect themselves.*

*To educate the students ... we worked closely with peer educators, all around the campuses. We usually have meetings with them, and we share the problems that our students have. We try to find solutions to the problems that students have.*

As evidenced above, another primary role the social workers played was educating students on COVID-19, particularly regarding the safety protocols required to prevent them from being exposed to or contracting the virus. Another important role was that of networking with the peer educators to jointly create solutions to the problems students were facing during the pandemic. One of the most critical issues challenging students at higher education institutions is that most come from disadvantaged backgrounds and are financially needy (Govender *et al.*, 2021; Naidoo & Cartwright, 2020). Moreover, according to Mhlanga, Denhere and Moloji (2022), the pandemic's effects aggravated inequality, necessitating increased assistance to the most vulnerable. Hence, as another participant shared, that part of their role was to screen students to assess if they were in need of food vouchers:

*Being an advocate for students, advocating for what they needed ... food and medication, many students came to us since, as we were given the opportunity to do screening for vouchers.*

*We give students vouchers who cannot afford to buy food because they have a lack of funds.*

Brennan *et al.* (2020) reported that even in community contexts social workers had to mobilise volunteers to deliver shopping, meals, medicines and other necessary items during the pandemic to disadvantaged people. They added that these practitioners also made telephone calls to prompt people to take their medication, to address their concerns and maintain contact with them, as did the practitioners in this study. The International Federation of Social Work (IFSW) noted that one of the responsibilities of social workers is to provide education to help restrict the spread of the COVID-19 virus and to link communities to necessary items such as food (IFSW, 2020).

### **Theme 5: Potential roles during the pandemic**

Participants were also asked about what potential roles social workers could play during the pandemic. They responded as follows:

*We do have a role in the pandemic as social workers. People that have experienced a lot of stress and trauma, I think, stress management and trauma debriefing. We can counsel these people.*

*As social workers, we could provide support and for those who lost their family members through COVID-19, creating groups where people will speak freely and support each other about things that they faced during the COVID-19 pandemic.*

*Help people with psychosocial issues that are caused by the pandemic such as depression and anxiety. Provide bereavement counselling for those affected, especially those who have lost loved ones due to the pandemic; also offer support to those who are experiencing abuse due to the new ways of living, such as restrictions like not leaving home. Some women and children suffer from gender-based violence.*

*As social workers, we are skilled in addressing mental health-related dimensions of health crises ... we then help clients find constructive ways to manage their anxiety and to deal with stigma.*

These comments confirm the crucial role that social workers play in counselling individuals and families to manage the stress emanating from various psycho-social and economic factors during the pandemic. Alessi *et al.* (2022) pointed out that people living alone or in stressful overcrowded environments, with no control over their circumstances, or enduring material deprivation, or being confined to their space with abusive partners or family members, will need greater help. They added that for those with histories of prolonged abuse, such restrictions often serve as reminders of prior situations where they have felt powerless or unable to exercise their rights. Another important role highlighted in the data was that of bereavement counselling as well as the creation of support groups for those who endured trauma during the pandemic.

A further role that emerged was that of advocacy, which lends support for some of the work already being done by the practitioners at the UoT. In this regard, the participants mentioned the following:

*Play a role of advocate; speaking for people; protecting people; and ... promote the dignity and worth of people; protect the most vulnerable during COVID-19.*

*Social workers also play an advocacy role in communities by being people's voices, and connecting them to services ... which may be hard for them to get due to stigma ... social workers are there to ensure that no one is being discriminated against.*

In fact, Alessi *et al.* (2022) argued that social workers should give special consideration to COVID-19-related issues in communities of colour that are already challenged by poverty, stigma, violence, poor access to healthcare, housing and unemployment.

*Social workers advocate for the needed resources for supporting members of the communities they serve, who may be at risk due to inaccessibility of food, medical care, and emotional support during COVID-19. Social workers can provide leadership and education to individuals, communities, groups, and families. Social workers also facilitate focus groups for people infected by COVID-19 ... introduce technology to people in order to reach out to people affected by COVID-19, for example, video calling, telephone communication, and online education, to bring awareness and information to people.*

The IFSW and the International Association of Schools of Social Work (IASSW) (IFSW & IASSW, 2014) define social work as “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work” (IFSW & IASSW, 2014:1). Amadasun (2020), a social work scholar, also noted that one important mandate of the social work profession is to empower and liberate people through social change development. In line with this advocacy role, other participants mentioned the need to refer to those in need of services to the appropriate resources.

*We do have a role in this pandemic, to offer support – emotional and mental health support. Also, to provide services to the people, mainly linking them to the right resources, especially the disadvantaged group in the pandemic. We find that most people lost their jobs, and some are going through financial crisis. So, we as social workers we can link them to resources that which can help them in that way, and also to provide them with correct information as to where they can go to get access to the resources.*

*The Department of Social Development assisted communities in need with food parcels – those who are struggling financially and may have lost their job during these trying times. Social workers assist in reaching out to these vulnerable groups.*

The lockdown regulations and social isolation left the most vulnerable without access to health care and social support, which was pivotal to transcend the realm of pain and loss at every level

for so many people. Amadasun (2020) lamented social work's lack of attention to the pandemic, whilst Onalu, Chukwu and Okoye (2020) urged for a more concerted effort involving multidisciplinary teamwork to address the sequelae of problems emerging from the pandemic. Social workers across the globe rallied to be part of the COVID-19 interventions and response teams (Cui, 2020; Dominelli, 2020; Pengli, 2020; Scarnera, 2020). Ornellas, Engelbrecht and Atamturk (2020) noted that whilst social workers focus on people's survival, this is dependent on the economic policies that governments implement.

*Social workers provide intervention, emergency services, and referrals to relevant organisations, and connect people with government services ... creating awareness communities at large on how people should minimise the risk of getting infected and working with young people in educating them on the importance of adhering to COVID-19 rules.*

*Social workers promote disease prevention, which includes education, [and] disseminating accurate and updated information, to alleviate the spread of COVID-19, and to help address anxiety and other concerns that are arising as a result of this public health crisis.*

*Educate individuals and communities about the virus. Ensure food security for the less fortunate. Ensure that people seeking their assistance are treated fairly and their human rights are respected ... and guide communities on truthful information regarding the pandemic.*

Most of the participants expressed the view that a key role was that of educating the community about COVID-19 to minimise the spread of the virus and, as one participant mentioned, to deal with the myths around the virus. Other participants spoke of the need to provide immediate support and relief, both practical and emotional, which would include grief or bereavement support for those who had lost loved ones, as well as counselling for those who had been ill because of the virus. Other participants mentioned the need for social workers to 'acclimatise' to the pandemic experience and learn how to remain safe during the lockdown.

The IFSW (2020) argued that social workers should provide as much continuity through contact, support and services as possible, as well as through the enhanced use of digital communications. They added that both children and adults should be able to access the resources they need to maintain their health and wellbeing, especially under lockdown restrictions. This included preventing and alleviating food poverty; outreach through establishing new, safe forms of communication; and ensuring that people can continue to access support if their circumstances change during the pandemic. They mentioned the need to identify and support informal family and friend carers, mobilise, connect people, and provide information on community, universal and secondary services, and resources. As reflected in the data, they also discussed the need to support families and others directly affected by bereavement and loss because of COVID-19.

Counselling was identified as an important role of social workers. Moreover, social workers can adopt a client-centred, assessment-based interdisciplinary approach to integrating healthcare and social support services by assessing individuals' needs and preferences and developing a comprehensive care plan (Green, 2017). Although their training may not necessarily have



included preparedness for pandemics, social workers still have the requisite skills and knowledge to provide social support and enable the psychosocial wellbeing of individuals, families and communities within the context of pandemic-related stresses. As Cohen *et al.* (2021:1) remarked that “*social distancing is not emotional distancing*”. They encouraged students to set aside time to talk with friends, family members or other social workers.

There is a need for social workers to strengthen their work related to anti-oppressive practices and promoting respect for human rights, which focuses on ameliorating diverse forms of oppression and social injustices that manifested during the COVID-19 pandemic. The profession of social work is predicated on the values of human dignity and individual uniqueness, whilst rejecting stigma, marginalisation and discrimination.

Social work’s professional values, ethics and aspirations are to change the world to better accommodate health, wellbeing and justice. Thomas and Haynes (2020) said that although we have responded creatively to challenges in the past, we are only beginning to imagine and understand the challenges that may lie ahead for the profession. They added that the urgency to better prepare for what comes next has never been more relevant, as it is too early to truly understand the level of human suffering the pandemic has caused. Moreover, a better grasp of its impact on psychosocial wellbeing will likely only emerge in the months and years to come (Rajkumar, 2020).

## CONCLUSION

The COVID-19 pandemic laid bare the complex, ever-evolving challenges that social workers must respond to, as humankind experienced enormous health, psychological and socio-economic hardships because of the coronavirus. As the study found, social workers themselves encountered and experienced fear and anxiety as they worked at the forefront of attempts to deal with the pandemic. The participants raised an important point about their total lack of educational preparedness to deal with the complexities of practice issues associated with COVID-19. The study documented the important role that social workers played in the UoT, from counselling and supporting students who were COVID-19 positive, providing virtual support whilst they were hospitalised to arranging educational webinars to prevent the spread of the virus. Finally, the study found significant support for the role practitioners played in dealing with families who had experienced job losses, or who had lost loved ones during the pandemic. As we continue to face the uncertainties of the aftermath of the pandemic and what future waves may potentially bring, it is important that social workers be prepared both at the undergraduate level at university and through the ongoing capacitation of those in the field to deal with the emerging complexities of pandemic responses.

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