2019 CORONAVIRUS and Social Work: Blueprint to Holistic Intervention

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May 04, 2020

Abstract

In this essay, we roll-out illustrative guidelines apt and conducive for holistic social work intervention not only amid the global contagion, but also in its aftermath.

Introduction

The eclectic (Fig. 1) nature of social work in addition to the person-in-environment perspective, as well as its biopsychosocial frame warrants that holistic intervention be utilizable amid the coronavirus pandemic. This is paramount if we intend to prevent and stymie not just the dreaded contagion in itself, but also its rampaging impact on individuals, families, groups, and communities. Using a diagrammatic approach, this essay sets to rollout holistic professional intervention with a view to degrading the after-effect of the coronavirus pandemic. Before highlighting these guidelines, it is germane to summarily appraise some empowering framework necessary for our intervention.

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Fig. 1: Eclectic Ball

The social work profession, aside its holistic tradition and gold-standard values, draws resources from a wide range of fields, including but not limited to psychology, sociology, biology, international relations, conflict resolution and peace studies, humanities, statistics, indigenous knowledge, religion, environmental sciences, health sciences, public administration, and political science

Given the biopsychosocial dimension of the covid-19 pandemic, some theoretical scheme are germane to aiding our efforts in downgrading the effect of the pandemic. Classic expositions reflect in strengths-based practice (anchored around building hope, resilience, optimism, relationship, and resources-some of which are innate and many of which are in the natural environment, [Saleebey, 2006]), anti-oppressive practice (premised on challenging systemic exclusion, discrimination, and marginalization of vulnerable groups [Dominelli, 1996, 2002]), developmental practice (edged on advocating for investments in social protection programmes [e.g. old age benefits, for older adults for instance] and socioeconomic infrastructures [Midgley, 1993, 1995, 2010; Amadasun, 2020]), and indigenous practice (predicated on according value to indigenous knowledge and practice [e.g. supplementing institutional care with community-based care for at-risk populations]).

A strengths-based approach provides useful strategies that builds on people's positive adaptation (Seligman, 1991; Seligman and Csikszentmihalyi, 2000; Saleebey, 2006). Its unique feature is linked to its focus on the strengths of individuals, families, groups, organizations, and communities. It demands a different way of viewing people in distress by looking beyond the "surface" and identifying protective factors at their disposal which can help to promotes resilience and solidify coping strategies. The perspective entails goal orientation and attainment, strengths assessment, community resource identification, case management and intervention, hope-inducing relationship, and making meaningful choices (Buckingham and Clifton, 2001). This is integral as studies affirm that despite the adversities and travails accompanying the current pandemic, people can always demonstrate not only resilience but also thrive amid family despair and social disruptions (Aspinwall, 2001; Aspinwall and Staudinger, 2003).

Midgley's (1993, 1995, 2010) work has been pivotal in embedding a developmental approach to social work professional intervention. Often termed "developmental social work" or "developmental practice", the approach transcend the residual or clinical realm of social work intervention. Its central theme is premised on the realization that professionals should be involved in promoting enabling social environment as a precondition for social stability (Midgley and Conley, 2010; Amadasun, 2020a).

Anti-oppressive social work addresses social divisions and structural inequalities. It aims to change the structure and procedures of service delivery through macro-systemic changes at the legal and political level (Clifford and Burke, 2009; Baines, 2011). According to Dominelli (2002), anti-oppressive practice embodies a person-centered philosophy; an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people's lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aim to empower users by reducing the negative effects of social hierarchies on their interaction and the work they do together. Baines (2011) supports the notion that anti-oppressive social work should attempt to build safe and respectful environments for marginalized populations.

More than ever, now is the time for looking inward, finding solace in and reviving our often neglected cultural values. Undeniably, the profession recognizes the import of indigenous ways of knowing and their profound value in surmounting challenging times (Amadasun, 2020a). Given the turmoil of the time, arising from social distancing declarations combined with the fast depleting economic resources and grossly inadequate and overstretch healthcare facilities; our value systems underscoring social solidarity, fraternity, and communality could prove useful in forging resilience and persistence. Of course, these values are not meant to supplant institutional care but to supplement them given that no single method supersedes the other. Utilizing indigenous knowledge which finds outlet in community-based care, for instance, may become crucial to caregiving to high risk groups such as older adults. In essence, indigenous practice must transcend the corridors of platitudinal expression to attitudinal commitments since such care, defined by relationship, optimism, resilience, spirituality are crucial to recovery (Drury et al., 2009, 2019).

Are we going to be faced with ethical dilemmas in the course of our work? Most definitely. Tellingly, while many social workers are already in the frontline, just as others are reinventing strategies for maximum impact making, some are equally grappling with ethical concerns. Of course, the "holy grail" of social work ethics: confidentiality and respect for privacy, and self-determination, will be the major ethical issues of concerns. Many will be torn as to respecting clients' right to self-determination (e.g. to forego treatment following confirmation of the virus, for instance) or whether to breach such ethic by reporting such cases to authorities. Aside contravening our ethical codes, such act equally violates the ethical charge of respect for privacy and confidentiality. The question therefore is: how do we navigate such dilemmas amid the threat to public safety? Ethical scholars (Reamer 2013; Reamer and Abramson, 1982; Dolgoff et al., 2009) have made clear the point that personal or individual interests should succumb to overall public interest especially when the former has the tendency to wreak havoc on the latter. Although this seems linear and simplistic, it is not always an easy choice in the face of fiduciary or long formed trust between service-providers and service-users. However, both deontological and teleological thoughts speak of the greatest good for the greatest number, including upholds the sanctity of life of people (Kant, 1959; Mill, 1998). In this sense,

divulging information by reporting to relevant authorities real or suspected cases of covid-19 conspicuously act to protect the interests of society but may be subtle to the individual. By applying this rule, navigating ethical dilemmas may not be so much daunting since our primary responsibility is to promote the general well-being of society (NASW, 2008)

Roadmap to Holistic Intervention

The tenacity of covid-19 has shown that multifaceted and comprehensive approach (Figures 2-5) is needed more than ever to degrade the pandemic. In this regard, in forging alliance and making our voices heard, we can crucially make meaningful impact in advisories and advocacy action.

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Fig. 2 highlights our potential levels of intervention, transcending the traditional micro and mezzo levels to include the macro level:

Micro : Individuals.

Mezzo : Families/households, and groups

Macro : Organizations, communities, and society as a whole

Fig. 3 highlights the realms of reality: biological, psychological, and social. It also outlines the "fallouts" of the coronavirus pandemic:

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Bio : Affected, recovery/loss, reintegration/bereavement

Psycho : Anxiety, depression, trauma, mental health complications (WHO, 2020), and possibly suicide (Chan, et al., 2014; Bar et al., 2012)

Social : Hunger pandemic (UN, 2020), Human rights violation (Kunene, 2020; Sandhu, 2020; AFP, 2020; Khalid, 2020; HRW, 2020; Siviwe, 2020), mass layoffs, under- and unemployment (IMF, 2020), loss of self-worth, anxiety, depression, trauma, mental health complications (WHO, 2020), and likely suicide (Chan et al., 2014; Bar et al., 2012).

Given that covid-19 has had a broad impact on all realms, so also should our intervention if we are desirous of preventing the pandemic and degrading its grievous impact on people and society. But on the interim, how can we make meaningful efforts in this regard given the declaration of shutdowns? The following (fig. 4 and 5) will serve as a ladder of holistic intervention, comprising both ad-hoc and long-term policy intervention utilizable by social workers and other key stakeholders.

Fig. 4: Ladder of Holistic Professional Action

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In the context of policy response, Amadasun (2020b) has identified two policy fronts or approach to policy action: ad-hoc and long-term policy action. We equally add a third front: intermediate policy action. Specifically, this should be aimed at evaluative and corrective purpose. Phrased alternatively, it should be oriented towards appraising the effectiveness of ad-hoc policy initiative with a view to consolidate on attained objectives while making corrections in the event of policy shortfall.

Fig. 5: Means of Intervention

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Concluding Comments

Social workers have continued to display uncommon leadership, bravery, and altruism in the face of a deadly virus, defying the odds by putting themselves in harm's way in order to serve vulnerable people and defend our collective survival. Yet, the scale of our intervention remains unclear. Needless to say, many practitioners are plunged in a state of quagmire as they attempt to navigate ethical dilemmas. Aside addressing ethical issues and underscoring the imperative of social work intervention, we also rolled out guidelines apt and conducive for holistic professional action (as is consistent with the person-in-environment focus of the profession), not only amid the global contagion but also in the aftermath of the 2019 coronavirus pandemic.

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