MOVING PRACTICE ONLINE

Knowledge exchange for social service practitioners adapting to the covid-19 context

SSPA in association with University of Otago

Moving practice online

How practitioners are adapting their practices, technologies and processes in the covid-19 context

Introduction

The covid-19 global pandemic presents particular challenges for social work and other social services undertaken with families and whānau.

Where the national policy is full lockdown (that is, all except essential workers working from home, schools and businesses shut) rapid adaptation to an unfamiliar environment is required, while practitioners themselves are also adapting to new home and work arrangements.

Social workers and other social service practitioners in this environment are tasked with ensuring as much physical distance as possible between themselves, colleagues and service users, while finding new ways to maintain the social connections and relationships that effective practice relies on. At the same time, families and whānau are also facing the challenges of remaining at home with their children, without the many types of support usually available from schools, early childhood education providers, social services, and their own wider community and family/whānau supports.

Aotearoa New Zealand went into full lockdown on Wednesday 26 March, and on 2 April Social Service Providers Aotearoa (SSPA) facilitated a knowledge exchange of how social services were adapting to this changed context. Seventy social service workers attended the session facilitated by Associate Professor Emily Keddell of the University of Otago. Helping her shape the discussion were Megan Weir from Presbyterian Support Otago, and Jane Hutton, Family Start Manager from Anglican Family Care Dunedin. The attendees were from a range of NGO and iwi social services, and described many ways that their processes, practices and technologies were changing in order to continues to serve the communities they are a part of. They contributed many creative ideas that were perceived as successful in the early days of this current environment.

The discussion was structured around four areas of practice adaptation:

1. How to engage in direct practice. This includes methods of continuing to work with families on therapeutic, parenting, support and need-based goals. Direct practice for many services also involves managing potential risks related to heightened family stresses and the possibilities of family violence.
2. How to manage service user pathways into and through services. This includes how to receive and manage new referrals; how to triage service users based on their level and type of need, their ability to interact online, and based on their access to technical equipment and knowledge.
3. Ethical and cultural issues. These included changes and challenges to the usual professional boundaries, balancing user needs with the imperative to reduce spread, staff competence to deliver services via remote methods, cultural differences in responses to remote methods, and language or other barriers to changes in communication methods.
4. Staff issues relating to staff protections, work practices that reduce spread of the virus, and how to facilitate team relationships to function effectively online.

This document provides an overview of all responses. In what follows, there is a brief overview paragraph summarising each area of practice adaptation, then the ideas from practitioners listed verbatim (with some minor corrections for fluency or spelling).

Direct practice ideas

Overview

Respondents noted that while some family needs had increased, other pressures had reduced for some families. There was an emphasis on checking with clients themselves what they need at this time, rather than assuming their needs: some whānau require more support and some less.

One key aim was to maintain service continuity as much as possible, while adapting the method of engagement. For example, keeping the same time and day of appointments, but checking in by phone or zoom was a straightforward way of maintaining engagement and continuity. Using methods whānau are already familiar with where possible was important (example, an app they already use). Short, regular check-ins were a common theme that practitioners were finding useful. These methods resonate with the basics of relationship-based practice, where providing a secure base to help contain service users' anxieties is key (Ruch, 2005). Reports that these were perceived as helpful – even more helpful for some service users than practice as usual - also points to the effectiveness of therapeutically oriented practice via phone calls, video calls, email and texts, even without face to face contact (Dowling, M., & Rickwood, 2013; Holmes and Foster, 2012).

Another key issue was supporting families to care for, entertain and manage children. Managing stress associated with caring for children is even more important where there are no supports external to the home. The role of support for families is consistently related to improved parent and child mental health (Sanders & Munford, 2010), and providing concrete entertainment ideas plus emotional support was key to this group. Finding resources and ways of sharing them with families to assist with engaging children was prominent in this list, such as developing handouts and finding helpful websites, then distributing via email, Facebook and via key apps. Another concern was with helping parents manage children's anxieties about the disease itself, so discussing with parents how to reassure children was another key strategy.

Many respondents also mentioned ways to build in professional collaboration in service delivery, for example, through 3 way calls or professional zooms to run strengthening families meetings. Some respondents were concerned about the potential for increased family violence. Strategies to manage safety and risk concerns were highlighted, such as creating safety plans with both potential victims and potential perpetrators, using safe words and texts to arrange calls and giving people prepaid phones and in some cases laptops to enable contact. Offering reassurance and self-care messages to people were also common threads.

Practitioners also reported that some families are managing better than expected, and that some people prefer talking on the phone rather than face to face. Some noted that service users are meeting their goals more quickly than in face to face methods, and that there are fewer 'no shows' on zoom meetings, suggesting that for some, converting to remote methods increases participation and engagement. Young people were particularly noted as very comfortable with online methods and these methods may be more effective for them (Podina et al., 2016).

Knowledge exchange:

- ☐ Using 2-way phone calls work well to support whanau with other agencies e.g. GP, MSD, etc
- ☐ Emphasising working alongside service users, both learning as we both go along, this hasn't happened before
- ☐ Offering options for contact
- ☐ To continue contacting on a regular basis, preferably at the same time you were meeting them face-to-face
- ☐ Telephonic support, giving them ideas on activities they can do with their children

- ☐ Teaching people how to use Zoom
- ☐ Counselling sessions on zoom
- ☐ Used Zoom for Strengthening Families meetings up to participants
- ☐ Phone calls are actually better for some clients and help them feel more comfortable to share as not face to face
- ☐ Providing support and safety plans, handouts for managing difficult emotions etc, support for parents
- ☐ Spread out/organise with wider support team to schedule times in over a week for whanau so not getting all contacts on one day
- ☐ More contact with families but sessions are smaller, trying not to overload clients
- ☐ Keeping regular contact in whatever way that works for the family. It may be a different platform/app etc that families use
- ☐ We discussed the challenges to direct practice we found our style of practice eps with questioning styles needed to adapt eg asking more closed questions to elicit succinct info
- ☐ Ascertaining what needs families have during the lockdown period and what needs to wait until we are in a more 'normal' situation
- ☐ Regular check in phone calls with higher risk clients
- ☐ Skype for business for Children's Team panels
- ☐ More use of emails, to send website links or information documents
- ☐ WhatsApp with clients (video calls)
- ☐ Safety planning with additional people in the home
- ☐ Some things feel more pressing than they did before and others feel less important now when people are needing to juggle working from home and kids not being at school and so on
- ☐ Offering parenting strategies for parents struggling with challenging behaviours at home
- ☐ Contact using different means. e.g. WhatsApp, Messenger, what families use
- ☐ People are appreciating supportive objective phone calls about their current needs and situation
- ☐ Check In's short messages weekly every second day if necessary
- ☐ Safety plans and risk assessments have been changed to reflect lockdown
- ☐ One thing I will change is to have discussed and set up safe words, texts etc so that clients know to answer the phone, or so that I know that I need to phone now.
- ☐ All of the group members mentioned that phone contact is the main way to engage with clients. For some high risk clients who cannot get access to emergency housing are getting accommodated in the motels. Some also mentioned that clients are more interested in talking about their current issues re COVID- challenges than their previous issues.
- ☐ Organisations are also using FB live to run programme as for community in collaboration with like-minded agencies. This is getting positive response
- ☐ Checking in about client's opportunity for privacy during lockdown. Some people are not able to speak safely or privately with other family members at home.
- ☐ Using different types of communication media, telephone, email, web forms and regular contact to check in with families, how are they doing in lock down, urgent needs
- ☐ Being active in attempting to contact families, utilizing tech where possible, hearing what families' needs are (space, or regular contact) when safe to do so, focusing on meeting basic needs rather than the long term goals

- ☐ Using as many platforms or possible depending on what clients can use as well. More short phone calls and check-ins based on Maslow and focus on today
- ☐ Also that we are in the same waka, we are learning to adapt and managing our families/personal challenges too. It's ok to not know the answers!
- ☐ Linking people to kai, food banks etc
- ☐ Offering more contact than usual. numbers etc for extra support
- ☐ Sharing practical strategies for managing grumpiness and self-care
- ☐ Follow up with teasing out new referrals by phone rather than face to face. Working well
- ☐ Helping them understand that is this current time there are no right answers
- ☐ Giving victims prepaid phones to contact if they have none
- ☐ Radio positive messages
- ☐ Safety discussing and implementing safety plans for ppl with high risk behaviour towards others they're in isolation with
- ☐ Resource lists / handouts - we have developed these for different client groups and topics to distribute, e.g. youth, relationships, MH
- ☐ I have heard so many good news stories about how well families whanau are actually coping.
- ☐ Participant also mentioned that through online meetings they are achieving their goals in half of the time they were spending in the past
- ☐ Ensuring that they are not putting more pressure on themselves to do things
- ☐ Giving people the option of voice or video phone call and let them choose the time when i call
- ☐ Information on Facebook page and website
- ☐ MSD has funding for NGOs for this. Some of them have used this funding to buy phones for clients.
- ☐ Iwi have provided cell and laps tops to isolated whanau
- ☐ Facebook posts to get broad message and resources
- ☐ Identify strengths
- ☐ Skinny has a great programme mg free
- ☐ Some practitioners have noted that they are having fewer 'no shows' than usual when using Zoom compared to office based counselling. And that some clients, particularly youth are very comfortable using virtual means for therapeutic work and perhaps find this more engaging than face to face.
- ☐ Supporting them to deal with the children managing their understanding of COVID - lots of anxiety building in our most vulnerable children
- ☐ Reviewed risk assessment and setting new plans based on safe word when checking in by phone. focusing on supporting those using abusive behaviours with anxiety and stress based strategies
- ☐ There's free online training webinars through APA on how to engage in online teletherapy

Managing service user pathways

Overview

There were a number of ideas on how to manage and prioritise and pathway service users through the agency, although many had little change to referral methods. Prioritising those people with immediate physical needs or in residential care, or with additional stressors directly due to the covid 19 situation was important. Some services had noticed a decrease in the numbers of referrals, while others providing services such as food were still very busy, pointing to the changing profile of service user needs at this time. Ensuring a clear entry point to services was emphasised, such as a single email and or phone, and assigning people to intake duty. Assessing by phone was the primary method to ascertain service user needs. The need to prioritise basic needs first and delay long-term goals until the future was suggested as a way to triage service user need.

Knowledge exchange:

- ☐ Contacting all clients with open files
- ☐ One phone number and one email referral option in
- ☐ Tricky, depends on the capacity of workers/organisations
- ☐ Our referrals have slowed right down
- ☐ Our residential services are the priority , managers asking others to put their hand up to help now, prior to being a crisis
- ☐ All referrals receive immediate engagement
- ☐ Working together with other organisations
- ☐ Having to asses over the phone and prioritise which families need food as have a long waiting list
- ☐ Duty person on each day to triage and assign referrals
- ☐ Again needing to triage referrals in regard to immediate needs and what needs to wait for after lockdown.
- ☐ Still open for self-referrals but usually from agency workers
- ☐ Continuing to receive referrals
- ☐ Often referrals are phone and electronic so this works well
- ☐ Switch over main phone to cell to ensure calls are answered immediately.
- ☐ Assessing and triaging with added effects of covid-19 e.g. Lost jobs, hours putting added stress on families
- ☐ Utilising and supporting local abuse prevention network

Responding to ethical and cultural issues

Overview

Creative ways of resolving ethical issues are being rapidly developed. As noted by various authors, offering services online can present boundary, competence and privacy- related ethical challenges for practice (Barsky, 2020). Adapting consent processes to verbal, text or other electronic means was common, as well as awareness of privacy issues when using phone or zoom when people may be in the same room as others. Checking with people to establish who was in the room before proceeding was a useful solution. Ensuring the security of online platforms such as zoom is important to ensure privacy can be respected.

People with English as a second language were identified as a group that has particular challenges in either video or phone call media. Some had used 3-way conversations with interpreters to assist with this at a practical level, and others pointed out that civil defence or other para-groups can identify key community leaders that can help identify needs within specific ethnic and linguistic communities. Time and thought is needed to ensure good communication with this group in the online environment.

Professional bodies are providing ethical guidance and the code of ethics and conduct remain fundamental guidance (links below).

Knowledge exchange:

- ☐ Gaining record of consent by return text after phone calls
- ☐ Verbal consent
- ☐ New policies being written asap for using social media platforms for our youth
- ☐ New starts send id so they know its safe
- ☐ Electronic ways of getting consent being developed.
- ☐ Asking client if they are in a private room / area before talking.
- ☐ Key cultural contacts identified through civil defence and their wider groups to link to families that may have needs or there are concerns around
- ☐ Code of ethics and code of conduct still paramount
- ☐ Discussion with families from other ethnicities using Interpreting NZ for a 3 way phone conversation
- ☐ Gain consent with sharing form on zoom, they read and agree / disagree - can record if feel necessary
- ☐ Have agency agreement/consent form that can be read out and verbally agreed to before conversation begins
- ☐ Has been more difficult for second language clients using telephone and video calls and has required more time and staff able to dialogue in the client's language
- ☐ Look to professional code of ethics for ideas on telepsychology/therapy
- ☐ Checking encryption of platforms
- ☐ We have identified champions in our rohe able to engage with those particular group
- ☐ Can be challenging to assess risk or safety when clients are at home with other family members
- ☐ Ensuring client safety is a priority, before progressing with a non-urgent appointment
- ☐ Good information is being provided by professional bodies such as SWRB, NZPB and ANZASW
- ☐ Ensuring connections (online) are secure before progressing
- ☐ Safety first and then focus on how managing the covid-19 situation at present

Staff issues

Overview

Maintaining functional staff teams and ensuring self-care were the key concerns identified as relating to staffing. Using various formats to ensure regular check-ins, as well as 'lighter' forms of communication to keep up the humour, sharing of workout and other self-care resources was noted. Maintaining ways to engage in supervision, and establishing guidelines for working from home that allowed staff the space to deal with their own families, manage their own increased stress and feel supported without surveillance was another key theme. Some who were essential services had been provided with sanitisers, wipes etc. It is unclear how widespread this provision is.

Knowledge exchange:

- ☐ Created work from home policy.
- ☐ Zoom meetings
- ☐ Their safety comes first. Look after their families first
- ☐ Daily check ins
- ☐ Daily karakia and catch ups essential
- ☐ Older workforce challenged by technology one to one coaching
- ☐ Morning and afternoon check-ins
- ☐ Am team meeting via zoom
- ☐ Daily meeting on Microsoft teams
- ☐ Peer support
- ☐ Setting up peer support network as well as traditional supervisor/manager connection
- ☐ Daily staff meetings on zoom and checking daily on self-care and routines
- ☐ Use WhatsApp / messenger so we can connect as we would normally with quick comments, questions, silly things we just saw etc
- ☐ Ensuring people aren't working more hours
- ☐ In our group someone described the need for balance between being supportive of staff and monitoring their work (which could be overbearing).
- ☐ All staff access there external supervisor, weekly team huddle,
- ☐ Staff working from home health and safety policy
- ☐ Humour
- ☐ We are meeting as a smaller subset team of at every morning for support and planning
- ☐ Zoom staff meeting daily and checking in each day on staff self-care practices each day
- ☐ Daily workouts being shared on our staff Facebook page and Instagram
- ☐ As manager being relaxed about how many hours staff can do and that whanau is first priority
- ☐ Photo of workspace so we can still assess health and safety
- ☐ Allow downtime
- ☐ Talking rosta!!!!!!! Keep quiet ones engaged!
- ☐ Peer supervisions via zoom/skype

- ☐ Noticed there aren't many official policies out just yet, which is leaving some people anxious (what whanau contact looks like etc). Lots of checking in via zoom and WhatsApp, lots of wfh plans, lots of meetings and meme's
- ☐ Coffee morning chat on teams every morning
- ☐ Has been challenging for some NGOs getting staff set up adequately with technology for working from home.
- ☐ We also use slack as an organisation medium.
- ☐ Gave budget to buy soaps, sanitisers and other stuff. All online meetings and interviews, allowing motel access to staffs living in flatting situation
- ☐ Continued supervision via zoom
- ☐ Working out what is or group chat
- ☐ Using team chat during day
- ☐ Permission to take time for exercise and interaction
- ☐ Being flexible with working times etc for those with children at home
- ☐ Ensuring exercise and time to cook eat good food part of work day routine
- ☐ Utilising Microsoft teams to communicate, video chat, chat and staff checking in and encouraging each other well with this medium. Regular weekly meetings taking place using the same medium, supported by admin for any computer and it issues but everything is working well for staff
- ☐ Headphones provided
- ☐ Our wellbeing is more important than work. Not expected to do our hours
- ☐ Daily check ins
- ☐ Communication trees might be people who prefer to talk to other people so sharing the check in out
- ☐ Acknowledge that everything slows down in terms of productivity
- ☐ Help staff develop an at home routine as a guide
- ☐ Family Violence Clearinghouse has good resources for working remotely https//nzfvc.org.nz/covid-
- ☐ Essential service workers equipped with masks, gloves, sanitiser and wipes
- ☐ Local councils have some good online info too.

Conclusion

Covid 19 and the restrictions on movement associated with it provides unique challenges to both social work practice and family life. Yet amidst these challenges, both practitioners and families and whānau themselves are surfacing practical, conceptual and systemic solutions to enable adaptation of the key aims of social work and social service practice. The use of technologies – some old and some new - in both pre-existing and new ways is integral to this, enabling the continuation of emotional, psychological and material supports to the communities within which social services are embedded. Building on the wisdom of all will assist effective practice to adapt to this rapidly changing environment.

Many thanks to all the practitioners who generously contributed ideas to this document.

Naku te rourou, nāu te rourou, ka ora ai te iwi.

Resources on Social Work amidst Covid-19

Resources on Covid 19 from social work organisations: https://www.socialworker.com/feature-articles/practice/resources-covid-19-social-work-professional-organizations/

Doing Social Work online: https://padlet.com/kenneth28burns/uvpu626mvd5k

Running video chats with children:
https://www.dropbox.com/s/tjo7ajde18vbyoo/RCCF_Tips%20for%20using%20video%20chats%20for%20family%20time_March%202020.pdf?dl=0

Issues for child welfare work:
https://irishsocialwork.wordpress.com/2020/03/31/child-welfare-and-protection-in-the-context-of-covid-19/

Child welfare and pandemics literature scan:
https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Literature%20Scan_2020_0.pdf

Technology mediated clinical practice:
https://www.laureliversonhitchcock.org/2017/07/07/teaching-technology-mediated-practice-in-a-clinical-msw-program/

Resources for Social workers: https://www.socialwork.career/2020/03/covid-19-resources-social-workers-therapists.html#comment-18830

Free course on understanding psychological consequences for communities:
https://courses.clearlyclinical.com/courses/pandemic-psychology-ceu-course

British social workers share best practice ideas:

https://www.basw.co.uk/media/news/2020/mar/covid-19-what-working
Ethical issues: https://www.socialworker.com/api/amp/feature-articles/ethics-articles/ethical-exceptions-social-workers-in-light-of-covid-19-pandemic-physical-distancing/?

Social Workers registration Board guidance:
https://swrb.govt.nz/covid-19-update/

References

Barsky, A. (2020) Ethical exceptions for social workers in light of the covid-19 pandemic and social distancing. Retrieved from: https://www.socialworker.com/api/amp/feature-articles/ethics-articles/ethical-exceptions-social-workers-in-light-of-covid-19-pandemic-physical-distancing/

Dowling, M., & Rickwood, D. (2013). Online counseling and therapy for mental health problems: A systematic review of individual synchronous interventions using chat. *Journal of Technology in Human Services, 31*(1), 1-21. doi:10.1080/15228835.2012.728508

Holmes, C., & Foster, V. (2012). A preliminary comparison study of online and face-to-face counseling: Client perceptions of three factors. *Journal of Technology in Human Services, 30*(1), 14-31. doi:10.1080/15228835.2012.662848

Podina, I.R., Mogoase, C., David, D. *et al.* (2016) A meta-analysis on the efficacy of technology mediated CBT for anxious children and adolescents. *Journal of Rational-Emotive & Cognitive-Behavior Therapy* **34,** 31–50. https://doi.org/10.1007/s10942-015-0228-5

Ruch, G. (2005). Relationship -based practice and reflective practice: holistic approaches to contemporary child care social work. *Child and Family Social Work* 10(2), 111 - 123.

Sanders, J. and R. Munford (2010). *Working with families: Strengths-based approaches*. Dunmore Publishing.

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