

GREAT ADAPTATIONS

Enduring social and community work practice changes post lockdown

Dr Emily Keddel & SSPA



GREAT ADAPTATIONS

Enduring social and community work practice changes post lockdown.

Social and community work operates at the interface between the state and citizens in complex political, social and organisational contexts. Social work practitioners generally aspire to a set of philosophical commitments to promote social justice, human rights and increase the self-determination of people they engage with as service users (IFSW, 2020). Beneath these lofty aspirations, or rather, as part of them, social and community workers require skills that enable them to challenge structural inequities, reduce their impact on people they work with, work in solidarity with communities, and engage therapeutically with individuals. During the covid-19 lockdown, the delivery of social services was forced to reconsider how to respond to this set of values and practices in a rapidly changing context, where inequities were re-shaped, the boundaries of 'communities' were redrawn, and technologies were rapidly adopted in order to respond to changing social forms and multiple emerging community needs (Keddell & Beddoe, forthcoming 2020).

In this context, social and community workers adapted practice methods to accommodate the lockdown rules regarding social distancing and restrictions on movement. Many services quickly accommodated these rules, resulting in the forging of new methods of direct practice and organisational management, with a wide range of service user populations. Some of these changes, borne out of the crucible of a novel environment, may prove to be more effective ways of working than was previously practiced. The lockdown essentially demanded a reconsideration of many practices that may have become established over time, undertaken simply because "this is what we always do". Organisational studies recognises the ways bureaucratic practices and shared values build up over time to become part of an implicit institutional culture that guides behaviour, including technology use and practice norms (Ravasi & Shultz, 2006). Covid-19 lockdown provided an opportunity to fundamentally revise these norms. In particular, the rapid adoption of a range of communication technologies has forced practice to be undertaken in ways that may be more effective for some aims, with some populations and people, in some circumstances.

This brief report provides an overview of social and community work practice changes that are perceived by practitioners as more effective than practice before the lockdown occurred. These changes hold promise for developing more effective ways of working, despite lockdown ending. This report is the second of two reports. The first report outlined the challenges faced in the immediacy of lockdown (SSPA, 2020a). It reported the findings from an online workshop run by Social Service Providers Aotearoa, facilitated by Associate Professor Emily Keddell from the University of Otago, and summarised input from 70 social and community workers from a wide range of organisations in the community sector. The report outlined the ways that direct practice, staff relationships, ethical and cultural challenges and service user 'pathways' (especially into services) were responded to by social service providers in the first weeks of the lockdown period.

This second report documents findings from a second seminar held on 27 May 2020 that split the participants into three domains of practice: Family violence/sexual violence; Child and family support; and Collaboration.

Participants were asked to consider the following key questions:

- What practice or policy changes have you made that you will definitely keep doing after the pandemic passes?
- What practice or policy changes have you made that you might keep doing after the pandemic passes? What are the pros and cons of these changes?
- In your type of service, what has been the greatest challenge and the greatest solution?

The following summarises the wide-ranging responses to these questions for each domain of practice, with a particular focus on organisational adaptations and direct practice adaptations.

Family violence/sexual violence

Working in the area of family violence was especially difficult during the lockdown period. The nature of the issue was exacerbated by many elements of the lockdown rules. It exacerbated family stress, many families had additional stressors due to job losses or uncertainties, it enabled more isolation of potential victims/survivors affected by the coercive controlling actions of their partners, and challenged the ability of both formal and informal family supports to be aware of what might be occurring behind closed doors. Not being able to evict violent partners added further complications in high risk and harm situations. This situation has been reported elsewhere as reducing support options and increasing vulnerability (Usher et al., 2020).

Organisational practice and service design

There were multiple helpful adaptations to these emergent issues that will likely persist in some form. Firstly, the combination of practical support such as care packages, food parcels and other essential item deliveries assisted with care and engagement. Providing concrete material assistance helped families remain engaged with services, and encouraged a sense of 'real help' that led to a greater ability to discuss key issues relating to family harm, reflecting research findings in child welfare (Rostad et al., 2017). Provision of practical help was made possible by greater collaboration between different types of services. Collaboration, in turn, between organisations was enabled by the use of shared technological platforms such as Microsoft teams or similar. For example, one participant reported that: "Police set up a Zoom and invited community agencies so that they can meet together and support one another in maintaining connections with families".

Direct practice

In terms of direct practice with service users, another useful outcome of lockdown, and the greater ability to respond to perceived needs, was that providers reported a greater level of engagement with male perpetrators. This was facilitated by the inability for men to leave their houses, and the requirement for home visiting by providers. This forced services to engage more with men, (and men to engage with them) and some reported this enabled communication and practice with men in new ways. One example was the ability to make plans with men involved to reduce family stress either through 'door-step' meetings or going for walks with one or both partners. One participant described these changes succinctly as "*A crash course in integrated responses and a crash course in engaging with the men, not just the female victim of DV*". These promising developments require closer attention, especially as the recent Family Violence Death Review committee on working with men noted the need for "upskilling the family violence sector to work with men" (Family Violence Death Review committee, 2020, p. 17).

Daily visiting, though labour intensive, was another practice that helped forge these greater ties with the whole family/whanau. As well as build relationships with men, it also helped diminish isolation and check for safety with both adult and child possible victims, although children were more difficult to sight. This required in some agencies, employing more staff in order to be able to provide daily contact. Technology was also an enabler of peer support for women victim/survivors, for example using zoom to enable virtual 'coffee morning' meetings. This assisted victim/survivors to have contact with one another that often doesn't occur until women are in a refuge environment. These platforms may enable ways to break down isolation and increase peer support for victims/survivors, as one aspect for some is increasing isolation when in coercive and controlling relationships. Others who did not have this noted that isolation was exacerbated for those 'already isolated'.

Further refinement of the existing practice of providing key information and calling at times and in ways that don't put potential victims at further risk also occurred. As one participant commented: "*details on timing of calls, who might be there, how to create a safe space and how to indicate when they needed help*" were all heightened considerations when both parties were in the same house nearly all the time. Finally, the overlapping needs for mental health support with the needs of both perpetrators and survivors was another key area that required an integrated response. The need to provide mental health support in the context of family violence was a key learning that many people attempted to offer via forms of psychological first aid. Recognising these interrelated needs and providing single or more coordinated multiple services that can address these was a key learning for the family violence sector.

Unexpected benefits

Some people felt more engaged with the service through regular phone calls than if they had been in a face to face service. A level of integrated service response was forced to develop due to the nature of the lockdown. The resulting demand to use technology to create shared online spaces for work planning and communication both within and between agencies improved practice coordination: 'I think it did us a favour because it made us realise how important it is to work together to make a difference'.

Child and family services

Many community providers offer some kind of child and family social work service, including family support, family start programmes, and social workers in schools. Some of the key challenges are similar for the family violence group, as providing both practical support for material needs, and therapeutic or parenting supports for individuals required adaptations to the lockdown. A key finding was that the forced changes in practice were more successful for some groups of services users, and would be retained, while there were other groups who preferred pre-lockdown practice. Practice changes shaped by lockdown therefore provided a mechanism to understand how to improve services for some people and groups, but not all. This improved 'matching' of service users with methods of delivery enables more careful synching of practices with particular preferences and needs, rather than universalist approaches, as was aptly described by a participant who noted: "Zoom worked for some of the people most of the time".

Organisational practice and service design

The management of practice, similarly to the family violence practitioner respondents, changed during lockdown to have more regular team meetings via zoom or teams, often daily, and this enabled more productive conversations about how practice could be undertaken rather than procedurally focussed. It also enabled collegial support and connection, including support for practices such as karakia, waiata and other forms of support for practitioner whanaungatanga. During a time of rapid change, more experimentation is allowed and discussed in ways that 'practice as usual' does not often allow. As one respondent commented, daily check ins via zoom were more deliberate and therefore changed the focus of discussion: "*it increased the practice conversations. Ordinarily it would be more task focussed, but using zoom allowed for focus on practice development*".

Some organisations changed the structure of their organisation and invested in extra or changed roles. One organisation for example, split into two teams with one as triage and the other a brief intervention team. All clients were contacted and offered weekly contact with the triage team or less frequent contact from the intervention team. This helped establish client preferences and needs, which were diverse: "*Some were interested in Zoom, some phone, some wanted short, some lengthy chats. Some have gone back on waitlist for more intensive surface*". The rapid triage system helped reduce the waitlist and enabled more synchronised services that were responsive to felt needs identified by more regular contact. Other agencies met this need for more effective identification of needs by creating tech or administrator roles in order to coordinate the increased uses of Facebook and other social media for example "*managing Facebook page to get resources onto our website*".

Another key insight related to this more nuanced identification of service user needs and preferences was that somewhat surprisingly, some families managed better during lockdown than before, particularly those who were used to being in 'survival mode'. This participant, for example, noted that some families: "*Appeared to be coping through lock down better than they usually do – the difference for them was perceived between pre and under lockdown was less than for others who have had greater resources and access to resources and felt the restriction difference more keenly*". Recognising the reasons for exceptional coping abilities may provide more opportunities to identify and build on family strengths, rather than a focus on needs or problems (Saleeby, 2012). Understanding how people often in the 'service user' role coped under exceptional circumstances may also be worthy of greater examination in order to understand the mechanisms that led to greater flourishing under difficult conditions.

Another practice change that was noted, was the need for some families for regular check-ins, even though they did not have acute needs. This kind of low-intensity/high frequency service was reported as particularly valuable. Where a service is only focussed on high need or high risk 'events' and highly prescribed 'interventions', the role of general, low intensity generic support sometimes falls by the wayside. This finding is indicative of the value of such a service for some people, and reflects much research into the important role of perceived general support (Bowes & Grace, 2009).

Working remotely seemed to reduce the difficulties of providing services in rural areas, with some participants noting that this reduced service provision inequities. This was a particularly welcome effect of providing more online and remote services, as many services in rural areas are stretched to provide access to small populations spread over a large geographic area.

Increasing collaboration across services through the use of shared communication technologies, similarly to the family violence services, was also found by the child and family services. An ability to communicate and plan with a range of services enabled more coordinated and planned provision across different types of services. For example, *"e.g. Police set up a Zoom and invited community agencies so that they can meet together and support one another in maintaining connections with families"*. With the 'silo' effect well-reported in service provision, the demands of Covid to coordinate using user-friendly technologies to do so, was a key area of adaptation that would be retained if possible. Some noted that where there was less coordination, there was wastage and duplication, for example one noted that there was an *"abundance of food parcels, poor coordination – mass duplication and waste"*.

The challenges noted for staff were various. While some staff were proficient with digital technologies others were less so. Furthermore, many reported that engaging with service users via zoom or similar required 'more energy' than face to face, and this had to be factored in to what practitioners were able to do. The heightened efficiency of platforms like zoom need to be balanced against the increase in emotional labour to use such technologies.

Maintaining peer supervision was reported as important to maintain staff morale, as was encouraging staff to engage in usual professional development opportunities where possible, rather than sacrifice all their time to immediate needs. Reassuring staff about their own livelihoods helped reduce stress and the provision of required hardware had to be provided promptly. Clarifying who was responsible for communicating Covid changes and protocols was also important for example: *"the Director was sole message sender about agency Covid protocols. Kept lines clean"*. The message moving forward is to ensure clear lines of communication with potential services users and maintain staff supports despite challenging circumstances.

Finally, some services reported the importance of evaluating how service users had experienced the changes in service. The availability of tools like survey monkey to distribute online surveys were especially helpful to enable rapid feedback on service user experiences and perspectives.

Direct practice

Engaging families and whanau in peer support through technologies such as Facebook and Facebook live, similarly to the domestic violence services, was reported as successful by child and family services. The lockdown encouraged practitioners to experiment with innovative ways to connect service users with one another. This enabled more peer support and a sense of collective solidarity between service users, in line with empowerment and community development principles. Facebook live was also useful to engage with children directly, as it was most difficult to engage with children under the lockdown

restrictions, especially young children. Another direct practice strategy felt to be successful and would be retained was the use of therapeutic letter writing (which can be in any kind of text, ie. Email, text, messenger, whatsapp etc), and activity -based interventions which people could implement themselves with their own families. Therapeutic letter writing is most associated with narrative therapeutic traditions, (but is used with many modalities in various forms). It is used to support goals and framing of personal issues developed in face to face sessions, to assist with reinforcing new concepts, behaviours and ways of being (Bjoroy et al., 2016). Practitioners trialling this found it extremely effective to maintain therapeutic contact with service users, and the multiple technology options for sending text-based messages is ideal for this purpose.

As was noted in the earlier report, those families with no access to wi-fi, or the hardware needed to connect to it, were particularly disadvantaged in service delivery. It was also reported that some families, even if they did have access to Facebook, messenger or zoom did not want to use these avenues for engagement with professionals. It may be that for some service users, these are perceived as vehicles for maintaining their informal social networks, but not relationships with formal service providers as these could be experienced as quite intrusive in their home environments, or more personal conversations could not be held in the home environment (for example if the computer is in a shared space). Others noted an increase in some types of family challenges after lockdown finished, for example, school refusal increasing after time spent not being required to attend school. Some felt this might reflect the decrease in external stressors for some people during the lockdown period.

Unexpected benefits

Increased collaboration allowed for more holistic practices. Experiments with technology enabled better engagement with some families, but not for others. Peer supports were able to be established and the value of low intensity support was noted. Some existing therapeutic strategies such as letter writing were adapted successfully to the remote and online environment. The strengths of some families provide important clues about coping in adversity.

Inter-professional collaboration

Organisations were forced into much closer collaboration during the lockdown period, with perceived improvements in service provision. Every domain group reported that they were forced into much closer collaboration with other services, often across the statutory and community organisation divide. This was an area perceived as more evenly improved with the use of technology, than work with service users, which tended to be more variable. Being forced into virtual environments and platforms was multifaceted with multiple platforms utilised including teams, zoom and facebook. The use of online collaboration platforms was felt to be more efficient for many types of tasks, but participants were eager to point out that some types of interactions should still be in -person. Ideally, both online and in-person was needed: *“Got much more comfortable working in a virtual environment, and found it more productive. Though it’s an “and, and” as can’t replace face-to-face”*. Greater inter-agency collaboration generally resulted in more holistic responses to families and whānau, as this enabled the differing remits of different organisations to be better coordinated. One example was agencies working as part of a local ‘hub’ organised by the police that included NGOs even after referrals had been made to them (when interaction would normally cease). Another effect of greater collaboration was the ability to ensure resources were targeted effectively to need. This was because those with greatest connection to local communities were able to direct resources where needed most, leveraging their direct ‘on the ground’ local connections to do so.

There was a reported need for government to help support greater collaboration in several ways. There was the obvious need for funding to be made available to ensure connectivity for service users, in order to enable online practice, which did occur in some cases. Other positive adaptations were in regards to the ‘bigger picture’ issues of funding and contracting. Participants noted that in the lockdown environment, there was a ‘high trust’ relationship with government on matters of ‘expertise, intelligence and support’, that led to a whole service being funded rather than funding being ‘tagged’ for particular outcomes. This enabled community organisations to respond more dynamically and in ways that met community needs in a timely and effective manner, rather than tightly controlled by government through specific outcomes. Community organisations hope this will continue.

Unexpected benefits

Much greater inter-organisational collaboration was utilised, enabled by online platforms. This led to better matched and more holistic services for service users. Less specific outcomes in contractual arrangements, and an ability to be guided by those agencies ‘closest’ to the communities they are serving, also contributed to perceived response quality.

Conclusion

The Covid-19 lockdown period demanded new ways of responding to old problems. The pre-existing context of inequities, family struggles and multiple organisations was forced to adapt quickly to the lockdown rules, leading to new practices. This provided an opportunity for family and sexual violence services, and child and family services, as well as many others, to reconsider their methods of both staff and service user engagement. This resulted in much greater use of technologies, increased inter-agency collaboration, and greater engagement with some service users, while challenging it for others.

The persistence of these new ways of working into the future may assist with providing more nuanced social services, that are better matched to the range of service user- defined needs. In addition to these nuanced practices at the micro and meso levels, the macro will also need attention from the Social and Community work community.

The larger issues of increasing social inequities prompted by Covid-19 will affect both citizens and organisations responding to them. Retaining a critical eye on the shape and nature of those inequities, bearing witness to them, and speaking up about them, is as important as the great adaptations described in this report.

References

- Bjørøy, A., Madigan, S. & Nylund, D. (2016). The practice of therapeutic letter writing in narrative therapy. In B. Douglas, Wolfe, R., Strawbridge, S., Kasket, E & Galbraith, V. (Eds.), *The handbook of counselling psychology* (pp. 332 – 356). Sage.
- Bowes, J. & R. Grace. (2009). *Children, families and communities: contexts and consequences*. Oxford University Press.
- Family Violence Death Review Committee. (2020). Sixth report | Te Pūrongo tuaono: Men who use violence | Ngā tāne ka whakamahi i te whakarekerekere. Health Quality & Safety Commission. Retrieved from: https://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC6thReport_FINAL.pdf
- International Federation of Social Work (2020). Global definition of Social Work. Retrieved from: <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>
- Keddell, E. & Beddoe, E. (Forthcoming, 2020). The tyranny of distance: The social effects and practice adaptations resulting from Covid-19 lockdown rules, *Aotearoa New Zealand Social Work*, 35 (2)
- Ravasi, D., & Schultz, M. (2006). Responding to organizational identity threats: Exploring the role of organizational culture. *Academy of Management Journal*, 49(3), 433–458. <https://doi.org/10.5465/AMJ.2006.21794663>
- Rostad, W. L., Rogers, T. M., & Chaffin, M. J. (2017). The influence of concrete support on child welfare program engagement, progress, and recurrence. *Children and Youth Services Review*, 72, 26-33. doi: <http://dx.doi.org/10.1016/j.chilyouth.2016.10.014>
- Saleeby, D. (2012). *The strengths perspective in Social Work practice*, 4th ed. Pearson Education.
- Social Service Providers Aotearoa (SSPA). (2020a). Moving practice online: Knowledge exchange for social service practitioners adapting to the covid-19 context. Wellington, NZ. Retrieved from https://www.sspa.org.nz/images/Moving_practice_online_final.pdf
- Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and covid-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, n/a(n/a). doi: 10.1111/inm.12735