

Social Work During Covid-19: Learning for the Future

Challenges, Best Practice and
Professional Transformation

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Executive summary

In July 2020, the British Association of Social Workers (BASW) and Durham University started an ESRC IAA funded project, *Empowering Social Workers in Challenging Times: Learning from Best Practice during COVID-19*, aiming to pilot an innovative methodology for supporting Continuous Professional Development (CPD) and produce practice guidance based on integrated practice wisdom and research knowledge. The project set up the first BASW Network of Social Work Practitioner-Researchers in August 2020 to collaborate with academics from Durham University in analysing the data collected from BASW's [Ongoing Survey on Social Work during COVID-19](#) (referred to as 'BASW survey' hereafter). This report is a presentation of the findings of this survey.

Key Findings

Social workers' responses to the BASW survey during and immediately after the first national 'lockdown' (March-August 2020) suggest that challenges and best practice emerged and evolved in three main phases. These three phases generally correspond to the time periods: March, April-May and June-August. These phases are connected, but also distinctive in terms of the dominant types of practical and ethical challenges facing social workers and their responses.

Phase 1: Chaotic change vs business as usual

Key challenge: balancing risks

- New health risks tipped the balance (of risks) in the families of many service users, requiring social workers' intervention to identify, assess and resolve the conflicting interests and re-balance the risks in the families.
- Social workers themselves were not exempted from these new risks, which then caused disruptions in both their personal and professional lives.
- Risks posed by COVID-19 were, and still are, multi-faceted (physical, psychological, social, digital, environmental and legal). They are embedded in a range of social work practices such as carrying out assessments, relationship building and working in partnership with service users, families and other agencies.
- Working from home sometimes compromised confidentiality, practitioners' wellbeing, professional boundaries and caused disruption to services; while carrying on doing face-to-face work increased social workers' stress and anxiety about spreading the virus.

Best practice: To identify, assess, mitigate and redistribute risks during the pandemic, social workers relied heavily on (1) effective communication and (2) a supportive and caring work culture.

Phase 2: Doing proper social work?

Key challenge: re-embedding social work values, knowledge and professional relationships in the new times

- Ensuring ethical practice during the pandemic became more challenging due to the changing nature of the risks encountered, along with the restricted possibilities to honour people's rights.
- Social workers had to put a large amount of effort into rethinking and reconfiguring resources, procedures, protocols and conventional processes in order to uphold professional integrity and practice standards.

- Finding creative solutions to ethical challenges and dilemmas helped re-establish interagency collaboration, collegiality and service user-worker relationships that were conducive to, as one survey respondent described 'doing proper social work'.

Best practice: To ensure the highest professional standards during COVID-19, social workers constantly (1) identified ethical challenges and dilemmas and engaged in slow, deliberative ethical reasoning to inform their actions; (2) sought opportunities for training to diversify and deepen knowledge and skills needed in the new conditions; (3) continued with home visits and face-to-face work as long as it was safe to do so, while fusing the existing methods/approaches of practice in new ways to uphold the highest possible professional standards; and (4) found ways to build a sense of connectedness with work colleagues to tackle the sense of isolation and loneliness.

Phase 3: Transforming social work vs settling for the 'new normal'

- 'Digital by default' and the normalisation of some degree of social disconnection have become a significant part of the social work 'new normal'.
- Social workers consistently provided new and creative solutions to resist the 'new normal' and rejected the notion of doing 'business as usual' which downplayed the role of government in protecting social workers at work.
- Alongside resistance to the 'new normal', some social workers felt all they could do was 'keep calm and carry on' – a motto cited by many social workers to sum up their response to COVID-19.

Conclusion

The pre-pandemic social work practice will continue to evolve through and after COVID-19, and social workers need to embrace the opportunities of the positives and manage the constraints/impact of the negatives arising from the pandemic to embrace the profession's future. At this juncture, two distinct directions for professional development emerge: settling for the 'new normal' or transforming social work into practising new ways to continue to advocate for social justice, shared responsibility, care and compassion. The latter vision can be realised during COVID-19 only when social workers continue to be ethically vigilant, practically creative and compassionate in their practice. The role of continuing professional development (CPD) and collective campaigning are highlighted as important to support this necessary transformation.

Introduction

The COVID-19 pandemic has highlighted the important roles that social workers are playing in supporting and safeguarding people in the UK and globally (IFSW, 2020a; Truell and Crompton, 2020). Since the UK government announced the first national 'lockdown' in March 2020, social workers have been listed as critical workers, who are essential for keeping civil society going (Department of Education, 2021). Yet, the health risks presented by COVID-19 and the national health response also bring new challenges to social work professional practices. Physical distancing and self-isolation, as a public health response for limiting the spread of COVID-19, have changed the landscape in which social workers conduct their professional practice (Ferguson, Kelly and Pink, 2020). BASW and Social Care Institute for Excellence (SCIE) jointly published the digital capability statement (2020), raising the awareness of the possible benefits and challenges that social work faces when professional practices are undertaken digitally. Think pieces and practice guidance for navigating the ethical and practical challenges in the face of COVID-19 have, therefore, been developed to meet the needs for professional development in the UK and globally (Banks, Cai et al., 2020a; Banks, with Geoghegan and Shears, 2020; Ferguson, Kelly and Pink, 2020; IFSW, 2020b). These challenges, however, are always changing in relation to the wider impacts of the pandemic (Banks, Cai et al., 2020b), such as economic recession, rising nationalism and racism, and worsening social issues of poverty, domestic abuse (SCIE, 2020b) and mental health (Durcan, O'Shea and Allwood, 2020).

At a time of uncertainty, it is more important now than ever to seek ways to support social work professional learning in a collaborative and sustainable manner. In July 2020, BASW and Durham University started an Economic and Social Research Council Impact Acceleration Account (ESRC IAA) funded project, *Empowering Social Workers in Challenging Times: Learning from Best Practice during COVID-19*, aiming to pilot an innovative methodology for supporting Continuous Professional Development (CPD) and produce practice guidance from the findings. The project set up the first BASW Social Work Practitioner Research Network in August 2020; and in collaboration with academics from Durham University, a CPD curriculum was developed and delivered to facilitate practitioner-academic collaboration in social work professional learning. Part of the CPD involved collaborative analysis of the data collected from BASW's [Ongoing Survey on Social Work during COVID-19](#) (referred to as the 'BASW survey' hereafter), which forms the basis for producing this research report. A policy brief and practice guidance will be published in 2021.

This report presents the ethical and practical experiences social workers reported, the best practice that emerged in the period March to August 2020, and points to the different pathways for social work transformation in the UK in the face of the social and political changes accelerated by COVID-19. While we focus on social work professional learning and problem solving in this report, we also acknowledge that social work practice can be strongly influenced by prominent but shifting political ideologies, government policies and public discourses around key social issues.

Policy Context

Social workers' experience during COVID-19 cannot be fully understood without engaging with the governments of different countries policy responses during the pandemic as well as the wider issues facing society that pre-date this public health crisis. Social workers' experiences in the UK seem generally to align with the trajectory of development proposed by IFSW (2020b: 4):

- 1) Making UK Government recognise that a social response is imperative**
- 2) Advocating for social services to remain open during lockdown**
- 3) Adapting social services to a new world – managing ethical dilemmas**
- 4) Social transformation, as social workers found innovative solutions with social work values at their core.**

Nonetheless, the UK's experiences have also presented a slightly different picture compared to this global portrait, especially in relation to how social workers were recognised by the UK Government and the extent to which a 'revival' of community work in the profession was possible. Social workers expressed dissatisfaction about the UK Government's unequal treatment of them compared with health care professionals. Examples included insufficient financial support to local authorities; a consistent lack of Personal Protective Equipment (PPE), especially in the early stages (Banks, Cai et al., 2020a) and lack of access to testing for frontline social workers (BASW, 2020b). The revived sense of community experienced in the UK and also observed in China, Italy and other countries, has not been matched by the UK Government's investment in community social work, which has been deprived of resources by the neoliberal welfare policies of recent decades (Pople, 2021). Instead of rethinking how best to invest in deprived and disadvantaged communities in the UK through social work practices, the UK Government's support for social work focused on individual social workers' resilience and, understandably, stabilising the workforce. The tendency for the UK Government to place the responsibility on social workers for solving social problems has a long history (King, Crossley and Smith, 2021), and it highlights the concern that UNISON (2020:2) noted when the easement of the Care Act (2014) under the Coronavirus Act 2020 took place in March 2020 that: 'scapegoating frontline social workers when something goes wrong is not unusual'.

Policy synopsis (largely based on the policy tracker developed by Dunn, Allen, Humphries and Alderwick, 2020b)

- **Government recognition for and protection of social workers during COVID-19:** While the pandemic has intensified risk and social inequalities, the government's responses remained focussed on health care in April-May 2020. When it comes to social care, the new guidance was sometimes counter-productive. For example, guidance published on 1 April 2020 stated that a negative COVID-19 test is not required for care home admission, followed by a change of guidance on 15 April suggesting the government's 'commitment' to testing all symptomatic residents and staff members. Throughout April to May, PPE shortage was still experienced by many social care services (Dunn, Allen, Humphries and Alderwick, 2020a; Ferguson, Kelly and Pink, 2020). When regular COVID-19 testing started to roll out to health professionals in 34 NHS trusts in November 2020, social workers were still not given equal access to regular tests and that led to BASW campaigning for social workers' rights to access tests (see #TestAccessRights campaign, BASW, 2020b).
- **Government support for social work:** Some major policies were put in place in late March and April 2020 that created dramatic changes in social work practice across the board. On 31 March, easements of responsibilities around assessments, care planning, reviews and financial assessments under the Care Act 2014 were introduced through the Coronavirus Act 2020. While the easements were meant to support local authorities to reprioritise their responsibilities during the crisis, issues around how it might contradict duties to safeguard human rights (under Human Rights Act 1998) were raised by social workers (BASW, 2020a). It further created worries among social workers about their statutory duties to children and vulnerable adults as evidenced in our data. In April 2020, extra funding was put into local authorities to support local communities and stabilise the social care workforce through recruitment campaigns. In May 2020, government responses seemed to focus on building individual and organisational resilience (see Care Workforce app launched on 6 May 2020 (Department of Health and Social Care, 2020) and Guidance on health and wellbeing of the adult social care workforce released on 11 May 2020 (Department of Health and Social Care, 2021)) rather than addressing social workers' demand for more resources, protection and clearer guidance. Local authority leaders constantly expressed concerns over the shortfall in government funding for keeping the necessary social services running in the face of the financial crisis caused by the pandemic (BBC, 2020; Local Government Association, 2020).

Methodology

Collaborative Practice Research in Social Work (CPRSW) is a methodology, developed in this project, that aims to involve both practitioner researchers and academic researchers collaboratively in research activities that could inform social work learning, improve practice, create desirable social change and promote social justice. While social work practice research, according to Shaw (2007:666), is defined as

'Any disciplined empirical inquiry (research, evaluation, analysis), conducted by researchers, practitioners, service users/carers, that is intended, wholly or to some significant degree, to shed light on or explain social work intervention/practice with the purpose of achieving the goals of social work within and across national cultures'.

CPRSW¹ involves practitioners and academics working together to study social work practice that is not necessarily practitioners' own practice. This methodology sees practice wisdom and research evidence as equally valid forms of knowing, and consistently seeks ways to integrate, link and utilise the two forms of knowing in practically and ethically meaningful ways for informing social work practice (Kong, 2016). This approach is particularly relevant when social work is responding to an unprecedented crisis, like COVID-19, and when limited research and evidence are available to guide our professional learning and practice. This methodology also resonates with the shifting emphasis from cultivating research-mindedness in social work practice to cultivating practice-mindedness in academic research (see Salisbury Statement (Salisbury Forum Group, 2011) and Helsinki Statement (Fisher, Austin and Uggerhøj 2014)), recognising that it takes both the research community and the practice community to bridge the practice-research gap.

To facilitate collaboration between practitioners and academics throughout the project, the project leads from Durham University and BASW co-developed the proposal to ensure the scope, focus and design of this project reflected professional concerns and participatory principles (Fouche, 2015). As a result of discussions between the partner organisations, this project has taken on a three-phase process: (1) Building a social work 'knowledge producing community' (led by BASW and supported by the Durham project team); (2) collaborative analysis of the BASW Survey (collaboration between Durham researchers and BASW practitioner-researchers); and (3) interpretation of findings, writing up and dissemination.

In the first phase, BASW set up the UK Social Work Practitioner Research Network (the Network) to recruit practising social workers to the project, with their time contribution counting towards CPD credits. At the same time, social work academic researchers from Durham University were briefed about the project design and recruited to participate in the second phase for collaborative data analysis. In this phase, a CPD course was co-developed with the Network members, aiming to enhance practitioner-researchers' capacity to utilise secondary data to inform their practice during COVID-19. The CPD course consisted of training workshops on social work practitioner research, qualitative data analysis (coding, conceptualisation and collaborative analysis), NVivo demonstration and writing, co-delivered by Sui-Ting Kong, Jane Shears and Catrin Noone. The course also helped identify and develop a community of social workers interested in carrying out research in/for their practice by providing opportunities for them to network and share knowledge with other practitioner-researchers. At the end of the course, social work practitioners held a general meeting to discuss their collaboration with Durham University academic researchers on how best to conduct a co-analysis of the BASW survey, marking the beginning of the second phase of the project.

¹ CPRSW differs from Participatory Practice Research (PPR) proposed by Uggerhøj et al. (2018) in two ways: in CPRSW, (1) research and learning processes are co-developed and co-delivered by practitioner and academic researchers rather than having the former managed by academic researchers and the latter by practitioners; and (2) data analysis is carried out with a mixture of conventional scientific methods (coding and thematising) and dialogical methods (small group discussion and reflection) rather than strictly adhering to 'traditional academic standards and using well-known methodological approaches' (Uggerhøj et al., 2018: 192).

In the second phase, academic researchers and practitioner-researchers collaboratively analysed the data collected in the BASW survey. This process was facilitated by joint meetings and small working group meetings - the former involved discussing the codes, concepts and themes emerging from the data analysis, while the latter was for individuals/groups to work on a set of data/concepts/themes. The data analysis was organised using the computer-assisted qualitative data analysis package, NVivo2020, and the NVivo file was made available for all co-researchers involved in this project to scrutinise/work on collaboratively. Being aware of the time capacity of the already overstretched social work practitioners and academics/educators, the Durham project team (Sui-Ting Kong and Catrin Noone) provided extra research support to enable easier access to data, literature and emerging findings and analysis conducive to joint discussion and collaborative analysis.

The BASW Survey: data processing and data analysis

An ongoing survey was initiated by BASW on 16 March 2020 to collect professional experiences and views from the social work community. The survey collected 2281 responses from different sectors of social services (i.e. adult services, children and families, mental health, criminal justice and other) and from different nations in the UK by the end of August 2020. The survey was edited once (13 May 2020) since it was launched. All the questions in the previous questionnaire were carried forward, and some Likert scale questions and a question on ethical dilemmas were later added. In terms of the parts on best practice and challenges, the same questions were included in both the original survey and the revised one. The survey consisted of mostly open questions that collected qualitative data on the work experiences and views of social workers during the pandemic.

Table 1 shows details of the respondents (N=2222)

Field of Social Work	Number of respondents (n =2047)
Children and Families	1095
Adult services	578
Mental Health	255
Social work student	39
Criminal Justice	34
Multi-disciplinary	24
Social work education	22
Country (Home nation)	Number of respondents (n =1836)
England	1527
Scotland	113
Outside the UK	74
Wales	72
Northern Ireland	50
Primary role	Number of respondents (n =2114)
Experienced social worker	1095
Student social worker	264
Manager	257
Newly qualified social worker	200
Social work supervisor	134
Independent social worker	123
Academic	41

The data was prepared for NVivo analysis and was co-analysed by the Durham Team and the Social Work Practitioner Research Network members. Key milestones in the work of data processing and analysis are listed in Appendix 1.

Social work during COVID-19

Social workers' responses to the BASW survey during March-August 2020 suggest that challenges and best practice emerged and evolved into three main phases:

Phase 1: Chaotic change vs business as usual

Phase 2: Doing proper social work?

Phase 3: Transforming social work vs settling for the 'new normal'

These phases generally correspond to three time periods: March; April-May; and June-August. They are distinctive in terms of the dominant types of practical and ethical challenges reported as facing social workers and the ways they responded to these challenges. While there is distinctiveness in each phase, challenges and best practice arising from a particular time period remain influential to social work practice in subsequent periods. They developed and transformed over time and hence should not be considered as issues just linked to a particular phase.

The 3-phase model also captured how social work experience changed through the first wave of COVID-19 and what future directions of travel might lie ahead for the profession in the UK. Underlying these phases, there were social inequalities and welfare politics that pre-dated the pandemic. They continued to contribute to unequal distribution of resources and discrimination against those already at risk of vulnerability and/or social exclusion (O'Leary and Tsui, 2020), laying the foundation for the chaos experienced by social workers during the initial stages of COVID-19.

Phase 1: Chaotic change vs business as usual

On 20 March 2020 (3 days before the national lockdown), social workers were officially included on the list of critical workers after the publication of the first guidance document on supporting 'vulnerable' children in education settings (Dunn, Allen, Humphries and Alderwick, 2020b). Similar to other countries, the social workers' roles in supporting and safeguarding people were recognised and emphasised during the pandemic (Truell and Crompton, 2020). On 31 March, easements of responsibilities around assessments, care planning, reviews and financial assessments under the Care Act 2014 were introduced through the Coronavirus Act 2020. While the easements were meant to support local authorities to reprioritise their responsibilities during the crisis, issues around how the provisions of the Act might contradict our duties to safeguard human rights (under the Human Rights Act 1998) were raised (BASW, 2020a).

Dramatic changes in policies and practices mark this phase as a state of chaos or 'system shock' (Pentini and Lorenz, 2020). At that time, social workers experienced surging professional challenges caused by the 'lack of information', 'lack of support', 'guidance' and 'staff shortage' which evolved into other challenges in later phases. This is reflected in comments from some of the social workers responding to the survey:

There has been no communication whatsoever from management. We are the assessment team, so undertake s47 and child and family assessments. We have expressed concerns about being potential 'super spreaders' for our already vulnerable families as well as potentially infecting the vulnerable people in our own families but have had no response. (Experienced social worker, Children and Families services)

Increased demand for AMHPs [Approved Mental Health Professional] against a background of savage austerity-driven cuts to services. Many AMHPs have had to come off our rota due to underlying health conditions/living with someone who has these, and this has left a depleted AMHP workforce facing extremely difficult circumstances. (Experienced social worker, Mental Health services)

It is a "carry on regardless" environment at the minute with people becoming increasingly worried that there is no direction/guidance being shared with the staff. (Experienced social worker, Adult services)

Within the chaos, social workers also reported their concerns about work continuing in a 'business as usual' mode, critiquing the lack of change or adaptation being made. Not only does this theme emerge as an initial observation relating to a lack of sufficient governmental and organisational response (enhancing the sense of chaos), it also evolved as a reflection on the enormity of the pandemic and the lasting and irreversible impact it would come to have on social work practice.

Key challenge: balancing risks

'Balancing risk' was a dominant challenge in this phase of social work response to COVID-19. COVID-19 has posed new health risks to everybody and especially to those who need shielding or lack capacity to maintain physical distancing. These new health risks tipped the balance (of risks) in the families of many service users, and it required social workers' intervention to identify, assess and resolve the conflicting interests and re-balance the risks in the families. When asked to briefly describe their biggest ethical dilemma, this social worker commented:

When a client was shielding (oxygen dependant 16/24) & his wife was working on a Covid19 ward cleaning & was being made to go to work. She was stressed, anxious & distraught. Social distancing at home was not possible - tiny 1 bed cottage. Supported & guided her to make decisions on the way forward. She eventually submitted sick notes re stress & she & her husband are now enjoying their time together. She stated ' I love my job, but I love my husband more.' Dilemma was balancing her needs & the greater needs of society. (Key worker role crucial at this time.) (Student social worker, Adult services)

Meanwhile, social workers themselves were not exempted from these new risks, which then caused disruptions in both of their personal and professional life:

I have underlying health issues which for whatever reason were not included on the NHS high risk category but which later on were mentioned but the letters were already sent out by them, so I was not protected after the fact (in my opinion). (Social work supervisor, Children and Families services)

The following response further encapsulates the multi-faceted nature of risks exemplified in rapport building, partnership working and carrying out assessment during COVID-19:

My client was showing clear signs of relapse following the death of a close family member, and these signs were evidenced in a previously written relapse prevention document. I was unable to undertake the face-to-face assessment required to refer her to the Home treatment team for acute support in the community to try to prevent hospital admission, due to my health. I was therefore in detailed discussion with a colleague on duty in my team before and after her assessment. She felt that the criteria were not met for Home treatment and didn't refer, and I continued to manage her rapid decline by phone, with Home Treatment becoming involved the following week and her subsequently requiring hospitalisation for a lengthy period. I found this very challenging - I felt that my assessment of my client was not given enough weight in her decision, and I worried that I should bring this to senior staff as an example of difficulties that could arise again if we go into a local lockdown for example, but also worry about my ability to see

the full picture from home - and of course my relationship with that colleague. However, I do think it has been detrimental to my client and continue to be concerned that a week with home treatment at that time may have shone a light on some of the emerging concerns. (Experienced social worker, Mental Health services)

Risks can also be related to the mode of working adopted during COVID-19. Shifting to remote working, such as online meetings and telephone calls, risked missing the nonverbal cues identified as crucial to effective communication and assessment. Concern was raised that digital assessments could increase risk to both the service user and social worker (Banks, Cai et al., 2020a). Other risks and ethical issues inherent in the fusion of digital and face to face practice also emerged in this phase, reflecting on potential compromise of confidentiality, practitioner wellbeing, professional boundaries and interruption of services (Reamer, 2013; BASW & SCIE, 2020). When face-to-face visits were deemed necessary, social workers expressed concerns over their own and their families' health, as well as the stress and anxiety of spreading the virus. These responses underscore the ethical and emotional burden that professionals experienced, and the perceived lack of support and security coming from leadership positions:

I am experiencing a constant feeling of worry and anxiety about our most vulnerable children in the community, victims of DV and not being able to do our jobs to full capacity to ensure they are safe. That said I am also very very anxious about the protection of my own family due to having to conduct visits in the community without appropriate PPE. (Experienced social worker, Children and Families services)

We have received no direction or guidance so far other than to wash our hands. No decisions have been made, despite growing concerns about how we prevent the spread of the virus through our home visits and meetings. People are calling in sick, meaning we have fewer staff in who can manage the statutory responsibilities. We are panicking due to complete silence from senior managers. (Manager, Children and Families services)

Routinely weighing up the multiple and dynamic risks arising from practice can also have unintended consequences. For example, raising the threshold for face-to-face assessment/intervention and engendering a hierarchy of deservingness in the emerging new social work practices during COVID-19 were reported as problematic by this social worker:

Today was day 1 and we had an email at 9:30pm saying we had to cancel all home visits and reviews and only do urgent visits. Same with any safeguarding we triage over the phone to do the initial enquiries and only visit where necessary. Also, to offer to support with hands on care if needed. We've also been advised to work from home which I feel can be very isolating. (Experienced social worker, Adult services)

COVID-19 has put unprecedented strain on social care systems and exacerbated many of the pre-existing systemic issues such as neglected public services and the continuation of privatisation that laid the necessary foundations for chaos and ultimately meant social work was left to play catch up (Community Care, 2020). The situation demands a response from policy makers and leaders to recognise the failings of pre-COVID-19 practice and develop new initiatives from pandemic insights (SCIE, 2020a).

Summary box on 'balancing risks'

- New health risks tipped the balance (of risks) in the families of many service users, and it required social workers' intervention to identify, assess and resolve the conflicting interests and re-balance the risks in the families.
- Social workers themselves were not exempted from these new risks which then caused disruptions in both their personal and professional life.
- Risks posed by COVID-19 are multi-faceted (physical, psychological, social, digital, environmental and legal) and are embedded in a range of social work practices such as rapport building, partnership working and carrying out assessment.
- Working from home might compromise confidentiality, practitioners' wellbeing, professional boundaries and can cause interruption of services.
- Face-to-face work increased social workers' stress and anxiety of spreading the virus.
- Raising the threshold for face-to-face assessment/intervention and engendering a hierarchy of deservingness in the emerging new social work practices can also create risks to individuals and families.

Best practice for 'balancing risks'

To identify, assess, mitigate and redistribute risks during the pandemic, social workers relied heavily on (1) effective communication and (2) a supportive and caring work culture.

1) Maintaining effective communication

In the context of chaos and change, established communication systems were overwhelmed/disrupted by queries from various fronts. To identify, assess and mitigate (new and pre-existing) risks in a timely manner, social workers stepped up to create new systems for communicating changes with users, carers, colleagues and partner agencies.

In times like these, it's important to apply your team working skills and leaderships skills. My colleagues were emailing everyone messages regarding care homes on lockdown, so I decided to make a spreadsheet to prevent this [duplication] from happening. It makes work a lot more productive and minimises the increasing anxiety people might already be experiencing. (Student social worker, Adult services)

The success of effective communication is based on several factors, illustrated by following quotations from practitioners:

● Clear practical guidance

[It is important for] managers and [those] higher up to make clear decisions and inform staff regularly, so we feel supported and less panicked. We need to remember what is important - e.g. do we really need that face-to-face meeting? (Experienced social worker, Children and families services)

● Leadership from the senior management to adapt national guidance to meeting local needs

Our team received new guidance from the Government on the 17/03. The top managers have created a guidance for [a local authority's] SWs. We now have a system in place whereby some of us are working from home (those with health issues, like myself) and some of the other SWs will be visiting clients in the community. (Experienced social worker, Adult services)

- **Effective systems for information sharing and communication**

Really good collaboration between voluntary sector, local authority and GP practices. Key good relationships made and an important sharing of information to help ensure best care given. (Independent social worker, Adult services)

- **Transparency in information sharing and decision making;**

[It is important to be] open and honest with professionals and families. Sharing all information with everybody together and working in partnership. (Experienced social worker, Children and Families services)

When effective communication is achieved, social workers should be receiving clear and organised daily updates of the latest guidance and policies; getting better access to their management to express concerns and discuss challenges; and able to share their new best practice on a regular basis.

2) Building a supportive and caring work culture is crucial to ensure emotional, moral and practical support is available and accessible for every social worker. It helps redistribute risks and promote shared responsibility in tackling complexity in practice, as these social workers commented:

Colleagues supporting each other from all agencies, helping out taking reports or equipment if needed. (Experienced social worker, Children and Families services)

Identifying the children most at risk and undertaking group supervision on how best to support and protect in these difficult periods. (Manager, Children and Families services)

Staff within my placement are showing great comrade[ship] and coming together to support each other and the children. We all share the same concern with regards to our children's welfare and we are working hard to devise a plan to still be able to deliver our service to children and families if/when our service is no longer deemed safe to have children attend. (Student social worker, Children and Families services)

Phase 2: Doing proper social work?

While the pandemic has intensified risk and social inequalities, the government's responses remained focussed on health care in April-May 2020. In relation to social care, the new guidance was sometimes counter-productive. For example, guidance published on 1 April 2020 stated that a negative test was not required for care home admission. This was followed by a change of guidance on 15 April stating government's 'commitment' to testing all symptomatic residents and staff members. Throughout April to May, PPE shortage was still experienced by many social care services (Dunn, Allen, Humphries and Alderwick, 2020a; Ferguson, Kelly and Pink, 2020). Later in April 2020, major social care policies included putting some extra funding into local authorities to support the communities and stabilising the social care workforce through recruitment campaigns. In May, the government responses seemed to focus on building individual and organisational resilience (exemplified by the Care Workforce app launched on 6 May 2020 (Department of Health and Social Care, 2020) and guidance on health and wellbeing of the adult social care workforce released on 11 May 2020 (Dunn, Allen, Humphries and Alderwick, 2020b; Department of Health and Social Care, 2021)) rather than addressing social workers' demand for more resources, protection and clearer guidance.

In phase 2, the challenges related to 'balancing risk' also evolved into questioning what was meant by 'doing proper social work'. 'Proper social work' seemed to encompass all forms of direct work with children and adults that underpin ethical and effective assessments and interventions. This would include: carrying out parenting assessments, approval of foster carers, deep cleaning the homes of service users who self-neglect, removal of children from abusive families and carrying out needs assessments with those with limited mental capacity. All these hands-on interventions were

impossible or very high-risk to undertake at the peak of the pandemic, especially without sufficient PPE. When assessment and service quality were compromised, and when supportive relationships with service users and carers were not sufficiently built and sustained during COVID-19, social workers began to question their professional identities, asking: ‘am I doing “proper social work”’? The following quotations illustrate their concerns.



Responses from social workers during this phase place importance on social work as an ethical, practical and relationship-based profession. Meanwhile, they also show that social workers were displaced from their established good practice because of COVID-19 and remote working.

... our standards and professional values don't have to change just because we have to work differently. It just makes it more difficult and at times we are acutely aware it isn't quite good enough. (Experienced social worker, Children and Families services)

This situation created an urgency for social workers to seek creative ways to balance risks and re-embed social work values, professional knowledge and relationships in their everyday practice.

Key challenge: re-embedding social work values, knowledge and professional relationships in the new times

Ethical dilemmas, such as how to balance the conflicting rights, needs and risks of service users and their families and weighing up individual rights and public good (Banks with Geoghegan and Shears, 2020), are prominent features in social workers' experience during COVID-19.

Families/clients [are] quite stressed out as some of them have been asked to stay home but they cannot earn any money; some social issues cannot be sorted out [as] quickly now, for instance, [the] deep clean of [a] client's home who self-neglects (some companies are taking precaution to go into such environments). (Experienced social worker, Adult services)

The constantly changing risks, needs and (the lack of) possibility for honouring different rights made tackling ethical dilemmas during the pandemic more challenging than usual. Social workers frequently questioned the ethics of their routine practices, such as home visits, face-to-face capacity/needs assessment and intervention to protect children at risk, and had to weigh up the health, economic and moral costs and benefits in conducting those practices. These challenges were especially heightened when social workers were not provided with sufficient PPE, the same rights to access asymptomatic COVID-19 tests and vaccination.

Families who are self-isolating- not able to do home visits. No hand gel between visits or anti bac wipes. It is a time like this that reflects that numbers and recordings are more important than social workers health. Makes me lack faith in this profession. (Experienced social worker, Children and Families services)

Focusing on the impact of the pandemic on social workers' everyday practice, the concept of 'ethical logistics' seems relevant (Banks, Cai et al., 2020b) to capture how social workers have to put a large amount of effort into rethinking and reconfiguring resources, procedures, protocols and conventional processes in order to uphold professional integrity and practice standards. This concept emphasises the ethical agency of individual social workers, who mobilised themselves and resources in different ways to problem solve and serve the people with whom they work as ethically as possible. In the initial transition from chaotic change to 'business as usual' (March-April 2020), there were many examples where creative solutions were developed to support people needing services. One example was the development of socially inclusive approaches such as community outreach activities to replace more traditional centre-based services.

Prioritising visits, extreme concern about children in 'isolation' when there are concerns about neglect, DV or drug use. Some of our cases are on daily visits usually, due to risk - these visits are now having to be done on the doorstep, when families are isolating. These visits aren't really effective in safeguarding children. (Experienced social worker, Children and Families services)

Having a hub within the local hospital has helped forge better relationships between health and social care, although they are still very strained. (Experienced social worker, Adult services)

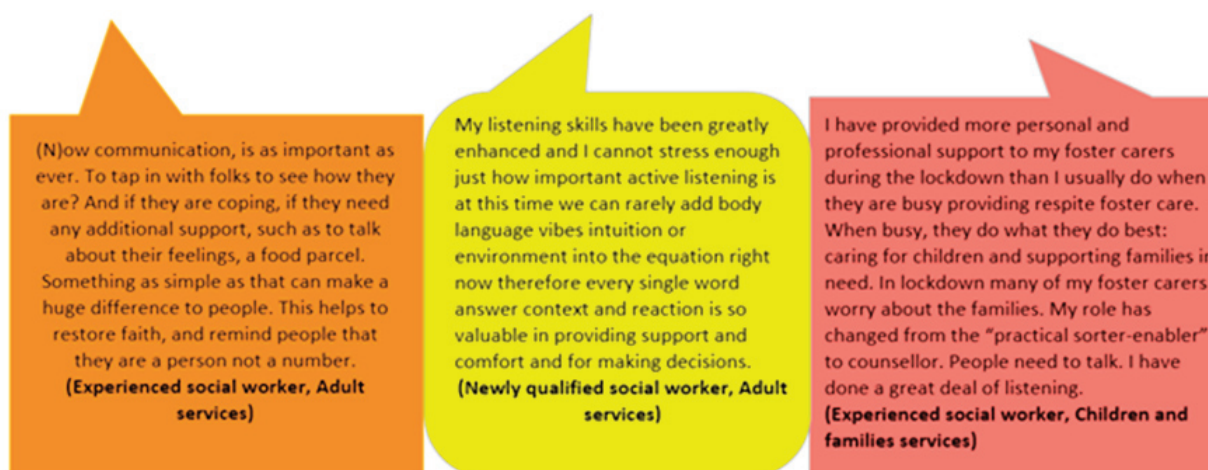
These new practices on the one hand helped re-establish interagency collaboration, collegiality and user-worker relationships that are conducive to 'doing proper social work', while on the other served to validate social workers' professional identity and re-embed social work values in their everyday professional practice.

Summary box on 're-embedding social work values, knowledge and professional relationships in the new times'

- Ethical dilemmas during the pandemic were more challenging than before because of the changing nature of risks and needs
- Recognising and tackling ethical dilemmas required social workers putting a large amount of effort into rethinking and reconfiguring resources, procedures, protocols and conventional processes in order to uphold professional integrity and practice standards
- Creative solutions to ethical dilemmas helped re-establish interagency collaboration, collegiality and user-worker relationships that are conducive to 'doing proper social work'

Best practice for re-embedding social work values, knowledge and professional relationships in the new times

- 1) Identify ethical challenges and dilemmas and engage with slow ethical reasoning** (Banks with Geoghegan and Shears, 2020; Banks, 2020). The fast changing situations during COVID-19 required social workers to be even more ethically vigilant than usual. Ethical practice usually shows social workers' abilities to examine the ethical foundation of ongoing and new practices in the context of shifting risks and needs and in relation to competing rights of individuals and public good.
- 2) Create opportunities for training** to diversify and deepen knowledge and skills needed in the new times. Online CPD courses/webinars, on the topics such as social workers' legal responsibilities under the new law, doing e-social work, service specific knowledge during COVID-19 and the use of technologies, were highly valued by social work respondents.
- 3) Continue with home visits and face-to-face work** with social distancing and PPE, for example, door-step visits, garden visits and outdoor contacts. Some regional services have also developed regular wellbeing checks with those who require face-to-face re-assessment.
- 4) Combine different existing methods/approaches of practice in new ways** to carry out social work assessment, intervention and review to the highest possible professional standards. For example, doing case review during an outdoor walk and liaising with community groups to deliver support to users while community services were closed down.
- 5) Build a sense of connectedness at work.** Self-isolation and physical distancing measures, as methods for stopping the spread of the virus, have also created undesirable social barriers among social work colleagues and service users. To overcome a deep sense of loneliness, lack of meaningful social interactions and the feeling of not being understood/supported, best practice reported by social workers includes: (i) maintaining frequent contact with users, carers and colleagues who are shielding; (ii) actively listening to colleagues/users' needs with careful use of verbal prompts; and (iii) offering moral and emotional support to users and co-workers when needed.



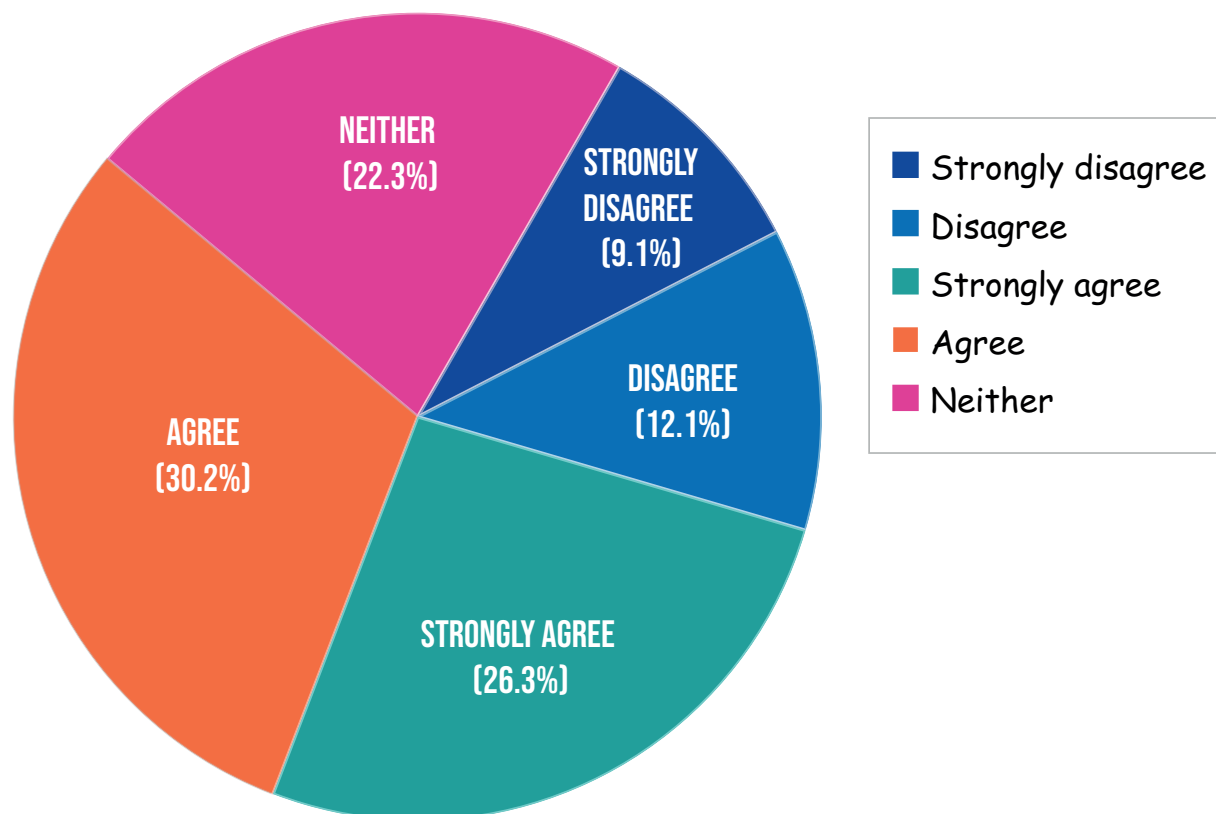
Phase 3: Transforming social work vs settling for the 'new normal'

Phase 3 is the result of developments in previous phases. Embracing all the challenges and best practice included in the previous phases, social workers' responses from this period demonstrated a dedication to challenging the new normal (either digital by default or 'business as usual') in the increasingly complex world. From May to July, there were more responses showing new established work routines reflecting hybrid work patterns. Examples include rotation of working from home and going back to the office, forming of colleague bubbles, re-establishing home visits safely and creatively and developing support for those who were digitally excluded:

because of inadequate organisational support (Figure.2 shows only about half, 56.5%, of the social worker respondents agreed/strongly agreed that they were well supported by managers/supervisors during COVID-19) and the government's poor responses to social care concerns.

Fig.2 Percentage of respondents reporting being well supported and advised by direct manager and/or practice supervisor

Percentage of cases well supported and advised by direct manager and/or practice supervisor



The emphasis on a strengths-based approach as 'best practice' during COVID-19 will need to be implemented with caution. While this approach allows social workers to identify and work with strengths, resources and positive relationships of the individuals and families, this might also place undue burden on those who are strained on resources, good health and life opportunities during COVID-19. It is important to implement the strength-based approach alongside a robust support plan, so that disadvantaged individuals and families are provided with the right conditions to make choices and exercise their autonomy in resolving their challenges.

Alongside this, at the international level, we have also seen the strengthening of community development and organising in social work practice, particularly in Asian and African countries (Truell and Crompton, 2020). Whereas our UK data contains a very small number of respondents (n=4) reporting more community development and organising work during the pandemic although more communities were organising themselves to support their neighbours and many social workers expressed appreciation of the revived community spirits. While we are still writing the open book of social work's future development, Banks with Geoghegan and Shears (2020) remind us that we have to be ethically vigilant in the transition to the new normal, to avoid individualising problems and responsibilities when resources are limited, and social problems get more complex in the post-pandemic world.

Conclusion

Pre-pandemic conditions of growing inequality and inadequate welfare provision caused by austerity and privatisation of social services laid the foundations for the chaos during COVID-19. Increases in poverty, homelessness and unemployment gathered speed with the implementation of lockdowns in the UK and worldwide (Truell and Crompton, 2020; Martinez, 2020), which impacted on the processes of balancing risk in phase 1 and the re-embedding of social values in phase 2. Thus, phase 3 saw the confluence of the establishing of the 'new normal' (normalisation of social disconnection, digital by default and 'business as usual' without appropriate government support) and social workers' creative resistance against these trends.

The pre-pandemic social work practice will continue to evolve through and after COVID-19, and social workers need to embrace the opportunities of the positives and manage the constraints/impact of the negatives while being ethically vigilant to the emerging 'new normal'. In phase 3 (August 2020), two distinct directions were apparent, which are still relevant at the time of writing: settling for the 'new normal' or transforming social work into a profession that advocates for social justice, shared responsibility and care and compassion. The latter vision can be realised during COVID-19 only when social workers continue to be ethically vigilant, practically creative and compassionate in their practice. CPD that helps social workers navigate the complexity of the COVID-19/post-COVID-19 world, including training on the use of technology, best practice ethics work, and relationship-based social work, would be crucial to this transformation. In this transformation, social workers can also play an active role in campaigning for stronger government responses to social inequalities, building community resilience and improving the working conditions of social workers.

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Appendix 1: Key milestones in the work of data processing and analysis

- Anonymised and password encrypted dataset was transferred to Durham University project team by BASW (18 September 2020)
- The dataset in excel format was prepared for NVivo analysis by project researchers. Upon receiving the dataset, 2281 cases were present in an Excel Spreadsheet format. The data were then cleaned and prepared for NVivo. This process first involved the exclusion of duplicates, blank entries, false entries and un-translatable entries. A total of 2222 cases were then uploaded to NVivo for further analysis.
- Initial coding was carried out by the project researcher and brought back to the CPD sessions (on data analysis and coding) for further discussion with practitioner-researchers. Feedback from practitioner-researchers informed another round of analysis (12 and 19 October 2020)
- Four categories/themes emerged and led to the formation of four working groups for further analysis of data. All working groups consisted of at least two practitioner-researchers and one academic researcher, ensuring diverse expertise was included in each working group. This decision was made in the first general meeting of the Network (26 October 2020).
- Four working groups formed in the first joint meeting to discuss the codes in relation to their themes, and identify potential links among codes with the help of members' knowledge and experience in their own areas of work (9 November 2020).
- Practitioner-researchers and academic researchers, on a voluntary basis, joined the project researcher and the project leads in NVivo analysis.
- A staged model for social work transformation was proposed in the second joint meeting for further discussion, forming the basis for developing a social work model, which we called the Reflective Activist Model for Social Transformation (RAMST) (7 December 2020).
- Two working groups were formed to lead the writing of the practice guidance and the policy brief after the joint meeting held on 7 December 2020.
- Drafts of the practice guidance and the policy brief were discussed in the joint meeting (11 January 2021) to gather comments from all co-researchers.
- The final report was circulated for comments on 19 January 2021 and finalised by the project team on 2 February 2021.

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