SOCIAL WORK IN ROMANIA IN THE TIME OF THE COVID-19 PANDEMIC: STRENGTHS AND WEAKNESSES

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ABSTRACT

The Covid-19 pandemic has posed great challenges for all social work clients and their families, caregivers, medical and mental health care providers, and support systems. Social work clients are vulnerable to the detrimental effects of restrictions (isolation) and are confronted with adverse consequences from distancing and new rules, which may trigger or worsen psychiatric disorders (anxiety, depression, self-harm, substance abuse, suicidal behaviour and thoughts), according to recent literature (March-May 2020). This paper presents the results of a survey of Romanian social workers aimed at identifying both positive and negative effects of the Covid-19 pandemic on both social workers and their clients.

Keywords: social work, Covid-19 pandemic, negative effects, positive effects

INTRODUCTION

The Covid-19 pandemic has had effects at all levels: political, cultural, and social, but the overwhelming majority of studies published in March-May 2020 have focused on social issues: care (Cao et al., 2020 [2]; Crespo-Facorro, 2020 [13]; Dalton, Rapa & Stein, 2020 [4]; Golightley & Holloway, 2020 [5]; Gunnell et al., 2020 [6]; Mackolil & Mackolil, 2020 [7]; Naguy, Moodliar-Rensburg & Alamiri, 2020 [8]; Odriozola-González, Planchuelo-Gómez, Irurtia & de Luis-García, 2020 [9]; Ovejero, Baca-García & Barrigón, 2020 [10]; Satre et al., 2020 [12]; Seidi, Ardebil & Jaff, 2020 [13]; W.H.O. [15], 2020), equality (U.N.O., 2020) [1]4 , and risks (Ragavan et al., 2020) [11]. This study presents the impact (positive and negative effects) of Covid-19 on Romanian social workers and their clients from the perspective of social workers. The term "social worker" covers, in this paper, positions such as social workers, support workers, therapists, volunteers, and managers in the social work system.

MATERIALS AND METHODS

The 36 respondents (31 females and 5 males) are from cities and towns all over Romania: Bucharest (the capital), Arad (Arad County), Botoșani (Botoșani County), Cluj-Napoca (Cluj County), Reşiţa (Caraş-Severin County), Haţeg (Hunedoara County), Drobeta-Turnu Severin (Mehedinţi County), Suceava (Suceava County), Jimbolia and Timişoara (Timiş County). Female respondents are social workers (26), managers (3), ergo-therapists (1), and volunteers (1),

while male respondents are managers (3), social workers (1), and a support worker (1). As for educational background, their maximum qualification levels are degrees in Social Work at bachelor level (13 females and 1 male), masters level (17 females and 3 males), and doctoral level (1 female and 1 male). The 30 female respondents are aged 21-30 (9), 31-40 (11), 41-50 (7), and 50+ (4), while male respondents are aged 41-50 (3) and 50+ (2). Regarding work experience, female respondents have below 10 years (17), between 11 and 20 years (10), and over 21 years (4) of experience, while male respondents have between 11 and 20 years (3) and over 21 years of experience (2). There are both female and male respondents working in urban (28 and 5) and rural (12 and 1) areas.

The research method consisted of a survey based on a questionnaire containing eight questions (four open answer and four multiple-choice response questions).

RESULTS AND DISCUSSION

Reponses to Question 1, How did you work during the state of emergency [when lockdown restrictions were most stringent] (from home, long shifts, 8 hours/day, etc.)? Please detail in a maximum of 10 lines, show that respondents (both females and males) worked in a wide variety of single and hybrid patterns during the 60 day state of emergency – remote work (online or over the phone), in isolation in an institution (shelters), normally (8 h/day at the office or in the field), suspension of work – and according to a wide range of unplanned adaptations of working pattern – normal schedule (8 h/day) and/or shifts (8-hour shifts in the morning, in the afternoon, or at night, or 12-hour shifts during the day/night and 16-hour shifts during the day and night), or simply as long as it took to accomplish a particular task. One respondent was even asked to take a 2-week vacation during the pandemic to avoid suspension of work. But remote work, office work, and field work were the most frequent. This points to a high degree of adaptability on the part of the social workers, managers, therapist, and volunteers questioned.

Responses to Question 2, Did you have feelings of fear during that period? Did the beneficiaries of social services express their fears? If so, how? Tell us at least one story in a maximum of 10 lines, show partially different feelings in respondents and in their clients. Thus, almost half of respondents claimed they were not afraid of the pandemic, but rather anxious, confused, furious, or impotent. Their fears, when present, concerned the economic impact of the pandemic, the health of their families, clients, and colleagues (the fear of transmitting the disease to them and/or of catching it from them), the measures taken, their own health, the risk of failing to comply with the new rules, the statistics presented by the media, and uncertainties about decisions and the general situation. A.S., male, late 50s, manager of the Bucharest General Directorate of Social Assistance, said, "There was certainly a sense of fear, fuelled by the unprecedented measures imposed, by the alarming statistics constantly

transmitted by TV stations, by the lack of adequate protective equipment, by my pre-existing asthma." A few respondents claimed they did not experience fear because they believed in God. As for their clients (the beneficiaries of social work services), they were afraid of dying, of the economic impact on their families, of the future (cessation of work, food, income, isolation, lack of ICT equipment for their children, lack of money, loss of job, housing), of the novelty of the situation, of transmitting the disease to their families, of the unknown, of the virus, and of the negative impact on the psychological wellbeing of their children. Overall, their fears were related to material (food), medical, and social issues. They also experienced agitation, anxiety, being thrown off balance functionally, depression, frustration, loneliness, panic attacks (in refugees), restlessness, sadness, stress, tiredness, and uncertainty, and found themselves more than usually cautious. Some attributed their lack of fear to their trust in God. A.C., female, late 40s, social worker in Drobeta-Turnu Severin, said, "The beneficiaries expressed their fears not necessarily about the outbreak, but about food, medication and the necessities of life. They did not fully understand what was happening and the restrictions imposed by the authorities were not respected locally."

Responses to Question 3, What would be three advantages (strengths, opportunities) and three disadvantages (weaknesses, threats) that you noticed in working with clients during this 60-day state of emergency and which characterized the COVID-19 pandemic? Please detail in a maximum of 20 lines, can be grouped into respondent- and client-related responses. Thus, in the respondent dimension, the Covid-19 pandemic has had the following positive effects: acquisition of new professional skills, better acquaintance with clients and colleagues, better appreciation of activities, services, and staff by the clients, better communication with clients, their families and colleagues, better cooperation in religious matters and better cooperation with clients and their families, better financial management, better interaction with clients, better introspection, better parent-child/children relationship, better potential in clients, better prioritisation, better relationships with institutions, better remote work, better teamwork, better time management, better use of online operations, better work coordination, building up stronger families, challenging situations, church involvement, clients' availability for dialogue, closer contact with the clients ("one-click distance"), commitment to observing pandemic rules, community support through fund-raising activities, decrease of client numbers, deeper understanding of people's issues (homelessness), desire to keep contact with social workers, disruption of clients' unhelpful associations, feeling as if one were vacationing, feeling of safety, enhanced openness of clients, greater flexibility of activities, higher quality of social services, identification of new needs in clients, clients being unable to purchase illegal drugs, improvement of one's activities, of clients' attitude toward education and the value of schooling, improvement of professional activities, increased awareness of human vulnerability and of the importance of social work among clients (parents), increased social involvement, increased spirituality, less stress, lighter traffic, local community involvement, lower travel expenses, meeting wonderful people, saving money, more activity,

more balanced spending, more client openness, more closeness, more creativity, more direct interaction with clients, more effectiveness, more positive approach, more time spent with clients, opportunity to meet clients and donors, simplification of administrative tasks, spending quality time with clients, and testing the organisation's ability to face pandemics. R.L., female, late 20s, volunteer in Jimbolia, said, "I believe that during this period financial and material resources were much better tracked and managed. If, before, we tended to say yes to anyone who asked, during this period we were much more careful about to whom and why we said yes", and B.C., female, late 20s, social worker, said, "Children coped with this period well: we could see, in the case of a girl who had certain problems at school, that this period changed the situation; another teenager, who is about to turn 18, wanted to leave the protection system, but this period allowed him to achieve what he really wants. The breaking up of some entourages did the children good. During this time of isolation, children learned to value school more."

Respondents indicated the following as negative effects of the Covid-19 pandemic: addiction to online environment, anxiety in clients, having to stop certain activities, changes in everyday routine, clients' inability to refer to other people from the institution, closing of shelters, confusion in clients, depression in clients, difficult communication, time management, documenting cases, burden of additional paperwork, identifying individual and specific client needs, difficulties with schooling online, difficulty resolving current problems at work and working with vulnerable people, digitalization of services (because clients cannot always use ICT to communicate), domestic violence in clients, extra expense on phone calls, feeling of isolation in clients, frustration caused by travel restrictions, impossibility of assessing results on a regular basis, of completing tasks, of conducting social inquiries, of counselling rural clients whose financial challenges were often – due to their situations – more acute, of meeting all clients' demands, of monitoring clients' progress, of recruiting new clients, of visiting clients, of complying with emergency situation rules. To these we must add coping with anxiety and depression, improper language use by clients, increased dysfunctionality in dysfunctional families, increasing egocentricity in clients, inefficiency of online counselling, isolation from school and colleagues, lack of communication with drug addicts, lack of confidence in authorities, lack of face-to-face communication and interaction between social workers and clients and between child clients, lack of freedom of movement, lack of group gatherings, lack of ICT skills in clients, lack of Internet connection, laptops, phones, and tablets, lack of material resources because of unemployment, lack of non-verbal communication feedback (due to masks), lack of physical contact, lack of proper educational environment, of proper protection equipment, of proper social services for homeless people and of visual contact, less financial support from the community, not enough staff, occupational hazards, panic in clients, physical, psychological, social, and spiritual regression in children (because they could not undertake physical exercise), poor communication between institutions and clients, poor contact with clients, psychological distancing between social worker

and clients, restlessness in clients, restrictions, stress caused by the novel context, suspension of pro-life campaigns, time limits in social worker-client interaction, tiredness caused by activities with clients, too much time spent online, total dependence on online media, wasting time procuring protection equipment, and work piling up. A.B., female, late 40s, social worker in Timisoara, said, "Frustration of not being able to work to full potential because of travel restrictions, lack of face-to-face communication, decreased ability to evaluate results.", while L.M., female, 50+, manager, said, "This period fostered the development of selfishness. People were much more self-centred, more individualistic. Social isolation triggered depression, panic and confusion. Human-to-human connection was greatly reduced, and the masked smile and the cumbersome communication resulted in the cooling of human relations, a much deeper distancing than the physical one."

Responses to Question 4, What types of beneficiaries (children with disabilities, orphans, poor, elderly) do you have in your projects? Please detail in a maximum of 10 lines, show that respondents work with a wide range of people: abandoned children, abused children, children raised by their grandparents, children with learning difficulties, dropout children, foster home children, underage mothers, child refugees, orphans, street children, teenagers, young delinquents, and young people over 18; pregnant women at risk, widows, women at risk, women with children at risk, and women with unplanned pregnancies; people with learning difficulties and people with addictions; victims of family violence (children, women, men, elderly); families at risk of poverty, families with children, low-income families, minimum income families, mono-parental families, no-income families, and poor families; applicants for social housing, beneficiaries of social incentives, elderly, and homeless people.

CONCLUSION

The results of this survey confirm those of similar surveys regarding the practice of social workers in other parts of the world. Thus, the International Federation of Social Workers carried out a study of the ethical challenges faced by 607 social workers from 54 countries during the Covid-19 pandemic (6th-18th May 2020) (Banks et al., 2020) [1] : it concluded that Covid-19 and measures to control and prevent its spread have restricted the services and responsibilities usually carried out by social workers (working schedule patterns; feeling of frustration caused by the lack of face to face communication and by the impossibility of assessing results; hindered office work; too much dependence on ICTs; time management issues; tiredness; impossibility of contacting certain families, of taking proper measures for the beneficiaries, and of working in the field; improper language used by the beneficiaries; lack of adequation of measures to the beneficiaries' needs, of enough staff, and of funds; occupational hazards; panic; stress), while generating new needs and demands (managing aggressivity, confusion, anxiety, depression, despair, egotism, fear, violence; dealing with the lack of proper ICT equipment; dealing with economic issues, with improper social

integration, lack of community support and of trust in authorities, with the negative impact of media, with poor communication between institutions and beneficiaries).

Romanian respondents were different to expectations: both social workers and beneficiaries were more concerned about their families than about themselves. Among the various advantages of working in a Covid-109 pandemic environment, the reduced availability of drugs was the most striking one, followed by increased closeness and openness in beneficiaries of social services, by better cooperation between social workers and beneficiaries, and by improved teamwork. Remote working triggered great changes in the way social workers interact with their beneficiaries, detrimental to face to face interaction that is crucial in social work.

The Covid-19 pandemic-related effects on social workers and their clients in Romania have been almost exclusively social and practical in nature. The psychological wellbeing of social workers and of their clients has not emerged as a major minor concern.

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