

Maintaining social work connections during lockdown

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On Saturday 21 March 2020, Prime Minister Jacinda Ardern announced a 4-level alert system around the rise of covid-19 coronavirus in Aotearoa New Zealand. At that time there were 52 confirmed cases in New Zealand. On Monday 23 March, Ardern announced New Zealand would move to Level 4 and full lockdownⁱ at midnight on Wednesday 25 March. Full lockdown in New Zealand meant exactly that. Everyone working from home, unless they were deemed essential workers. Retail outlets all closed. No travel unless essential. No interactions with people outside of your household—your “bubble”ⁱⁱ.

A number of economic support measures were also announced, but the main thought on everyone’s minds was around “How do I work from home?” and “Does my job still exist?”

Initially social work was not included on the essential services list, and then it was and then there was confusion. The main message though was: if you can stay home, work from home, you should. This was about the whole country pulling together to combat the spread of covid-19.

I work from home anyway. I have been doing so for nearly 2½ years. I watched as my work colleagues scrambled to organise their work from home offices. Working spaces, desks, chairs and computers were set up. Links with servers were organised. Communication processes within the organisation were worked out. We were also getting regular communication from social work members: “How do we work under Level 4?”; “What are the rules for social workers when working from home?” How did we advise social workers when we didn’t have any precedent?

In my role as Continuing Professional Development Coordinator, I connect with social workers regularly by way of webinars. We have begun using Zoom to hold discussions and consultations. I decided to set up a Zoom meeting for social workers to talk about what was happening in their workplaces, what their colleagues were talking about, how they were adapting their work.

The session was posted on Tuesday late afternoon to be held on Thursday and 340 people registered. We were limited to 100 people in any one Zoom session. I quickly decided that I would run another the next day. Over 100 people registered for that session too. I considered increasing the numbers allowed, but decided that if I was running a face-to-face session, 100 people would be a lot to manage in one hour. Having 100 people in a virtual meeting could be made to work if we ran more meetings.

That first session was a bit overwhelming!! We were all a little at sea—what would our work look like? What could we do? What services were available?

Initially concerns were expressed that, although social workers could work, they could not connect with the services—“Everything’s closed.” Social workers working in and with food banks, emergency services, refu, etcetc., were able to reassure other social workers that these services were all still running—but they, like everyone else, were based at home. The message was “continue to refer by phone or email. We will get back to you.” Services appeared to be very responsive within the confines of the situation. Contacting Work and Income would take hours. There were no shortcuts

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with this, it was a direct result of this strange situation we all found ourselves in.

I began to start each session with a quick rundown on how to use Zoom. Look at the camera, here are the controls, here is Chat, use it like this. I was often asked “what are we allowed to do?” I emphasised that, no matter the circumstances, we are still social workers. Our Code of Ethics and Code of Conduct still apply. At times like this we may be working on the edges of our skills and knowledge, and so supervision becomes really important. And I recommended that social workers ensure that documentation included the information that this intervention occurred during the Covid-19 lockdown. This might be important information in 20 years’ time when someone is wondering why a particular course of action was taken.

Each session was different. Some had huge numbers, some were smaller and we could just chat. Social workers shared contact details for Civil Defence and local councils who were providing services or connections to services locally. We talked about how to teach someone to use Zoom over the phone. Social workers shared contact details and then helped each other with Zoom or specific issues outside of the session. Social workers working in the same field but for different (or the same) organisations and at different ends of the country connected with each other.

Social workers shared stories of being told didn’t need supervision while working from home; of having someone else schedule their video meetings with clients starting at 8:00 am, finishing at 5:00 with no breaks during the day; struggling with separating work from life. Children joined some of the video conferences—curious as to what their parent was doing. Pets were often seen. Just as we were finding with our clients, this process was giving us glimpses into a more private and intimate world.

Social workers also told stories of what they were seeing and experiencing. There

is research which indicates that when a person perceives that they are talking with a machine or virtual human, they are more honest about reporting symptoms that might be perceived as “unacceptable” or risky or for reporting illegal, unethical, or culturally stigmatised behaviour (Lucas et al, 2017; Weisband & Kiesler, 1996). Initial research on the use of virtual humans to conduct clinical interviews suggests that interviewees appear more open to virtual human interviewers than their human counterparts (Joinson, 2001; Lucas, Gratch, King, & Morency, 2014; Pickard, Roster, & Chen, 2016; Slack & Van Cura, 1968).

These reported phenomena with virtual humans appear to also manifest when working with people via video conferencing. Social workers reported clients disclosed more, at a greater rate and earlier in the relationship. Young people were particularly easy to engage via video conferencing and electronic means, often communicating with their social workers clearly and openly for the first time ever. Young people contacted their social workers more often and earlier when an issue arose, so matters were more easily sorted. Men were also more willing to engage via virtual means.

Two presenters conducted a webinar “Risk assessment for family harm in relation to Covid-19” early on in the lockdown period. One of the presenters talked about changing his language when talking with male perpetrators of interpersonal violence. He had been running sessions with clients via Zoom for a couple of weeks before lockdown, and had found that if he said “It’s go live time” and let men know that they were now having the chance to “step up” there was a consequent recognition of responsibility and a change in behaviour.

Social workers often stated that the families they were working with were doing really well. They were being given a clear opportunity to show that they could cope—and they were. As social workers our aim is always to empower and support

independence—now we really had to walk the talk!!

A number of social workers described the increasingly settled behaviour of children who were diagnosed with ADHD or Autism with behavioural issues. It seemed the consistency of being at home, with mum and dad (or even just one parent), knowing each day would be the same, resulted in children being calmer and better able to manage their own emotions.

We talked about new ways of working. When working with a perpetrator, they would be asked how they were managing, then how their partner thought they were managing, then “can I speak with your partner and ask them what they think?” There were concerns, but the social workers who navigated these new waters, spoke of success—both partners were feeling heard. Partners could be given support to talk with each other. Changes did happen. Some social workers spoke of being more able to follow a Te Ao Māori model of care where both partners were worked with together, or the whole whānau met with the social worker, rather than just the one person who was the “client.”

Apart from the intimacy of being welcomed into clients’ homes, there was also some immediacy. When a social worker asked a client “what does your partner think about how you are coping?”, if the client had not spoken with their partner, there was the possibility “Why don’t you go and ask them now?” It appeared sessions were being more openly discussed with family—possibly because there was not a car journey or gap of some sort between the session and talking with family?

We talked about organising passwords and phrases that would indicate that the person was not safe to talk, and text messages that were code for “phone me now.”

Not every possible scenario could be planned for and have a strategy developed,

but it became clear that social workers were using their initiative, developing innovative solutions to enhance client-centred practice and continuing to manage their caseloads.

It wasn’t all wonderful—social workers told of tense situations with intimate partner violence, concern about children, families who were struggling to feed their children and lack of access to education when classes were online and families had no, or insufficient, devices or no internet connection.

Through all of this, social workers supported their clients and their communities every way they could. They helped each other, they communicated, they solved problems, they continued to uphold our Code of Ethics and our Code of Conduct.

Alongside so many other people, social workers were pushed into using technology in ways that we never had before. I began asking people who emailed me “How would you design this?”, “If you were using technology in your practice, what would it look like?” I got some interesting answers. Social workers are clearly thinking about what we do, how we do it, and how we can do it better.

One of my early tasks was to produce a guideline for E-social work. I looked at a range of guidelines for related professions. I heard what social workers were saying and got to work. The guidelines are fluid. They will be revised and reviewed on a continuous basis as they are used. We have not set times to review because the use of technology and distance social work is growing exponentially. If social workers read them and want to add suggestions, we can update them immediately. Each time I thought that I had added everything to them that I needed to, I’d think of something else, or someone would say something during a meeting and that would give me more ideas.

As we have started to get back to “normal” we have formed a group to work on projects

to build a new normal for social workers in Aotearoa. We want to provide clear information to the public about what social workers actually do. We want to increase our political influence and we want social justice for the most disadvantaged in our society.

Covid-19 has had an impact on the work we do, the way we work, and our economy. It altered plans and changed minds (and mindsets!). People have lost income and occupation. There will be repercussions for years to come. What I don't want to lose are the benefits—more contact by more means with more people across the country and around the world. Social work is all about building relationships—with individuals, with organisations, within societies and across and between nations. It's about increasing understanding of ourselves and others. We should use this increased contact and communication to put our diverse and varied ideas and thoughts together to build plans and actions which result in a better future for all of the members of our society.

Slack, W. V., & Van Cura, L. J. (1968). Patient reaction to computer-based medical interviewing. *Computers and Biomedical Research*, 1, 527–531. doi:10.1016/0010-4809(68)90018-9

Weisband, S., & Kiesler, S. (1996). Self disclosure on computer forms: Meta-analysis and implications. *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (Vancouver, BC: ACM), 3–10.

Notes

- ⁱ In March 2020, the Aotearoa New Zealand government announced four levels of alert for the Covid-19 pandemic. These levels specified the actions required and Level 4 was the highest. <https://covid19.govt.nz/covid-19/restrictions/alert-system-overview/>
- ⁱⁱ The term “bubble” was used in New Zealand to denote the group of people within a dwelling with whom social distancing was not required during the Level 3 and 4 lockdowns.

References

- Lucas, G. M., Gratch, J., King, A., & Morency, L. P. (2014). It's only a computer: Virtual humans increase willingness to disclose. *Computers in Human Behaviour*, 37, 94–100. doi:10.1016/j.chb.2014.04.043
- Lucas, G. M., Rizzo A, Gratch, J., Scherer, S., Stratou, G., Boberg, J., & Morency, L-P. (2017). Reporting mental health symptoms: Breaking down barriers to care with virtual human interviewers. *Frontiers in Robotics and AI*, October, 4. <https://doi.org/10.3389/frobt.2017.00051>
- Joinson, A. N. (2001). Self-disclosure in computer-mediated communication: the role of self-awareness and visual anonymity. *European Journal of Social Psychology*, 31, 177–192. doi:10.1002/ejsp.36
- Pickard, M. D., Roster, C. A., & Chen, Y. (2016). Revealing sensitive information in personal interviews: Is self-disclosure easier with humans or avatars and under what conditions? *Computers in Human Behaviour*, 65, 23–30. doi:10.1016/j.chb.2016.08.004