The 6 A’s model of social worker associations and COVID-19: A preliminary insight

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Abstract
This paper offers the 6 A’s model of social worker associations and COVID-19, which includes (i) ‘Apprehend’, (ii) ‘act’, (iii) ‘advocate’, (iv) ‘alliance’, (v) ‘an emphasis on solidarity and resilience’ and (vi) ‘a future prospect’. The model is based on the findings of qualitative analysis of social worker associations’ reports on COVID-19. It also offers insights that can be utilised in similar crises in the future.

Keywords
Advocacy, crisis, COVID-19, model, social worker associations, social work responses, qualitative secondary analysis

Introduction
COVID-19 is not just a public health matter, but it is also a social phenomenon. MacGregor et al. (2020, n.p.) thus argued that:

[a]s the Covid-19 pandemic rages across the world, one thing is clear: this pandemic, like all others, is a social phenomenon…. [It] is revealing, reinforcing, and catalysing new social and
cultural relations; laying bare inequalities and anxieties, discrimination and division; but also galvanising solidarities and collective action.

The first case of COVID-19 was reported in Wuhan, China, in December 2019. Since then, its worldwide outbreak has caused serious health, economic and social disruptions. At the time of finalising this paper, there were already over 166.28 million confirmed cases of COVID-19 and almost 3.44 million deaths due to it across the world (John Hopkins University, 2021). Despite the integrated efforts of all – the public, policymakers and professionals COVID-19 has continued to threaten humans and their overall social settings.

The outpouring of social work responses to COVID-19 is therefore not surprising. Social work has already produced a plethora of knowledge on COVID-19 (see, for example, Amadasun, 2020; Cox, 2020; Golightley and Holloway, 2020; McLaughlin et al., 2020; Miller and Lee, 2020), which suggest social work’s unprecedented roles in overcoming COVID-19 related challenges. However, until now, there has been no single study informing social work’s responses to COVID-19 from a social worker association’s point of view. It is worth noting here that social worker associations are important social work bodies at the national level and have been crucial in responding to crises like this. And hence, we sought to empirically study the responses of social worker associations to COVID-19. We utilised social worker associations’ reports publicly available on the webpage of the International Federation of Social Workers (IFSW) (2021) and engaged ourselves in a qualitative method to explore their responses to COVID-19.

Given qualitative research in this area of social work is scant and therefore, this being first of its kind, our main aim in this research was not theoretically driven nor verification. Neither did we aim to simply describe social worker associations’ activities and achievements. Instead, we aimed to immerse ourselves in the data to allow new insights on social worker associations and COVID-19 to emerge inductively (Hsieh and Shannon 2005). Our research thus fell within what Neuman (2014) called an exploratory design; and research with this nature, as Flynn and McDermott (2016) furthermore suggested, should avoid preconceived categories informed either by theoretical framework or literature review. The key questions that we posed were (i) what do social worker associations’ responses to COVID-19 look like? and (ii) can social worker associations’ responses be modelled as a new knowledge in the area of social work and pandemic?

The 6 A’s model of social worker associations and COVID-19 that we present in this paper comprises ‘apprehend’, ‘act’, ‘advocate’, ‘alliance’, ‘an emphasis on solidarity and resilience’ and ‘a future prospect’. This model appreciates, and meanwhile, confirms social worker associations’ unique engagements with COVID-19. It also equips social work scholarships and practitioners with new knowledge that they may utilise in crises like this in the future. Worth clarifying to this end, these findings only provide a preliminary insight since social worker associations’ response will continue to evolve as COVID-19 prolongs.

For ease of communication, we hereafter use ‘associations’ instead of ‘social worker associations’, and likewise, national association of social workers will be named using the adjective form of their country instead of their official names.
Our engagement in this study was more accidental than planned. In March 2020, we encountered the webpage of the IFSW that comprised nine associations’ reports on COVID-19. We checked the webpage in April 2020 and then again in May 2020 and found that these reports increased to 39 and 49, respectively. We also found some similar patterns in these reports after carefully reading them several times back and forth. It was then we decided to systematically study associations and COVID-19 using online reports available on the webpage of the IFSW. Figure 1 presents the overall framework of this study, and its descriptions are discussed in the following section.

**Method**

Our engagement in this study was more accidental than planned. In March 2020, we encountered the webpage of the IFSW that comprised nine associations’ reports on COVID-19. We checked the webpage in April 2020 and then again in May 2020 and found that these reports increased to 39 and 49, respectively. We also found some similar patterns in these reports after carefully reading them several times back and forth. It was then we decided to systematically study associations and COVID-19 using online reports available on the webpage of the IFSW. Figure 1 presents the overall framework of this study, and its descriptions are discussed in the following section.

**Utilisation of a combined method**

We adopted a combined method of (i) online secondary analysis, (ii) qualitative content analysis and (iii) constant comparison method for this study. Carù et al. (2014: 779) argued that ‘[t]he use of a single research method creates blind spots...’; and therefore, when possible, a combination of methods should be used in tandem to overcome such
limitations in the research process. As briefly discussed below, the combination of qualitative online secondary analysis, content analysis and constant comparison was utilised not only because it was ontologically secure (Giddens, 1990) but also because it allowed us to engage in ontological oscillation (Weick, 1995), which would have been difficult otherwise.

-Online secondary analysis: An online secondary analysis in this study allowed us to utilise associations’ online reports on COVID-19 as research data. Although these online reports had emerged in an unusual research setting and were not intentionally produced for research purposes, we found them compelling with their abundant research potential to inform how associations were responding to COVID-19 in their contexts. We also saw these online reports as research data ‘resting in peace’ waiting to be systematically re-used and analysed to produce a valid inference from these.

-Qualitative content analysis: The main purpose of qualitative content analysis is to organise the content of the text data and subsequently identify core consistencies and elicit subjective meaning from it. This study draws on Bengtsson’s (2016) qualitative content analysis, mainly its multi-stage data coding and analysis process, which involves de-contextualization, recontextualization, categorisation and compilation. In qualitative content analysis, as Bengtsson (2016) furthermore argued, researchers adhere to fewer rules because they do not need to link themselves to any particular science. However, Bengtsson (2016: 8) warned ‘… the researcher must adhere to a qualitative perspective, and … [seek to] achieve the rigor and credibility that make the results as trustworthy as possible’. Thus, drawing on Bengtsson’s (2016) perspective, we integrated a qualitative content analysis in this study since our main aim was not only to infer the subjective meaning of associations’ online report but also, while doing so, doing it flexibly without compromising the issues of trustworthiness.

-Constant comparison: Lincoln and Guba (1985: 341) argued that the constant comparison method ‘stimulates thoughts that lead to both descriptive and explanatory categories’. It, in other words, leads researchers to generate, not to test, concepts by emphasising the conditions, dimensions, consequences and processes surrounding the data (Coghlan and Filo, 2013; Glaser, 1965). We were drawn to constant comparison in this study as first, we wanted to see the similarities and differences among various reports and second, to identify and compare emerging categories and their properties while coding, analysing and generating themes on associations and COVID-19.

Data: collection, coding and analysis

As shown in Table 1, we considered all online reports of associations (n = 54) uploaded on the IFSW’s webpage by 4 August 2020. Nonetheless, we set inclusion (n = 38) and exclusion (n = 16) criteria based on whether or not the reports were written in English. We arrived at this decision because of our inability to read and understand reports written in languages other than English. Also, we excluded reports that did not belong to the associations. Following a combined method, as discussed above, we then proceeded with data coding and analysis simultaneously. We engaged in peer debriefing to confirm whether our coding and analysis were consistent. For this to happen, the first author used
Table 1. List of reports: Assessed, included and excluded.

| Published Year 2020 | Number of Reports | Origin         | Number of Reports | Published Year 2020 |
|---------------------|-------------------|----------------|-------------------|---------------------|
| March 16 (N = 1) and 21 (N = 1), June 21 (N = 2) | 4 | Italy | Congo | 1 | August 4 |
| March 21 (N = 1), April 6 (N = 1), and 29 (N = 1), June 5 (N = 1) | 4 | Iran | Hungary | 1 | June 14 |
| June 13 | 1 | Tanzania | Africa Region | 1 | June 2 |
| May 27 | 1 | Israel | Poland | 2 | April 24 (N = 1) and 28 (N = 1) |
| May 4 (N = 1) and 27 (N = 1) | 2 | The Philippines | Luxembourg | 1 | April 21 |
| May 18 | 1 | Namibia | France | 2 | April 4 (N = 1) and 21 (N = 1) |
| March 6 (N = 1) and 24 (N = 1), May 15 (N = 1) | 3 | South Korea | Chile | 1 | April 19 |
| April (N = 1), May 15 (N = 1) | 2 | Romania | El Salvador | 1 | April 19 |
| April (N = 1), May 13 (N = 1) | 2 | Czech Republic | Latin America | 1 | April 13 |
| May 5 | 1 | Sweden | Region | 1 |
| May 2 | 1 | Yemen | Puerto Rico | 1 | April 6 |
| April 17 (N = 1) and 29 (N = 1) | 2 | Indonesia | Slovakia | 1 | April 6 |
| April 24 | 1 | Sierra Leone | ASEAN Region | 1 | May 27 |
| April 24 | 1 | Malawi | Spain | 2 | April 21 (N = 1) and 22 (N = 1) |
| April 21 | 1 | Palestine |
| April 6 | 1 | Norway |
| April 6 | 1 | India |
| April 6 | 1 | Nigeria |
| April 3 | 1 | Nepal |
| April 2 | 1 | Ghana |
| April 2 | 1 | The United Kingdom |
| April 2 | 1 | Germany |
| April 2 | 1 | New Zealand |

(continued)
NVivo, coded three online reports, and subsequently wrote code notes, analysed the emerging categories, and maintained memos. The second author did the same but was involved in the manual process of close reading and interpretation. Both of us found that our coding and analysis were merging rather than diverging from each other except in a few cases, which were later discussed and addressed. Having multiple coders thus helped us to increase reliability of the results and decrease biases (Armstrong et al., 1997).

During the coding and analysis process, we first decontextualised and recontextualised each report to produce codes and then generated categories using the constant comparison method (see Table 2). In the decontextualisation phase, we read each report closely and carefully to determine what was going on in the reports and what these reports were all about. It provided initial insights into the form of codes that we needed to respond to the aims of and to answer the research questions of this study. In the recontextualization phase, we re-assessed all the reports to ensure that all aspects of these reports had been captured in relation to the aims and questions of the study. In this stage, as Bengtsson (2016) suggested, we practiced the process of distancing and let the irrelevant information go that did not contribute to the main aims and questions of the study. A constant comparison method was used from the very beginning. That is, we coded and analysed each subsequent report in constant comparison with previous report/s and emerging codes. This iteration of coding and analysis in a constant comparison allowed us to determine emerging categories, and then later in the compilation phase, we grouped similar categories into a theme.

Trustworthiness and ethical consideration

A qualitative study should be as trustworthy as possible, and this was achieved in this study considering Lincoln and Guba’s (1985) concepts of credibility, dependability, transferability and confirmability. Credibility in this study was achieved by outlining the process of data coding and analysis in detail. Dependability was maintained by keeping track of each decision that we made across the study. Although our intention was to include all reports in the study, we excluded some of those based on exclusion criteria, and the reason for doing so was made overt to address transferability. And finally, we maintained objectivity or neutrality of the data by directly quoting the reports in our

| Reports Included                                      | Reports Excluded                                      |
|-------------------------------------------------------|-------------------------------------------------------|
| **Published Year 2020**                               | **Published Year 2020**                               |
| **Number of Reports**                                 | **Number of Reports**                                 |
| **Origin**                                            | **Published Year**                                    |
| March 29                                              | Australia                                             |
| March 12                                              | Zimbabwe                                              |
| Feb 13                                                | China                                                 |
Table 2. An example of coding and constant comparison.

| Coding and Analysis | Decontextualising and Recontextualising | Condensing the Meaning Units | Generating Codes | Generating Categories | Drawing Realistic Themes |
|---------------------|----------------------------------------|-----------------------------|-----------------|----------------------|-------------------------|
| →                   | Identifying Meaning Units              | COVID-19 economic, social, and psychological impacts | Assessing impacts of COVID-19 on people | Social worker associations’ understanding of COVID-19 and its impacts on people | Associations’ ‘apprehension’ of COVID-19 |
| Reports Palestine   | This emergency situation affected the Palestinians in many ways; economically, socially and psychologically. | People’s new experiences due to COVID-19 | Explaining new experiences due to COVID-19 | |
| ↓                   | Korea                                  | The life that has been enjoyed by ordinary people has taken a completely different turn, and now, it has become another ordinary daily living. People are experiencing a country they have never experienced before. | | |
| Italy               | I write from Italy where there is a very dramatic situation... | COVID-19 creating a dramatic situation | Dramatic situation due to COVID-19 | | (continued) |
Table 2. (continued)

| Coding and Analysis | Decontextualising and Recontextualising | Categorisation | Compilation |
|---------------------|----------------------------------------|----------------|-------------|
|                      | Identifying Meaning Units               | Generating Codes | Generating Categories | Drawing Realistic Themes |
| →                   | Condensing the Meaning Units            |                |              |                          |
| Other Reports        | Continued Process                       | Continued Process | Continued Process | Constant Comparison:     |
| Constant Comparison: | What is this report all about? How is this report consistent with, or in contradiction with, other reports? | Does this code critical to this research? Is this code embedded in the identified meaning units and condensed meaning units? Does this code fit other identified meaning units and condensed meaning units that emerged from other reports? Can this code be a property or a dimension of a category? | Does this category identify relationships amongst codes? Does this category emerge as the aggregate of the most closely interrelated codes? What codes could be included; and in the meantime, what could be excluded from this category? | What relationship does this theme explain? Is this theme saturated? Is this theme closed to data? How is this theme different from other themes? Does this theme accurately represent its meaning units, codes and categories? Does this theme have an analytical function? |

| Continued Process: | What is going on in this sentence or paragraph? What insights does it provide in relation to the research question? Are these insights merging with, or diverging away from, other reports? Have all the insights been adequately captured and compared with each other? In what way can these insights be specifically condensed and compared to generate codes? |

364 Qualitative Social Work 22(2)
findings and analysis to ensure the confirmability in this study. We received an ethics approval exemption from the University of the Sunshine Coast, Australia (Ethics Reference No. OE21052), as well as a written permission from the IFSW to utilise its online content as data for our study.

**Findings**

*Apprehend: Understanding COVID-19, its impacts on people and role of social work*

As shown in Figure 2, associations’ understanding of COVID-19 mainly pivoted around four sub-themes:

(i) Understanding of COVID-19 from a social work point of view,
(ii) COVID-19 impacts people and welfare services,
(iii) Social workers’ roles in supporting affected people and facilitating the delivery of welfare services,
(iv) Social workers’ vulnerability due to COVID-19.

Various associations described COVID-19 variously. It was ‘an invisible enemy’ (Congo Association) that posed a ‘serious human crisis’ (Palestinian Union) and meanwhile led the societies towards an uncertainty period (South Korean Association).
Referring to its nature and impact that have suddenly halted people’s daily lives, the Italian Association reported the COVID-19 ‘… situation [was]… so difficult’ that it created ‘… a very dramatic situation’ in Italy. Likewise, the Indonesian Association termed it ‘a national disaster’ and the Ugandan Association viewed it as the time of ‘… panic, fear, shock, and isolation’.

Several associations assessed that COVID-19 exacerbated people’s lives in several ways, as well as impacted the delivery of welfare services in their countries. For instance, the South Korean Association reported that people’s lives in the COVID-19 ridden South Korean Society had ‘… taken a completely different turn, and it [had]… become another ordinary daily living’. It furthermore reported:

[p]eople go back home right after work, restaurants have no customers, and spring has come, but no outing is seen… People have been experiencing a country they have never experienced before, having to stand in long lines of hundreds of meters and waiting for hours to buy a mask. [South] Koreans are forbidden [to travel into] 94 countries and for the first time in 120 years Sunday services have been replaced by virtual services. The doors of elementary schools, which have taken the new semester, are tightly locked, so you can’t see the exciting new semester of children.

The South Korean Association also noted that ‘the social welfare system [had] … collapsed. Social workers who … [were] helping vulnerable people … [were] infected or contacted the confirmed…’ COVID-19 infected people. As a result, there was a service vacuum in community welfare centres, and many of these centres were already closed.

Other associations recounted similar experiences. The Italian Association, for example, detailed:

the disinfection of environments and hand[s-wash] with alcohol and bleach, the use of gloves and masks which has become mandatory …, the prolonged lockdown is making the country [to] suffer economically in a dramatic way, … walks, sporting activities, cinemas, and meeting places, [and] schools … [are closed], … [and access to] public and private offices … are limited

It also reported how COVID-19 had impacted the delivery of medical services in Italy, noting that ‘… hospitals … [were] infected, [and] doctors and sanitary personals …’ were themselves at the risk of COVID-19 infection. And hence, all other services were ceased, and patients with diseases other than COVID-19 were discharged from hospitals (Italian Association).

Associations also indicated that COVID-19 had not only forced people to adopt a new mode of interaction but also transcended isolation among people. People could not meet each other face-to-face due to COVID-19 restrictions, and therefore, they opted for new modes of interaction. Communication with relatives transitioned to virtual platforms, which was the only way to connect to each other (Italian Association). However, in a country like Palestine, this transitioned virtual communication was not an option because
familial bonds and their members’ face-to-face contacts were customary social norms and a major priority for Palestinians. To this, the Palestinian Union noted:

Being at house for [a] long time and dealing with movement restrictions … [are] familiar situations to Palestinian people, but this time the restrictions are because of … Corona virus… The nature of Palestinian families is based on strong ties… The relations between family members… are very strong and they have daily contact… with … [their] extended family… social events and social gatherings … relate to traditions and local habits. Sons should visit [their] parents almost every day if they live in [the] same town or … [on] the weekend if they live faraway.

Amongst others, COVID-19 increased family violence, for example, in Australia. Its nexus to economic downturn increased unemployment and furthermore contributed to increased cases of anxiety, depression, mental health and homelessness (Australian Association; Palestinian Union).

Associations also highlighted how social work professionals themselves were vulnerable to COVID-19. This related to social workers themselves being at the risk of getting infected (Romanian Association), their limited opportunity and accessibility to target groups due to various restrictions (Indonesian Association, Palestinian Union), lacking funds and resources where they worked, and their increased workload at the time of ongoing COVID-19 (South Korean Association). To this, the South Korean Association reported that:

[the community welfare center… had enough volunteers. But now, without any help, social workers are experiencing exhaustion as they do everything [by] themselves… As the number of infected people increases, the number of cases of self-quarantine increases. Due to this reason, the empty work must be handled by fellow social work… These phenomena are exhausting social workers day by day… Some of the provincial governments have decided to implement preventive cohort isolation for social work facilities. All employees will spend 24 hours with their resident[s] without leaving the workplace for two weeks. Social workers who are required to raise their children face difficulties in raising their children once the cohort separation…[begins].

Given the backdrop of COVID-19, especially its unprecedented and unimagined impacts on public’s health and their socio-economic-psychological lives, as well as social workers’ vulnerability due to this worsening situation, many associations believe that social workers must play a significant role alongside other essential workers. Social workers should engage themselves in managing and mitigating COVID-19. Since social workers are ‘social engineer’ (Nigerian Association) and they are inspired to participate in and act for ‘social change’ (Congo Association), they have vital roles to play in such times when the whole society is crippled due to a global health crisis:

Social workers, like many other health services, [must] play a vital role in society, especially in times of health crisis and … (global) emergency (New Zealand Association)
Not to mention, ‘… social workers have got much to offer to… Covid-19 response’ (Namibian Association) since they are trained to work effectively in frontline settings (British Association). The British Association elaborated this noting that:

[s]ocial workers are on the frontline of efforts to minimize the impact of Covid-19 … social workers across the four countries of the UK undertake a range of statutory duties including protecting vulnerable children and adults, supporting disabled adults and frail older people and working with individuals who face severe mental health challenges as other important work.

Social work’s historical achievements and normative ontologies, as the Australian Association rightly discussed, ensure that social work is an active agent and can play a significant role amid the COVID-19 crisis:

The social work profession is over 100 years old and during this long history we have been there working to assist people and communities to support and recover from world wars, pandemics, global and regional crises, and recessions. Through it all, social workers have worked side-by-side with people affected, driven by a deep commitment to social justice and human right.

**Act: Responding to COVID-19**

As shown in Figure 3, associations’ acts mainly involved (i) rapid intervention and (ii) rapid research. While their rapid interventions included a range of activities and programmes targeting people and social workers, their rapid research on the other hand sought to systematically study the COVID-19 situation.

Associations acts targeting people included the most needed services such as psychosocial support; delivery of food, goods and essential healthcare materials; and information gathering and dissemination. The Ghanaian Association overall summarised that psychosocial support for people during COVID-19 was needed to help them ‘… to deal with complex emotional, social and domestic issues…’. This was further clarified by the Palestinian Union which reported:

Covid-19 has generated [a] serious human crisis. The number of mortalities is very high in various countries. In Palestine, many people face stress, poverty, trauma, physical and … [psychological] sufferings. Many of them are experiencing fear and uncertainty … [about] the future [due to Covid-19]. They are afraid about their children and elderly who are the most vulnerable…. Many social workers and psychosocial consultants expressed … concern about families under quarantine. Parents are … [worried] about their children and afraid of being infected.

Although it might be different in other contexts, the Indonesian Association illustrated the ways it had delivered psychosocial support and prepared human resources for it. The Indonesian Association organised:
… psychosocial support services through the social media for the frontline medical personnel, emergency response leaders and decision makers, as well as [for] parents, guardians and caregivers .... A recruitment for this scheme managed to record close to 500 social workers and volunteers, and a crash training programme is currently being organised to … prepare human resource. At the same time, [it]… is putting together psychosocial hotline services for … social workers, paraprofessionals and volunteers.

For some associations, such as the German Association, the Ghanaian Association and the Iranian Association, rapid intervention targeting people included delivery of food, goods and essential healthcare materials. The German Association ‘... support[ed]
vulnerable communities and work[ed] with food banks to guarantee that everyone [had] 
… access to sufficient nutritious food’ at the time of COVID-19. Similarly, the Iranian 
Association helped ‘… poor families and homeless people to access food supplies’ in its 
country. The Ghanaian Association and the Yemeni Association provided, amongst 
others, blankets, mattresses, solar lamps, tissue papers, buckets and liquid soaps to those 
who needed these during COVID-19. These associations also delivered essential 
healthcare materials such as sanitisers and masks to people in their country (Ghanaian 
Association and Italian Association).

Given the urgency of the right information to curb COVID-19, several associations 
actively involved themselves in information generation and dissemination. ‘Dissemi-
nating factual information about Coronavirus [was essential] to dispel misconceptions 
and fear’, suggested the Malawian Association. The right information during COVID-19 
was also needed to,

… make sure that all people [were] … aware of the protection rules, hygiene information and 
making sure that sanitizers [were]… available and from where to get it, how to use it, how to 
deal with children and other issues during the quarantine (Iranian Association).

The findings furthermore suggest that associations’ involvement in this included 
activities relating to hotline service, production of videos and podcasts, organisation of 
webinars, and development and translation of printed informational materials. On hotline 
services, the Chinese Association reported that: [through] hotline… [we were] … pro-
viding community residents with advisory services on new pneumonia prevention 
knowledge… collecting and sorting out real and feasible epidemic prevention and control 
knowledge and information.

Likewise, the Swedish Union reported, ‘[t]o support our representatives all over the 
country, the Union provides podcasts, webinars and video supervision on labour rights 
and working environment issues’. The Indonesian Association organised a weekly 
webinar called Social Work Action for COVID-19 and its each session was attended 
by about 130 participants. This webinar, as the Indonesian Association further re-
ported, ‘… tackles crucial topics and [is] … gradually transitioning to more specific 
themes needed …’ to respond to the COVID-19 crisis. Other associations also de-
veloped and translated printed information about COVID-19. The Palestinian Union 
produced posters and manuals, which could be easily read and understood by people 
to learn about COVID-19. Related to it, the Romanian Association developed and 
disseminated information about COVID-19, as well as published information regard-
ing prevention methods. The Iranian Association likewise developed a booklet 
that provided information about playing with children during the COVID-19 out-
brea. It also translated and published the World Health Organization’s mental health 
and psychosocial guidelines during COVID-19 in the local language.

Although detailed information was not available, some associations also indicated 
their activities involved blood donation programme (Indian-Kerala Association), caring 
for vulnerable groups, fund raising (South Korean Association), contacting and referrals 
(Malawian Association, Palestinian Association), anti-stigma and anti-abuse programme
COVID-19 impacted social workers, too; and hence, associations’ rapid intervention also targeted social workers. Associations’ rapid intervention targeting social workers mainly included (i) support, (ii) credit, (iii) training and (iv) supervision. The South Korean Association revealed that social workers were depressed and stressed during COVID-19, and therefore, it was ‘… trying to motivate … social workers who [were] … depressed by supporting stress-control applications to social workers across the country’. As the Swedish Union reported, this support for them included guiding social workers about their rights and working environment:

The response and support from the association have been mostly regarding … [social workers’] rights as employees. We receive a lot of question[s] about what employers can demand of their employees and what their rights are if they risk losing their jobs.

Alongside this, associations also initiated salary support and credit programmes for social workers. The Romanian Association, for instance, ‘support[ed] … the salaries of social workers who [were then] … at the forefront of the fight against coronavirus’. And likewise, the South Korean Association began a timely needed credit programme targeting social workers:

The [South] Korean Association … is conducting interest-free and unsecured loans to freelance social workers … Currently, about 28 million won (approximately US22000) has [been] funded [to] … social worker[s] and a total of 12 freelance social workers have been loaned… It is a loan that is unsecured and interest-free… the principal [amount] will be returned after one year without interest.

Associations also initiated trainings and provided guidelines and recommendations to social workers to help them to work effectively and competently at the time of COVID-19. For instance, ‘in the context of the coronavirus pandemic’, the Romanian Association ‘… initiated a series of sectoral recommendations for social workers working in various sub-domains of social work’. Relating to this, the Chinese Association not only provided online training but also published a support manual for social workers:

[It]… has launched an online training course to ‘Fight Against the Epidemic based on the Community Series of Social Work Course’… [It] provide[s] guidance and psychological support for social workers to effectively participate in the prevention and control of the virus… [It] also published ‘The Social Worker Support Manual on the Prevention and Control of Pneumonia Caused by the Coronavirus Infection’, which [provides]… basic working principles and methods to social workers during the prevention and control period.

COVID-19 is a new encounter for many social workers; and hence, many workers working in this area may need guidance from expert workers. Considering this, the Iranian Association launched the ‘Social Workers Supervision Project’:
Since social workers who are working directly in the crisis need consultation and professional supervision about social work and how to take advantage of social resources, the Iranian Association in cooperation with social work university’s lecturers and managers of different organizations has launched ‘Social Workers Supervision Project’. In the first phase, 60 university professors and managers of social organizations are helping social workers… Each supervisor introduced his/her specialized field, available time and mobile number and these … [information] were published widely all over the country via media.

In addition to their rapid interventions, associations are also engaged in conducting research on COVID-19. For instance, the Iranian Association conducted a ‘… research … about social workers’ challenges in giving services to affected people from Covid-19’. The Israeli Union likewise reported that:

The Israel Union of Social Workers initiated a brief questionnaire to gather information about the social work response around the world… The questionnaire … was answered by 225 social workers around the world. The results were shared with all the respondents and presented in a webinar…

**Advocate: Engaging with marginalised populations, international conflict, service delivery and social work**

Associations recognised that COVID-19 unprecedentedly impacted the most marginalised and vulnerable categories in the society. To this, the added international conflicts, governments’ limited service delivery capacity and social workers’ own lacking frontline worker status exacerbated the situation. And hence, associations reported that they must engage in advocacy as shown in Figure 4.
Notably, these associations advocated: ‘Disasters [like Covid-19] are deadly to the socially disadvantaged, [and therefore] … social workers … [must engage in advocacy to] defend the socially disadvantaged’ groups (South Korean Association). Consistent with this, the British Association expressed:

[w]e recognise the need that many public health messages need to be aimed at the majority. But our concern as social workers is also with minorities. For example, victims of domestic abuse who may be trapped with their abuser, undocumented migrants, asylum seekers and refugees whose first language is not English and may therefore miss crucial health guidelines, the street homeless who may be unable to self-isolate. We know that a number of initiatives are already underway… and we welcome these. However, we need the government to redouble [its] efforts with reaching out these groups.

To this, the Australian Association’s report added:

Social workers know that in times of crisis, we need to consider those who are disadvantaged and most vulnerable… We also welcome the increase of $275 per week to the Jobseeker Allowance… for the next six months. We urge for this to [be] extended to include students, those on disability support payment and others on social security income support schemes.

The Italian Association and the Iranian Association highlighted the complexities of international conflicts and their further impacts during COVID-19. Therefore, they urged that:

Please IFSW and IFSW Europe, advocate directly with your governments for the release of medical supplies to … Italy. Lives [in Italy] are dependent on your governments’ willingness to cooperate (Italy Association).

Iran is one of the most Covid-19 … affected countries in the world and is struggling … [due to] lack of life-saving medical supplies… [the] Iran[ian] Association … has set up a … [nation-]wide hotline and is utilizing a community development approach to support social distancing, but essential medical and social hygiene products are desperately needed…. [We] are calling … IFSW to highlight … [to lift] trade restrictions on medical supplies, [which] are urgently needed in the fight to control the virus.

The international conflicts and their contributions to producing refugees are well-known. The Norwegian Association in particular was concerned to the worsening situation of refugees at the time of COVID-19 crisis. Hence, it advocated that:

In Norway we have shown solidarity during the corona virus, but … this solidarity should also extend beyond national borders. We are concerned about the situation of refugees. It is disastrous and has been for [a] long time… Norway should take … [its] share of responsibility by welcoming more refugees… We urge our sister-organizations in Europe to do the same.
Associations also advocated that the concerned authorities must manage and deliver essential supplies immediately; and meanwhile, they should regulate the market. For instance, several associations reported they needed masks and other health supplies immediately (Italian Association and Iranian Association). The Ugandan Association also reported:

… social workers have also urged the government to control the prices of the items used … [during] coronavirus… if the government does not come … to regulate, prices of items such as masks, sanitizers and disinfectants are likely to go up… [and] people [will] struggle to buy them.

Finally, these associations advocated that social workers must be included as essential workers and meanwhile must be supported while they rendered their services during COVID-19. To this, the British Association reported:

Across the country people are pulling together and making sacrifices to help save lives, none more so than health, social care and other professionals. Social workers are among those essential professionals… [And therefore], social workers should be included in the list of priority groups for coronavirus testing.

Furthermore, the British Association advocated that social workers should be supported to re-enter the workforce. It reported: ‘Many social workers who are currently out of the workforce are coming forward to help at this time of crisis. We will work closely with the regulators to support individuals re-entering the workforce’.
Alliance: Collaborating with others

‘The [corona] virus has given us, [s]ocial [w]orkers and those in other professions, a strong reason to find each [other] and collaboratively work together if we are to effectively ensure healthy lives and promote wellbeing for all’ (Zimbabwean Association). And therefore, as shown in Figure 5, most associations emphasised the need for a multi-partner alliance to combat COVID-19. The findings further suggested that these multi-partners included, but were not limited to, individuals, groups and communities, academics and universities, governments, civil society and third-sector organisations, and political leaders.

The Nigerian Association illustrated how social work association could build alliance reporting that:

… [the] Nigerian Association … calls on social development practitioners such as social welfare, community development, youth development, counselling and rehabilitation officers working with federal, states, local government and other agencies or non-government organizations to join forces with others in the helping profession and render services to individual(s) and families who require psychosocial counselling… referral, reintegration, and other forms of social supports during … Covid-19…

Another example of building alliance with multi-partners was demonstrated by the Palestinian Union:

… Since day one the government in collaboration with local and national bodies has established a supportive committee led by the civil defense forces to help people not to freak out and to control the situation. Social workers who work in various local organizations in addition to the Palestine Union of Social Workers and Psychologists were part of this body…

Associations reported that alliance as a strategy at the time of pandemic not only ‘… ensure[d] continuity of social services to the vulnerable populations…’ (Malawian Association) but also helped social workers to distribute funds and other resources effectively (South Korean Association).

An emphasis on solidarity and resilience

Associations emphasised solidarity and resilience in the fight against COVID-19. For instance, the New Zealand Association conveyed that ‘we [were] … not alone but together’ during crisis, and likewise, the Malawian Association ‘… believe[d] that together we [could] … overcome the challenge’. The South Korean Association reported: ‘We shall overcome’.

Associations emphasised the need for solidarity and resilience at various levels. Its example at the community level was reported by Palestinian Union:
People are helping each other and everyone is concerned about the health of each other. People call each other and offer their readiness for any help… People… received phone calls from professional, old friends, [and] old neighbors… This reflects the human relationships … at the time of crisis. Coronavirus united people, and promoted the Chinese saying: “We are all waves in the same sea”, which is very true indeed.

Similarly, the Italian Association reported about solidarity at the cross-border level:

[We]… thank all the countries that have communicated their proximity to Italy with messages, emails and gestures of solidarity and those who constantly updated on the Italian situation, especially Iran, which despite the tragedy of the pandemic has invested hard, has always developed very close and in solidarity with Italy, thanks!!!

Associations believed that ‘inspiration’, ‘encouragement’ and ‘giving generously and sharing the necessary items with each other’ (South Korean Association) would help fight against COVID-19. The Iranian Association rightly captured why associations’ emphasis on solidarity and strength was inevitable:

Iran Association of Social Workers started the international campaign of #I_have_good_news on the day of WSWD 2020 so that every one of us can move a small step toward spreading good local and international news. Joining this campaign doesn’t mean that we should not see the problems… We believe that spreading good news besides demanding and criticizing can reduce some of the stress and pressures on us.

**A future prospect**

Although much was not discussed about future prospects, the New Zealand Association and the Iranian Association highlighted it to be taken into consideration. Associations must invest in ‘fostering and maintaining relationships as the foundation for the growth and development of individuals, … communities, towns, and cities, and eventually society...’ in the future (New Zealand Association). In addition, as the New Zealand Association emphasised, associations should continue to engage in finding solutions to the challenges arising from COVID-19; and, in doing so, should embrace ‘… the use of technology in connecting with clients and colleagues…’. Also, as the Iranian Association reported, associations must document their current experiences for the future purpose. It reported:

As documentation of lesson learned and experiences of social workers … [are] very important, the association made a plan that these experiences be documented which can help local knowledge production and later can help [social work] education … [for] new ideas and new methods.
Discussion, analysis and further implications

The findings, as reported above, inform the ‘what’, the ‘how’ and the ‘why’ of associations during the COVID-19 period. In other words, the findings suggest that associations are seeking to ‘apprehend’ COVID-19 from a social work point of view (= the ‘what’); they combine ‘alliance’ with ‘an emphasis on solidarity and resilient’ as strategies to ‘act’ at the time of COVID-19 (= the ‘how’); and likewise engage themselves to ‘advocate’ for the most marginalised population categories and social work professionals during COVID-19. And, in doing all these, associations emphasise on documenting experiences for ‘a future prospect’ (= the ‘why’).

Considering these findings, we present the 6 A’s model of associations and COVID-19 (Figure 6). This model emphasises a holistic approach that associations utilise to respond to the COVID-19 situation and maybe could be used in other pandemics that may emerge in the future. The model synergises with social work’s broader tradition, as well as what others have recently opined, such that social work bodies must invest in social understanding of pandemic (Amadasun, 2021), engage in immediate intervention to mitigate the impacts of pandemics (Amadasun, 2020), protect the most marginalised and vulnerable populations to ensure their rights and justice during pandemics (Abrams and Dettlaff, 2020) and involve in collaborative action to achieve better outcomes during pandemics (Moshtagh et al., 2021). Moreover, consistent with social work’s strength perspective, it emphasises that solidarity and resilience are core to respond to crises like COVID-19 (Amadasun, 2020). And finally, it also considers future prospects so that knowledge can be transferred from one generation of social workers to another (Dominelli, 2021; O’Leary and Tsui, 2020).

Figure 6. The 6 A’s model of social work association and COVID-19.
This model provides a new knowledge around social worker associations and COVID-19, which, as stated above, has been scant until now. As a new insight, it shows how associations can systematically and effectively respond to COVID-19, as well as to similar pandemics in the future. Its features furthermore equip associations in particular and social work researchers, academics, practitioners and students in general with theoretical perspectives (in the form of a formalised model), factual knowledge (derived from a systematic research) and practical aspects (guidelines for intervention) to deal with COVID-19 and similar crises in the future. This model will help associations not only to systematically formalise their responses but also inform their decision making during similar future pandemics.

Despite their strengths, holistic focuses, willingness and capabilities to mitigate the impacts of pandemic at nation levels, associations are yet to become the main subject-matter for the study. Until now, not only social work academics and researchers have neglected exploring about them, but the global institutions of social work have also undermined their capacities and efforts. Hence, the immediate need is to make associations mainstream not only in the research and education domains but also in the global social work discussions. To do so, however, will require that key social work stakeholders first acknowledge and appreciate their existence and efforts alongside the international bodies of social work. And simultaneously, key social work stakeholders create space – in education and research and at global platforms – for these associations so that they can discuss, collaborate and exchange their knowledge, innovations and achievements with each other. This way, as we believe, associations can be better positioned and prepared to tackle future pandemics.

**Limitations of the study**

The main limitation that we faced in this study is related to member checking. On a few occasions, we felt that there was a need to clarify some of the information from the associations. However, we could not do so given the limitations of time and funding, as well as our inability to directly contact those associations. Not being able to include few reports produced in languages other than English was another limitation of this study.

**Conclusion**

We presented the 6 A’s model of associations and COVID-19 in this paper. Specifically salient to this model is associations’ unique role to respond to COVID-19. The model also highlights the necessity for social work to engage in a holistic process to effectively deal with COVID-19, which can be also appraised and adopted in a similar crisis in the future. Besides praising associations for this new insight, relevant social work stakeholders must create a space such that these associations can collaboratively advance and exchange their ideas and innovations to deal with similar crises in the future.
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