Australian and New Zealand social workers adjusting to the COVID-19 pandemic

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Abstract

In 2020, social workers across the world responded to the global COVID-19 pandemic and the consequent strict lockdown procedures over several months. In many countries, including Australia and New Zealand, this virtual shutdown period necessitated a reframing of social work practice to incorporate factors including delivery of services via virtual means and more limited access for vulnerable clients. This article draws on the integration of two methods designed to address the research question: ‘How has social work practice in Australia and New Zealand been affected by COVID-19?’ These include (i) a narrative review of papers published during 2020 on social work practice and the COVID-19 pandemic and (ii) an online survey, undertaken from October to December 2020, of Australian and New Zealand social workers. The questionnaire data were analysed using Statistical Package for the Social Sciences (SPSS) and thematic analysis. The findings of this article details include the significant impacts of COVID-19 on practice, the increased needs of clients, including a rise in health issues, violence, homelessness and financial concerns, and the resulting critical changes to social work workloads. Social workers also reported greater use of technologies to deliver services and fears for their families and themselves if exposed to COVID-19.
The COVID-19 pandemic has impacted every country across the globe, causing widespread morbidity and mortality and overwhelming the health structures and practices in many countries. Because of the scale of the pandemic, healthcare professionals have worked lengthy periods with few breaks and have experienced changes in many aspects of their work (Banks et al., 2020). Implicit in this reshaping of health structures and practices are the impacts on social work professionals working in various health and welfare services across the world. This article addresses these factors through a focus on the Australian and New Zealand contexts.

The writers are members of the Australian and New Zealand Disaster Network (ANZDN), a group of social work academics from several universities who have been meeting virtually for over three years in response to the increasing numbers of climate-related and other disasters occurring in both countries. The focal point of this article is the research question, ‘How has social work practice in Australia and New Zealand been affected by COVID-19?’

The article begins with a brief consideration of (i) the immediate impetus for our research, namely the virtual invisibility of social work from the discourse surrounding the pandemic and (ii) a contextual acknowledgement of the responses of both governments to the onset of COVID-19.

The article then outlines the results of two integrated research strategies addressing social work and the COVID-19 pandemic: (i) a narrative literature review of international research on social work and the COVID-19 pandemic published during 2020 and (ii) a questionnaire distributed to social workers in Australia and New Zealand designed to address the primary research question. The findings from both the narrative literature review and the questionnaire findings are integrated, allowing for immediate comparison.

COVID-19 and social work

The onset of the COVID-19 pandemic and the scale of this global health crisis has had a significant impact on health services across the world, forcing new forms of health initiatives including population lockdowns, the use of personal protective equipment by health workers and online forms of service delivery. For social workers, the pandemic has led to a rapid reappraisal of practice methods to deal with lockdown periods.
During these periods, many workers have been working from home and engaging with clients via telephone and online methods (Dominelli, 2020; Gergerich et al., 2020). This has created significant ethical dilemmas for social workers concerning issues such as continuity of care (Abrams and Dettlaff, 2020), maintaining trusting relationships (Banks et al., 2020; International Federation of Social Workers (IFSW), 2020) and ensuring confidentiality and privacy (Banks et al., 2020; Barsky, 2020).

Nonetheless, social workers have demonstrated initiative by engaging with alternative methods such as the delivery of services via telehealth options (Cook and Zschomler, 2020). However, despite the adaptability of the profession to the global health crisis and the increase in social issues (International Association of Schools of Social Work (IASSW), 2020), researchers from across the world are noting a concerning lack of media coverage of social work in the context of the pandemic (Gergerich et al., 2020; Paul et al., 2020; Raftery et al., 2020).

Indeed, social workers appear to be silenced in the public discourse surrounding COVID-19 (Berg-Weger and Morley, 2020; Kusmaul et al., 2020; Paul et al., 2020; Wu and Karabanow, 2020) with a significant focus on medical personnel within the discursive construction of frontline workers. There is less attention to the involvement of social workers working with vulnerable people in the context of one of the most significant global health crises ever experienced. As a result, there appears to be limited community understanding of what social workers do despite their role in addressing ‘the heavy underbelly of the impacts of COVID-19’ (Tomlin et al, 2020, p. 787).

This research has been prompted by this knowledge gap concerning this lack of information in the public domain on the work of social workers, the risks they have been exposed to and the social work response to the pandemic (Abrams and Dettlaff, 2020; Amadasun, 2020). We briefly discuss the responses of both the Australian and New Zealand governments to the onset of the pandemic before moving to our research findings.

**Australia and New Zealand—COVID-19**

Whilst COVID-19 was first reported in December 2019, Australia recorded its first confirmed case in January 2020 and New Zealand in February 2020. By late March 2020, Australia had recorded 400 cases. New Zealand’s response to the pandemic was swift and effective. From February, the country acted to contain the spread of the disease going ‘early and hard’ (World Health Organisation (WHO), 2020, p. 1) and this has proved to be one of the most successful strategies aimed at reducing deaths from COVID-19. In contrast, Australia has opted
largely for containment and, up to April 2021, Australia had recorded 910 deaths (Australian Government Department of Health, 2021) and New Zealand, 26 (World Health Organisation (WHO), 2021). Nonetheless, both Australia and New Zealand have been variously successful at containing the pandemic due in no small measure to the support of community members and compliance with government regulations.

Whilst both Australia and New Zealand have a significant recent history of engagement with climate and human-induced disasters (Alston et al., 2019), the onset of the COVID-19 pandemic has indeed been more prolonged and wide-reaching than previous events, testing the bounds of health and welfare expertise. It is in this environment that our research project was undertaken to ascertain the impacts of this major event on social work practice in Australia and New Zealand.

Methodology

In late 2020, the ANZDN determined to undertake research with Australian and New Zealand social work practitioners facing major changes in their work and personal lives as a result of the pandemic. The research question and sub-questions driving the research included:

- How has social work practice in Australia and New Zealand been affected by COVID-19?
- How have social workers safeguarded vulnerable community members during a lockdown?
- What were the main issues that clients presented with?
- What were the impacts of COVID-19 on social workers?

Two methods were used (i) a narrative literature review with a systematic search of research papers and (ii) a questionnaire. COVID-19 has generated, and continues to generate, a plethora of social work literature. Our narrative literature review is designed to provide a snapshot of international research to inform the findings of our questionnaire. As such, the review focused on academic refereed papers published during 2020. The databases searched included EBSCO, Google Scholar, Proquest, Wiley online Library and Taylor and Francis, and key search terms were COVID* OR ‘novel coronavirus’ OR ‘2019-nCoV’ AND Social Work*. The search produced 43 papers emerging from countries including USA, Israel, England, Netherlands, Hungary, Vietnam, Poland, Spain, Greece, Scotland, United Emirates, Australia, Turkey, Canada, Malaysia, Jamaica, India, Lebanon, China and countries of Africa.

The questionnaire was developed by members of the ANZDN and included twenty-eight quantitative questions addressing areas including demographic data, experiences with previous disasters, work history, current employment and employment conditions, fields of practice issues,
COVID experiences, employer organisation response, impact on client group and the personal impacts of COVID on self and family. As well, twenty-six qualitative questions gave scope for respondents to provide more detail on the issues emerging in their practice, the impact of COVID-19 on the organisation and work environment, changes made to practice and the personal and professional impacts of COVID-19. Whilst LaDonna et al. (2018) note that qualitative questions in a survey instrument rarely reach the standard required for rigorous qualitative research, we accept Boussat et al.’s (2018) position that the inclusion of qualitative comments in quantitative surveys allows the collection of additional data designed to enhance the level of understanding of the research topic.

The questionnaire and the research project were given approval by the University of Newcastle (Australia) ethics committee and went live in October 2020 and closed in December 2020. Significantly, the survey occurred in a period after the major March/April lockdowns in both countries and, hence the respondents were enabled to be retrospective about their experiences. The project and online access point for the questionnaire were advertised through existing social work contacts, through the national social work professional bodies in both New Zealand and Australia, the Australia and New Zealand Social Work and Welfare Education and Research body and the Social Workers Registration Board in New Zealand. At the close-off of the questionnaire, 208 respondents had recorded their responses, 148 of these were from New Zealand and 60 from Australia.

The data were downloaded, and quantitative data were analysed using SPSS to produce descriptive statistics. The qualitative responses were downloaded first into SPSS and then into Word document tables. Drawing on the structure outlined by Braun and Clarke (2006) and further developed by Nowell et al. (2017), thematic analysis was undertaken in a series of steps including familiarisation with the data, identifying categories, searching for themes, mapping relationships between the variables and highlighting typical quotes. This process was undertaken by the research student (second author) and the lead author. Because the questionnaire had deliberately included several qualitative questions, it took approximately forty minutes to complete and the response rate indicates the desire by many social workers to give this time to the research.

Table 1 provides a summary of the demographics of the respondents, indicating that 84 percent are female, 45 percent had caring responsibilities, 75 percent worked full time and 58 percent noted they had experienced a disaster in the last ten years. Of those who had worked in a disaster context, 38 percent noted the area had not yet recovered. Thus, there were several communities still experiencing the impacts of previous disasters that are now being called on to find the physical and mental resources to address the pandemic.
Just over 50 percent of our respondents were employed in a government organisation and 41 percent in a community not-for-profit service. A total of 81 percent noted that their organisation is classified as an essential service, yet only 44 percent suggested that their workplace had received additional funding to deal with the pandemic. Of those who responded, 77 percent noted that they had received ongoing supervision and 82 percent that they were very well informed about the pandemic; most (91 percent) noted their organisation has a disaster plan in place and 82 percent that they had received training. Whilst 45 percent stated that a COVID-19 plan was put in place immediately, almost all organisations had active plans within two weeks. In presenting the findings of the narrative review and the questionnaire below, we focus on the participants’ responses to questions about their work with vulnerable community members, the issues clients presented with and the personal impacts on individual workers.

### Safeguarding vulnerable community members

Evidence from across the world reveals that social workers are facing several critical ethical dilemmas in the context of COVID-19. For example, prioritising the needs and demands of service users and juggling the risk to oneself during a life-threatening pandemic remains a complex minefield. Globally, social workers report having to balance the risk to themselves and their clients when they undertake home visits or meet face to face (Banks et al., 2020; Dominelli, 2020; Farkas and Romaniuk, 2020; International Federation of Social Workers (IFSW), 2020) and this undermines professional practice standards. In an international research study, Banks et al. (2020, p. 5) note that:

Deciding when to have face-to-face contact, whether to breach government or agency policies and guidelines, weighing up the social welfare

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**Table 1. Survey participants—sample descriptive characteristics and organisational details**

| Characteristics of Respondents                                      | Percent |
|--------------------------------------------------------------------|---------|
| Female                                                             | 84      |
| Caring responsibilities                                            | 45      |
| Work full time                                                    | 75      |
| Have experienced a previous disaster in last 10 years              | 58      |
| Work in government organisation                                    | 50      |
| Work in a community not-for-profit                                | 41      |
| Organisation classified as an essential service                    | 81      |
| Workplace received additional funding to deal with pandemic        | 44      |
| Received ongoing supervision during pandemic                       | 77      |
| Well informed about the pandemic                                   | 82      |
| Organisation has a disaster plan                                  | 91      |
| Received training to address pandemic                              | 82      |

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*Note: Table 1 provides a summary of the sample characteristics and organisational details of the survey participants.*

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*Source: Banks et al., 2020; Dominelli, 2020; Farkas and Romaniuk, 2020; International Federation of Social Workers (IFSW), 2020*
needs of service users against the health risks to all concerned (including workers’ families) were commonly expressed ethical challenges.

Additional ethical dilemmas arise in trying to maintain continuity of care with clients when work practices change to accommodate COVID restrictions. Thus, when social workers are working from home, communicating via technology and operating with limited resources in complex circumstances, it is more difficult to ensure ongoing and regular care. It is also more difficult to establish and maintain empathetic relationships by phone (Banks et al., 2020; International Federation of Social Workers (IFSW), 2020) and maintaining privacy and confidentiality may also be compromised (Barsky, 2020; Csoba and Diebel, 2020; Dinh and Nguyen, 2020). This can lead to difficult decisions about whether to follow protocol or use professional discretion (Banks et al., 2020; Barsky, 2020; International Federation of Social Workers (IFSW), 2020).

International researchers note that the critically altered conditions in which social workers are now operating are subject to significant practice changes at the same time as there is reduced or inadequate resourcing. For example, Dominelli (2020) in a UK context and Gergerich et al. (2020) in a US context note that many workers are working remotely during the pandemic and that this is impacting service delivery. Researchers across a range of countries including the UK (Cook and Zschomler, 2020; Dominelli, 2020), Canada (Archer-Kuhn et al., 2020), Malaysia (Azman et al., 2020), Netherlands (De Jonge et al., 2020), Vietnam (Dinh and Nguyen, 2020), Spain (López Peláez et al., 2020), Poland (Necel and Zareba, 2020), Greece (Papouli et al., 2020), Lebanon (Badran, 2020), Italy (Fargion et al., 2020) and China (Yuan et al., 2020) note also that workers are using remote technologies to work with clients.

As illustrated in Table 2, 60 percent of our Australian and New Zealander respondents noted they were working from home during the critical lockdown periods of the pandemic, 78 percent that they were using technology to deliver telehealth and hold meetings, 32 percent noted that this was the first time their practice had included the use of online technologies and 44 percent suggested that this was not at all suitable or that they had experienced problems with technology and Internet access.

It had a negative impact on the development and maintenance of relationships with clients. Not being able to meet with people face to face as needed, especially with people who struggle to communicate in other ways, was very challenging.

Within this significantly changed environment where many social workers were working remotely, relying on the use of technological means of communication and with often inadequate resources, the capacity to assist vulnerable community members was significantly
reduced. For example, international researchers suggest that attempts to undertake home visits online reduces the capacity to assess the safety and wellbeing of clients (Cook and Zschomler, 2020; De Jonge et al., 2020; Hartel, 2020; International Association of Schools of Social Work (IASSW), 2020) and this can lead to poor decision making. This was supported by our participants, who noted in qualitative comments that the number of home visits and face-to-face consultations were reduced; that some services had temporarily ceased and that groups such as those who are homeless and/or who have no access to phones were out of contact with services. Workers noted that these factors had a significant impact on client relationships.

What were the main issues presented by clients?

Globally, social workers are reporting that inequalities have been heightened by COVID-19. For example, they report a rise in mental health issues (Reilly, 2020), an increase in requests for counselling services from those struggling with insecure housing and a fragile labour market (International Association of Schools of Social Work (IASSW), 2020), and a significant increase in incidents of domestic violence (Azman et al., 2020; Necel and Zaręba, 2020; Truell, 2020)—issues that are highlighted by Australian and New Zealand respondents to our questionnaire. In addition, both international researchers and our respondents commented on the impact of the pandemic on workers.

All but four of our respondents commented on the survey question asking about the main issues raised by clients. Over the whole sample, the main thematic issues to emerge in response to this question were:

- increased health and mental health issues reported by clients;
- isolation of clients from their support networks;
- increased reports of domestic violence;
- increased homelessness and financial concerns.

These issues are now considered.
Client health and mental health issues were prominent issues raised by our respondents in almost every field of social work practice. Nonetheless, those respondents who work in a health setting were more likely to comment at length on health and mental health aspects. These workers have struggled with providing adequate care.

There is increased health anxiety for patients who may have other issues. Clients are more socially isolated and appointments are by phone and other community services or activities are closed during COVID (Respondent 1).

Client mental health issues commented on by respondents included increases in anxiety, depression, experiences of panic attacks, suicidal ideation, self-harming behaviour, family separations, eating disorders, general feelings of fear and stress, increases in critical incidents and isolation.

Others commented on the long waiting time for health services; the reduced access to other services because health workers are focused on COVID issues; limited bed availability for those with other health needs; not being able to provide the same level of care to, for example, cancer patients, because of the reprioritising of services; the large increase in referrals including for severe injuries related to domestic violence, drink driving and motorbike accidents, to name a few.

Additional impacts that added to the health issues experienced by clients included financial pressures, difficulties in securing aged-care placements; increase in child-protection issues; increased drug and alcohol use; homelessness; unemployment; no respite for carers and the psychological impact on families and loved ones of changes to death rituals (e.g. limits on the numbers who can attend funerals). In addressing the significant health and mental issues arising from COVID-19, workers also linked these to the pressures on staff, inadequate staffing and increased workloads.

Isolation of clients from their support networks

Nelson-Becker and Becker (2020) note that one of the most challenging dilemmas faced by social workers working with COVID-19 patients are the issues associated with people dying alone. The current process of managing contagion, necessary in the context of the pandemic, can also undermine a person’s core humanity and dignity and goes against the ideals and practices of the social work profession. Isolation of clients from support networks was an issue raised by participants working in almost every area of practice. Health social workers commented particularly on the problems associated with patients not being able to receive visitors.
Restrictions around visitation have been very distressing for patients/families especially with palliative care as we are still part of the acute care hospital and have had to limit the number of visitors people could have—this was very challenging to manage especially for people who were reaching the end of life care on the unit (Respondent 65).

This point was reiterated by Respondent 115, a worker in palliative care who noted that patients were:

Unable to visit their loved one in hospice, unable to have a funeral, unable to have more than one person with loved one in hospice at level 4 lockdown.

Māori workers note the issue of isolation from whānau, or extended family, as a factor shaping the mental health of Māori clients. This sense of isolation was reflected in other areas of practice including rehabilitation units. Respondent 111, a worker in a brain injury rehabilitation unit, noted that clients were impacted because of:

Ongoing social isolation, difficulties planning and executing leave off the ward due to COVID policies and procedures, limited visiting allowed on-site impacting on relationships and discharge timeframes—because they are unable to contextually practice tasks at home.

Isolation also extended into areas such as child protection where respondents noted that children in out-of-home care were experiencing a lack of family time visitation because of COVID restrictions. Respondents also noted the difficulties associated with placing children who needed care during the pandemic and the impact on children if they were undertaking their schooling from home, particularly in families where they had no access to digital technology and remote learning.

**Increased domestic violence**

International researchers note the dangers during COVID-19 lockdown for those experiencing domestic violence at the same time as access to support decreases (Farkas and Romaniuk, 2020) and substance abuse increases (International Association of Schools of Social Work (IASSW), 2020), issues supported by our respondents’ experience in lockdown. Increases in violence were reported to survey participants across all areas of practice. Reported incidents ranged from women feeling more vulnerable during COVID lockdowns, family members experiencing violence for the first time, new cases of elder abuse, more fear in families, relationship dysfunction and more referrals to police. Child protection workers (twelve respondents) and those working in social housing (four respondents) were more likely to report that the lockdown had led to increased violence.
[We had] increased instances requiring immediate support which was often difficult to obtain ... (Respondent 142, child protection worker).

During COVID-19 our service had an increase in the number of women sleeping rough who were experiencing domestic violence (Respondent 70, worker in homelessness service).

Health workers were more likely to note that they became more aware of violent incidents after the lockdown period had ended and people were able to access hospitals and other health services (twelve respondents). Family members being in close proximity for an extended period, the increased use of drugs and alcohol and financial stress were noted as catalysts. Health and hospital workers were more likely to note that presentations for domestic violence at hospitals and health facilities decreased during the lockdown as people were being discouraged from reporting to hospital emergency services. However, one health worker noted that domestic violence screening was not taking place in emergency services because of COVID and this may account for the decrease in official numbers. Exacerbating these issues, respondents noted that some refuges were closed during COVID lockdowns or had restricted access. Respondent 117, a worker in a sexual assault unit, noted that there has been an increased risk to sexual assault clients, increased isolation from social and emotional supports and a fear of accessing emergency services due to concerns about the infection. Disturbingly, several workers noted that violence towards staff had increased.

Increased homelessness and financial concerns

Homelessness, and its increase during COVID-19 are a critical concern for several workers (International Association of Schools of Social Work (IASSW), 2020; Wu and Karabanow, 2020). This has arisen due to the breakdown of relationships, financial stress and job losses leading to an inability to pay rent or a mortgage. Accessing secure housing was made more difficult because of restrictions on clients being able to inspect rental properties, limited availability of housing, the closure of hotels (usually a readily accessible source of emergency housing) and a lack of options to move in with family because of lockdown issues. Respondent 11 noted that

Families were put up in motels during lockdown. There were ongoing issues of homelessness in the community during lockdown. The impact of job losses on renters and mortgage stressors may increase the rate of homelessness due to the downturn in the community.

Nonetheless, twenty-two respondents (11 percent) noted that their government had responded quickly and effectively to housing needs in the interests of ensuring a successful lockdown. These workers state there was a swift response and that those in need, including rough sleepers, were housed in motels or emergency accommodation.
The impact of the pandemic on businesses and the subsequent loss of jobs and income was noted by workers engaged in health social work, education support, child protection, mental health services, homelessness services and violence services. In all cases, these workers referred to the impact of loss of income and ongoing financial difficulties on individuals and families and the ongoing consequences.

What were the impacts on workers?

Our third subsidiary question concerned the impact of COVID-19 on social workers. In commenting on this, international researchers report a lack of knowledge and training about COVID-19, a significant lack of resources to address the issues raised by COVID-19 (see, e.g. Nisanci et al. (2020) in the Turkish context), inadequate personal protective equipment (PPE) for those working directly with clients and a general lack of staffing to deal with the new realities of practice (see e.g. Bern-Klug and Beaulieu, 2020). In contrast, 83 percent of our survey participants agreed they had received training on personal protection, 83 percent had been provided with PPE and 61 percent noted they were reasonably well informed or very well informed about COVID-19 (Table 3).

International studies also reveal that social workers across the world are reporting emotional and mental distress in response to the pandemic (see, e.g. Abrams and Dettlaff, 2020; Kusmaul et al., 2020; Levin-Dagan and Sivan, 2020) and many researchers report that workers are juggling caregiving responsibilities, household distractions and makeshift offices (see, e.g. Muñoz-Moreno et al., 2020). They are also struggling with understanding clear boundaries (e.g. assessing when they can use their personal devices for work-related tasks (Barsky, 2020)); and how to respond to an increased workload (Gergerich et al., 2020).

Our survey allowed workers to reflect on the impacts of the COVID-19 pandemic on their work, relationships and wellbeing during the lockdown period. Workers noted, in particular, their experiences of stress and anxiety; their concerns for family, particularly aged relatives; and the impact of role blurring as working from home meant there was so much cross-over between work and family. Of the 159 who responded to this question on the personal impacts of COVID-19, 31 percent noted their increased anxiety, stress, depression and feelings of isolation; 38 percent noted their concerns for family; 16 percent note the blurring of roles and 8 percent noted additional health issues either caused by, or exacerbated by, the pandemic (Table 4).

Workers also noted significant changes in their workloads: the increased needs of clients; the need to deliver services online; the lack of PPE in some organisations; the lack of appropriate staffing; fears for
their ongoing employment; problems with Internet access and online service delivery; their fears for their own and their family’s health; concerns for the needs of older family members; the impact of the closure of schools and the need to home-school their own children. Respondents also noted there are issues within their extended family, including factors such as family members’ loss of employment, health concerns for their families and increased feelings of isolation and depression. Our sample is overwhelmingly female, and what becomes clear from these comments is that women are carrying the responsibilities of the workplace as well as responsibilities to their families. This has led to significant stress for many of those who took part in our survey. Respondent 9 noted:

It was a struggle to balance everything during this period. It felt like I was always both working and parenting, leaving little time for my own self-care as well as my relationship with my husband.

Respondents who are working in management positions noted the increased need to attend to the impacts of COVID-19 on their staff as well as clients. For example, Respondent 32 noted:

I became emotionally exhausted trying to support a team of social workers who were at each others’ throats and couldn’t fit in the ridiculous planning that was demanded of them.

Respondents also noted they had various strategies to deal with the stressors they were experiencing. These particularly included exercise, mindfulness, regular online contact with family, doing things as a family, keeping in contact with friends and taking regular breaks.

Table 3. Australian and New Zealand social workers access to training, PPE and information

| Characteristics of Respondents                  | Percent |
|------------------------------------------------|---------|
| Received training on personal protection       | 83      |
| Provided with PPE                             | 83      |
| Well informed about COVID-19                   | 61      |

Table 4. Personal impacts of COVID-19

| Characteristics of Respondents                          | Percent |
|---------------------------------------------------------|---------|
| Increased anxiety, stress, depression and feelings of isolation | 31      |
| Concerns for family                                     | 38      |
| Blurring of roles                                       | 16      |
| Additional health issues caused by or exacerbated by COVID-19 | 8       |
How has social work practice in Australia and New Zealand been impacted by COVID-19?

In addressing our primary research question, ‘How has social work practice in Australia and New Zealand been impacted by COVID-19?’ we first address our subsidiary questions. In response to the first question, ‘How have social workers safeguarded vulnerable community members during lockdown?’, like their colleagues elsewhere (Dominelli, 2020; Gergerich et al., 2020), our respondents noted that they have endeavoured to continue their practice using virtual means, but that their ability to assess was reduced. Australian and New Zealand social workers also reported issues with connectivity and having adequate equipment and training to undertake telehealth effectively.

In response to our second subsidiary question, ‘What were the main issues clients presented with?’, there were markedly similar responses to those reported by workers in other countries (see e.g. Azman et al., 2020; International Association of Schools of Social Work (IASSW), 2020; Reilly, 2020). These issues included a rise in physical and mental health issues, the isolation of clients from their support networks and increased incidents of violence, homelessness, unemployment and financial problems reported to respondents. The timing of our survey enabled respondents to reflect on both the impact of the hard lockdowns and also the immediate post-lockdown surge in reported incidents.

Our third subsidiary question, ‘What were the impacts of COVID-19 on workers?’ elicited similar results to those in the international literature (see e.g. Abrams and Dettlaff, 2020; Bern-Klug and Beaulieu, 2020; Nisanci et al., 2020) and emerging from our survey. These included: inadequate staffing; increased workloads; increased pressure on staff; balancing how much to expose themselves to the virus in the interests of clients; challenges wrought by issues such as patients dying alone and children in out-of-home care not able to receive family visits. Respondents also noted fear for themselves and their families should they contract the virus; problems accessing equipment such as PPE; annoyance that social work is not acknowledged and praised as other health service providers were and an overarching fear for their families.

In addressing our primary research question, ‘How has social work practice in Australia and New Zealand been affected by COVID-19?’, our literature review and survey results indicate that the impacts of COVID-19 on social workers in Australia and New Zealand are similar to those being felt by social workers across the world. This would appear to be a result of workers adjusting their practice to hard lockdown conditions. During lockdown periods, workers have adopted technology to reach vulnerable clients and this has brought new issues related to the adequacy of assessment of client needs, the potential risks to clients
locked down in their homes with limited access to support systems and problems with connectivity.

Whilst there is no doubt that social workers have demonstrated their ability to be resourceful (Cook and Zschomler, 2020; Wu and Karabanow, 2020), our respondents and evidence from our literature (see e.g. Gergerich et al., 2020) suggest workers have been overloaded at the same time as they were juggling their own needs for safety and protection from the virus with the extensive and increased needs of clients. In this regard, gender is an evident and complex aspect of any analysis of the work of social workers during the pandemic. Our sample, and indeed the social work profession, is dominated by women. As a result, the complex interplay of work and family is a significant factor in our survey findings and our literature review (see e.g. Fargion et al., 2020, in relation to Italian social workers and Necel and Zaręba, 2020, in relation to Poland). In Australia and New Zealand, the closure of schools and the need to home-school children occurred at the same time as workloads were increasing, client needs were expanding and many workers were working from home. In this environment, female workers experienced a particular overload.

In our survey, workers were asked to comment on the impacts of the pandemic on their organisation’s ability to continue and maintain service delivery and 189 participants responded to this question. Like their international counterparts who note the factors associated with remote service delivery (see e.g. Cook and Zschomler, 2020; De Jonge et al., 2020; International Association of Schools of Social Work (IASSW), 2020), the most common responses from our participants related to the need for workers to work remotely from home and the impacts this has had on service delivery; the reduction in home visits; restrictions on, or the loss of, face-to-face meetings with clients; the closing of some services; the deleterious impacts on client/worker relationships; a decline in the number of clients as a result of people giving up trying to access services; the refocusing of some services to essential contacts only and services being viewed as inaccessible by clients. Some workers noted particular circumstances where clients and families were critically impacted in cases where they had no access to, or unreliable, Internet services (including those who were homeless); delayed family court hearings and the lengthening of waiting time for court sessions; the difficulties associated with visiting children who are in care and problems relating to needing documents signed. Issues associated with pandemic safety were also raised, including the need to practise social distancing; the need for PPE (and problems when this was not available); the need to screen staff regularly for the virus and the need to wipe down surfaces and the delays this caused on a regular basis. There were also strong indications of pandemic fatigue being experienced by workers.

Where the experiences of Australian and New Zealand social workers differ from those of the colleagues elsewhere appears linked to the lower
infection and death rates allowing a more considered approach to practice. The timing of the survey also gave workers the opportunity to reflect on the ‘new normal’ of immediate post-lockdown working, whilst retaining certain lockdown practices such as the increased use of virtual communication and the changed incidence of reporting once restrictions were relaxed. Similarly, the prior experiences of disasters meant that social work services and their workers were arguably able to move more quickly to disaster mode. Disaster plans were quickly instigated, previous training was built on and good practices were quickly in place. Where Australian and New Zealand services appear to lag is in the problems encountered by workers relating to connectivity and Internet services. This is reflective of both the reliance of rural and remote areas on satellite connections and the slow rollout of fibre to replace copper wire connections in urban settings. This may raise a further issue of the diverse nature of social work within different technological environments. Further, there would appear to be room for the development of telehealth protocols to facilitate the delivery of services and training for workers to ensure they are confident in their online practice.

It is evident from the studies emerging from across the world, and our own research, that social workers have been working across many areas of practice to ensure that people in need receive support. Yet, many report basic problems such as a lack of adequate Internet services and a lack of adequate staffing. At the same time, they face personal impacts in their private lives as a result of increased workloads, schools closing, relatives in need and a lack of time for relationships. Our research indicates that social workers have been deeply engaged in the provision of services to vulnerable people during the pandemic lockdown. Ensuring that disaster policies and media images of frontline workers reflect this remains a work in progress.

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