Chapter 6
Staying True to Our Core Social Work Values During the COVID-19 Pandemic

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Introduction

The COVID-19 pandemic has impacted the lives of individuals, families, and communities around the world. These past few months have given social workers a new perspective and appreciation of the NASW Code of Ethics, the foundation from which all social workers operate. Working in a nonprofit human service agency providing services to vulnerable populations living in impoverished communities in New York City, social workers were the unspoken essential workers grappling to provide mental health and supportive services as usual. During these unprecedented times, the six core values and principles that support the NASW Code of Ethics – service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (National Association of Social Workers [NASW] 2015) – brought hope, guidance, and a reminder of what social workers strive to do.

Service

Service is the first core value of the NASW Code of Ethics (NASW 2015). Social workers’ primary goal is to help people in need and to address social problems (NASW 2015). It reminds us that individuals who generally go into the social work
field have a genuine desire to help others, contribute to the larger community, and personally grow from these experiences (Bent-Goodley 2017).

The core value of service was notable during the height of the COVID-19 pandemic. At our agency, with the uncertainty surrounding transmission, protection, and treatment, social workers carried on to identify gaps and render solutions. Social workers continued to provide mental health treatment and supportive services, met and admitted new individuals for services, and completed regulatory treatment plans and required assessments on health and family relations. We put aside our own worries and fears so that we could remain empathic, present, and supportive to our clients. We heard and allayed clients’ uncertainties through telephonic or videoconference sessions, connected them to food and medications when they could not leave their homes, and comforted them when someone they knew died from COVID-19. Social workers taking part in providing direct supportive care of individuals living in our housing programs, homeless shelters, and group homes promoted the idea of physical distancing rather than social distancing. To counter social isolation during this time of self-quarantine, social workers helped set up videoconferencing with their primary care providers, family, and friends.

**Social Justice**

Social justice is a core value rooted in our profession. Our training asks us to pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and populations. During the COVID-19 pandemic, as a nation, we witnessed the striking disparities in access to health care and the risk factors facing racial and ethnic minority groups in impoverished communities (Artiga et al. 2020). The consequences of these differences have resulted in disproportionate levels of infection and death in black and brown individuals (Richardson et al. 2020).

Historically these disparities have been ever present; however, the inequities during the COVID-19 pandemic brought this to the forefront. The early days of the COVID-19 pandemic evoked public and scientific reactions to the staggering disparities about unknown genes that would make communities of color more vulnerable to the virus rather than a focus on the devastating biological consequences of systemic inequality and oppression. The racial impact of the virus is deeply rooted in historic and ongoing social and economic injustices.

Individuals experiencing unstable housing, living in dorm-style shelter arrangements, and residing in congregate care and nursing facilities often found it difficult to safely social distance from others. Housing availability and stability are an area where some of the largest disparities can be found. The distribution of wealth and obtaining affordable and appropriate housing stemming from racism have resulted in the crisis of homelessness, housing instability, and vulnerability to COVID infection for many of our clients.

Individuals who are also essential workers may not have the option to work from home, which increases their vulnerability to COVID-19. They may be in a position
where they do not have the benefits of sick or personal time that would allow them to care for their children who are out of school due to COVID-19 or to care for loved ones who may be ill. Another added stressor is the loss of employment. Many individuals who are low-wage workers tend to be the first to lose their job and last to be hired back (Smith 2020).

Diseases like diabetes, hypertension, obesity, and asthma disproportionately affect minority populations, which increases vulnerability to transmission. These also take significant tolls on their mental health. Inequities in health outcomes, healthcare access, and benefits result in our nation’s response to preventing and mitigating its harms that are not equally felt in every community.

In challenging social injustice, it’s important that we recognize the social construction of race, power, privilege, and racial supremacy as core foundations of oppression in our country, made more evident with the COVID-19 pandemic.

**Dignity and Worth of the Individual**

In honoring the dignity and worth of our clients throughout this pandemic, social workers have advocated for safer environments, increased opportunities for social distancing, and identified safe resources for individuals experiencing homelessness. This advocacy reflects our attention to anti-oppressive practices with an ambition to challenge inequality, marginalization, and oppression at structural levels by using structural understandings of social problems (Mattsson 2014). As social workers engage in anti-oppressive practices, it’s important to listen carefully for oppressive language when assessing client’s needs. These assessments highlight the intersections of our clients’ identities and help in advocating for the best resources to facilitate change.

When clients living in dorm-style shelter environments were not able to adequately social distance or protect themselves from COVID-19 transmission, it was community organizations, advocacy groups, social workers, and coalitions that demanded a resolve until safer solutions were presented. Although our position as social workers connote power differentials within a larger system, this partnership within the community and advocacy groups invokes change, as it makes the client the narrator of his or her own experiences (Sakamoto and Pitner 2005). This change manifested into the mayoral initiative to increase social distancing and lessen the opportunity for transmission of COVID-19 in homeless shelters by relocating all clients living in single adult dorm-style shelters to hotels. These moves enhanced safety and security and demonstrated our dedication to individual value and worth. Clients were furnished with single or double rooms and private bathrooms.

Social worker’s partnerships with coalition and advocacy groups focused on dignity, worth, and value of each person, a core principle. This ongoing advocacy in our social service agencies spawned the movement for personal protective equipment (PPE) to be distributed to each client living in New York City’s continuum of housing. PPE was also provided for all essential staff each day in these 24-hour facilities.
Large shipments of masks, gloves, and hand sanitizers were obtained on a monthly basis, and case managers ensured that each client had access to medical care, psychiatric care, and medications for chronic physical and mental health issues. Most importantly, staff ensured that clients could access remote services by researching providers who would continue to serve clients during the COVID-19 pandemic.

**Importance of Human Relationships**

The importance of human relationships is perhaps the most sacrosanct of values inherent in social work practice. At the core of our profession is the fundamental belief in the capacity for change, and for this to occur, social workers must be keenly attuned to the connection between themselves and the individuals served in practice. The COVID-19 pandemic challenged our profession to think about new ways of connecting with our clients. We pondered how to sustain trust in the relationship and how to be flexible and available to our clients, and we recognized the importance of self-reflection among other traits. During any pandemic there is prone to be a myriad of reactions and feelings. As there were so many unknowns about the COVID-19 virus and the dangers in the environment, many social workers found themselves encountering individuals engaged in a fight-or-flight experience. There was tremendous fear, sadness, and even anger all around us, and this triggered many people to run away to a safe place (Chery and Gans 2019). Yet social workers did not run. We were part of a group called essential workers. We were called to task, and we needed to fulfill our mission to strengthen relationships and enhance the well-being of families, social groups, organizations, and communities (NASW 2015).

Many individuals enter our programs straight from institutional settings including state hospitals and prisons. They arrive to us after many years of street homelessness and experiencing trauma and oppression, and far too many have been ostracized and shunned by their own families. It is the role of the social worker at our agency to understand their trauma, use recovery-oriented principles, focus on integrated health care, and instill notions of hope and self-determination. Hence, these overarching themes are tantamount in one’s quest for solid attachments and the corrective recapitulation of one’s primary family experience (Yalom 1995). It requires an understanding of micro-, mezzo-, and macro-views of social work practice for all of these elements to converge. As an agency we remained steadfast in our commitment that none of these critical components of social work would be compromised during the COVID-19 pandemic.

Engagement, a term widely known in the social work literature, is often the beginning of forming human relationships. For many individuals living with a chronic mental health condition such as schizophrenia and major depression, establishing trust, a fundamental role in engagement, can be a long and complex process. The face-to-face encounter that often begins the engagement process presented a clear barrier during the pandemic. Many clinics and day programs stopped in-person sessions and were forced to reimagine a new way of building rapport and sustaining
healthy relationships. During the COVID-19 pandemic, social workers were faced with new challenges; as clinics closed due to safety reasons, how would these important relationships be sustained? As social workers, one might say we were “called to action.” Indeed, we pondered the benefits of fostering a place where individuals felt less isolated and where there was a sense of mutual aid (Yalom 1995). At a time when social isolation is occurring in unprecedented ways, the role of groups as a protective factor was something we needed to consider. The importance of preserving social worker-client relationships during times when clients are forced to quarantine during the COVID-19 pandemic became abundantly clear. In these instances, social workers played a key role in helping clients reduce feelings of isolation. As Zoom and GoToMeetings became ever more popular, it was the recognition that online groups also may offer social workers an efficient and effective way to support the mental health and decrease feelings of isolation of the larger community during the COVID-19 pandemic (Whittingham and Martin 2020).

**Integrity**

It is noteworthy to recognize the sense of integrity that is also essential to our profession and inherent in social work practice. There is no code of ethics specific to supervision. However, it could easily be argued that nearly all aspects of our practice apply to the supervisory relationship, since a contemporary view in social work is that supervision is actually a form of social work practice and mutual aid (Brashears 1995). During the COVID-19 pandemic, social work supervisors played essential roles in the accountability department. As agencies had to confront complex decisions in the face of COVID-19, we needed to ensure that those individuals who had been so used to being served in-person were still receiving care with a sense of dignity and clinical integrity. Our profession has always placed great importance on the value of supervision. Social workers would need to get used to a new paradigm shift that called into question the very importance of the value of delivering services with integrity and purpose for all.

On an agency level, there exists a culture that reinforces our profession’s core principles. Integrity is inherent in all of our departments. We practiced due diligence by immediately forming a multidisciplinary task force. The group met daily to address clinical excellence, system issues, and ongoing communications with key stakeholders including staff, clients, and key regulators.

**Competence**

Competence, another core value, emphasizes the importance of continuous learning for social workers to grow personally and professionally. Social workers recognize the importance of competent practice and that good intentions, along with having
the knowledge and skills, are what is needed to be effective in practice (Bent-
Goodley 2017; Reamer 2017).

The onset of the COVID-19 pandemic significantly impacted the way social
workers and staff delivered care. Routine procedures and traditional practices were
defferred in order to protect clients and staff from exposure to infection. Social dis-
tancing and wearing PPE were the norm. In many states, including New York state,
mental health providers responded to the COVID-19 pandemic with rapid and wide-
spread conversion to telehealth services, supported by relief from the former regulat-
tory and legislative barriers (NYS Office of Mental Health 2020). This was a
movement toward the right direction within the continuity of services. However,
this was an awakening for agencies and staff alike who believed telehealth services
would take place sometime in the far future. For agencies, they had to quickly take
inventory of their existing systems. Were there enough smartphones and laptops to
distribute to staff across the agency? Did we have enough bandwidth? Do we need
to upgrade our firewall? How do we ensure HIPAA compliance with staff working
remotely (US Department of Health and Human Services 1996)? Which platform,
Zoom or GoToMeeting, would best fit our staff and client needs? Hence, for many
social workers, incorporating digital clinical tools as a means to remain connected
with clients, provide services, and complete documentation remotely had a new set
of essential competencies and ethical guidelines to adhere to (NASW 2017; Reamer
2017). At the same time, the use of digital technology created new ways and oppor-
tunities for social workers to interact and communicate with clients.

Conclusion

The COVID-19 pandemic will have long-lasting global effects. It is evident that
social workers are needed now more than ever. Social workers are one of the largest
providers of mental health services in the country with the knowledge and skills to
operate on micro-, mezzo-, and macro-levels (Council of Social Work Education
2014). The NASW Code of Ethics keeps social workers grounded and focused in
today’s constantly changing environment. While the code of ethics has adapted and
changed over the years, its core values and principles remain the same – serving as
a guide in delivering services with fairness and respect. Our mission to serve others
in need, advocate for social justice, honor the dignity and worth of each unique
individual, understand the importance of human relationships, practice with integ-
rity, and continue to enhance our competence makes social work stand apart from
other mental health professions.
