



Article

Changes in Social Interventions after COVID-19: The Experience of Front-Line Social Workers

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Abstract: The COVID-19 pandemic has changed the way of delivering social services in primary care settings all over the world. In March 2020 the lockdowns in every European country forced the population to adjust their lives to the new scenario. Welfare states had to quickly respond to the urgent social and economic needs of the citizens. Therefore, social workers were compelled to modify their standard procedures to overcome the difficulties they faced during the first months after lockdown orders were issued due to COVID-19. The present research analyzes the interviews conducted with twelve Spanish social workers to find out their perceptions and concerns about the consequences of that period. Results showed great changes in the way of delivering social services (simplifying procedures and managing an increasing workload), but also demonstrated different strategies that these professionals implemented to prevent burnout or compassion fatigue (team spirit, efforts to develop interinstitutional coordination, support to civil society in non-profit initiatives). Implications in organizational aspects are discussed.

Keywords: social work; front-line professionals; qualitative study; social emergency; post-covid; social services; primary care



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1. Introduction

COVID-19 was considered a pandemic in March 2020. The World Health Organization urged all the governments to impose extraordinary measures to help contain the spread of the virus (WHO 2022). The lockdowns forced the population in many countries to adjust their lives to the new scenario. In Spain, the (Organic Law 4/1981), of June 1, on the states of alarm, exception, and siege, gave full faculties to the government to take rapid measures and prevent the spreading of the virus. The lockdown started on 15 March 2020. The Spanish Prime Minister urged citizens to stay at home, suspending all activity considered as “non-essential”. Therefore, schools and universities concluded their daily activity, and only those services considered “essential” were able to continue their work. This situation entailed important changes in the procedures of delivering those services.

Before the pandemic, social service settings were not considered “essential services” in Spain. Consequently, a significant number of social interventions were cancelled when lockdown started. Two weeks later, Spanish authorities changed this situation by declaring essential both the social services and their workers (Estate Group of Intervention in Social Emergencies 2020). This implied a profound re-configuration of the services at different levels. The welfare state tried to quickly respond to the urgent needs of the citizens in different ways, such as by providing economic and material aid. Organizational changes were also necessary, including more social workers to manage the great demand for social services. At the same time, social workers had to modify all their procedures to adjust their work to the new reality.

Basic social services settings are the first step for citizens to access the welfare system, and they are regulated (in a similar way) by each one of the 17 autonomous communities

that make up Spain. In the Balearic Islands (location in Spain), the ([Law 4/2009](#)), of social services in the Balearic Islands (location), establishes that all individuals and families have the right to access the welfare system, and they also have the right to be assisted by their reference professional, who will be the one in charge of coordinating all social interventions delivered to each family. These front-line social workers offer information, financial and technical support, and counselling to individuals and families with social, relational, and/or economic needs. This support includes access to homecare or home meal delivery, among other measures. Basic social services settings attend different type of users since they are the main channel to enter the welfare system. Therefore, those services attend either elderly people, individuals and families in economic distress, individuals with mental health issues or drug abuse situations, among others.

After the outbreak of the pandemic, a new organization in social services arose to meet the current needs of the citizens. At the organizational level, all the procedures related to financial or technical support were simplified, and the different levels of the welfare system (state, regional and local) developed new regulations to facilitate the access to social services. In June 2020 (two months after the announcement of the lockdown), new financial support for covering basic needs was provided both at state and regional level, such as the Minimum Vital Income (MVI, state level) or the incorporation of new profiles of users to the Granted Social Income (GSI, regional level). New protocols were issued every week by international, national, and regional levels, and consequently social workers struggled to re-organize their way of developing social interventions. The International Federation of Schools of Social Work ([The International Federation of Social Workers \(IFSW\) \(2020\)](#)) issued a set of recommendations to improve the emotional well-being of front-line professionals. These international guidelines were aimed at preventing professionals from suffering mental and emotional issues such as compassion fatigue, psychological distress and symptoms of depression, anxiety, or post-traumatic stress due to the COVID-19 pandemic. At a national level, the GCSW ([Calzada 2020](#)) elaborated some recommendations for front-line professionals a few weeks after the lockdown, to guarantee the safety of all the parties. Those recommendations included telework as a method of ensuring the provision of essential services.

However, the increasing demands of help and the limited resources forced Spanish front-line professionals to develop their work under extreme conditions ([Muñoz-Moreno et al. 2020](#)). [Gómez-Salgado et al. \(2020\)](#) concluded that 80.6% of healthcare professionals suffered from psychological distress due to the pandemic. In other countries social workers had also difficulties overcoming the effects of the pandemics. In this sense, [Holmes et al. \(2021\)](#) reported that over 60% of social workers in the United States were suffering from burnout, and [Dominelli \(2021\)](#) suggested a great range of experiences in social workers from different countries. Other studies also reported similar amounts of distress in health-care workers ([Ashcroft et al. 2022](#); [Ruiz-Frutos et al. 2022](#)). [Burgos-Serrano et al. \(2022\)](#) explained in their study that female social workers in Spain did not perceive teleworking as a sufficiently effective measure for the development of their functions. Moreover, their results suggest that the most experienced workers, alongside the youngest and those with dependent children, are the most affected by the effects of the pandemic. These professionals also recognized positive experiences such as the support of their colleagues and the understanding of the users of their services. [Marquina-Márquez et al. \(2022\)](#) reported an extension in difficulties of administrative, organizational, and logistical tasks; professionals suggested a lack of recognition of the profession. Finally, the professionals also considered that their work saturation had a negative impact in the quality of professional life. [Ben-Ezra and Hamama-Raz \(2021\)](#) have claimed the need to improve the responses at management level and suggested that more research is needed to better understand social workers' experiences during COVID-19 pandemics.

The goal of this study is to deepen the knowledge about the Spanish front-line social workers' experiences during and after COVID-19 lockdowns. The objective is to reflect on the barriers and facilitators that these professionals encountered in their daily routine in

social services during the first year after the outbreak of the pandemic. Results may inform changes to improve the well-being of social workers and to better deliver social services in future pandemics and other similar health threats.

2. Materials and Methods

Design and procedure. This is a qualitative descriptive study. Data collection was carried out between May and June 2021. Participants worked in six different social service settings in Mallorca (Balearic Islands), Spain. The 2nd author contacted social services around Mallorca. In written form, she explained to prospective participants the goal of the study, asking for their participation. Those who agreed to participate were contacted by phone to arrange an interview. This study was implemented in the framework of the ‘End-of-degree Project’ of the University of Balearic Islands (ethical approval not applicable) and followed the guidelines of the Spanish ([Organic Law 3/2018](#)) on Personal Data Protection to ensure ethical procedures in data collection and analysis. All participants signed an informed consent prior to the interview. The material presented in this article is pseudo-anonymized to avoid the identification of the participants.

Instrument. Participants were interviewed using a semi-structured protocol which focused on the experiences of social workers during the past year, to better understand the changes brought about by the pandemic in their social interventions with individuals and families in social services settings. The guiding questions were: How was your experience as a front-line professional during the lockdown? Which changes emerged in your way of doing social work? What is the profile of new users?

Sample. The sample included 12 social workers (11 women), whose age ranged from 25 to 56 years old, and their experience in social services settings ranged from 1 to 32 years.

Data analysis. This study undertook a thematic analysis ([Braun and Clarke 2006](#)). Interviews were carried out in Spanish and were recorded, transcribed, and stored in a Word file. The 2nd author listened to the full recordings and proofread all the interviews. The analysis was performed in two phases. Firstly, two interviews were read and categorized independently by the first and second author, who coded the excerpts and then compared both coding systems. When necessary, consensus was reached with the help of the third author. Secondly, the research team identified the themes discussed in the interviews. Through an iterative process of successive refinement, all the authors confirmed the consistency of the themes. The quotes were translated into English for publication purposes.

3. Results

All participants reported difficulty in adapting their performance to the new situation in March 2020 and reflected on the changes that occurred over the following 15 months at different levels. The categories emerging from the data analysis are displayed in Table 1.

Table 1. Themes and subthemes.

Theme	Subthemes
Mandatory urgent adaptation	Re-organization of their services Changes in the way of working Lack of information
New profile of users	New financial support Economic vulnerability Seasonal workers Irregular residents
Strategies to better help the service users	Support to new projects and to civil society
Self-care of professionals	Collaboration and team spirit

3.1. Mandatory Urgent Adaptation to the New Situation

The lockdown implied a re-organization of their services: some social workers could resume their daily activities with certain technical adaptations—such as home help or meal delivery services for care-dependent people—, while other activities were abruptly terminated—such as working with groups or attending demands not related to basic needs. All social workers stated that they had to adapt their services in less than 24 h after lockdown orders were issued. They reported feeling unprepared to face the new challenges: “The only thing we received was the announcement of the state of alarm on Saturday, and from then on it was a ‘get as ready as you can’ because there was no . . . the feeling I had, and I (still) have . . . is that they sent us to the war without any kind of weapon” (P1). Participants also recalled their worries and the difficulties faced to ensure the continuity of essential services: “Well, here we also continued with other services apart from economic aid, we had home support, which was a worrying issue, because, what if a worker gets infected? What if a worker infects a user or vice versa? How do we manage this situation?” (P7)

The way of working of these participants also underwent important changes. Initially, all professionals attended users by phone, either from home or from the office, although they continued visiting users in their homes when necessary: “Due to the lockdown, people could not come (to the service), (but) no one can be left unattended, like the meal delivery . . . We were attending by phone” (P1). Telework was a reality for some participants from the very beginning, considering it a useful way of working (“being able to work from home if you have space and access to a computer . . . I took it very well . . . It was very comfortable” (E2)), while others were doing all the work at the office (“telephone, we were in the office, we did not telecommute, but everything was (done by) telephone” (P2)). Some participants were firstly working from the office but ended up taking turns to ensure their own safety “to avoid transmission between us” (E7). Staff who teleworked regarded it as a positive tool, since it helped them guarantee a continuous working process as opposed to the typical interruptions that they had to deal with in the office: “working from home allowed you to organize everything a bit; the teleworking that I did from home was to manage the demands received” (P7). Nevertheless, all of them considered that face-to-face interventions are essential in order to develop helping relationships: “It is very difficult to do social work over the phone” (P11). Some participants suggested a mixture of both working practices, combining face-to-face in the office and teleworking from home one or two days a week: “Maybe one day (of teleworking) can be done to register all the work done” (P2).

All participants reported a lack of information, both from their superiors and from other administrations, especially during the lockdown. Professionals were more understanding with the situation during the first weeks (“We had no support from the institution (. . .), and we had no advice (. . .)” (P2)). Nevertheless, after some months, professionals gradually became more critical of this lack of information, especially related with other administrations that were not taking responsibility (“I’m talking about the end of May (2020). Nothing was clear (about new resources and procedures), nothing was known; it was like throwing sticks into the water” (P4)).

The new financial supports displayed by national and regional levels in June 2020 were supposed to be managed by regional or state professionals. Therefore, front-line social workers (imbedded at local level) were not meant to manage these procedures. However, participants stated that service users were asking them for help because of the lack of information and the difficulties while accessing the aforementioned regional and state resources. Although social workers considered it unfair to assume responsibilities of other institutions, they also acknowledged the necessity of giving response and effective help to the citizenship: “Everything (was) closed (because of the lockdown), the administration and social insurance service, and we assumed tasks and competencies that were not ours, and we still do it now” (P8). This decision made participants invest a lot of time dealing with electronic administration, with the aim of helping their users. Besides, these front-line

professionals faced anger from their users due to system failures (including problems related to other institutions): “I do not know how the state financial supports have been managed, but of course, those of us who are in the front line of fire . . . because you must assume what is yours (your responsibility) and what is not” (P5). This situation caused feelings of despair and anxiety among the participants of this study, as some explained: “I have lived it helplessly” (P5).

3.2. New Profile of Users

All participants stated a great increase in demands of new users, most of them asking for financial support: “I would say that basically it has been economic (demand)” (P3). At the same time, the chronic service users found themselves in a more vulnerable situation than before the pandemic: “There are new profiles and there are also new situations of need, and also new problems” (P1). This increasing demand (“we had duplicated the demands” (P2)) forced first-line professionals to work over their capacity: “Yes, maybe there is an excess of work that makes it difficult for you to do each task with more quality and in a more detailed way” (P2). People who only present economic vulnerability, without other social issues, require different interventions than chronic service users. Because of this, social workers need to make a difference between both profiles, to adjust their interventions. Our participants felt that their way of doing social work changed in March 2020, prioritizing the covering of basic needs, and developing fewer socio-relational interventions: “We do not have the time to make an intervention plan, and we have gone to satisfy basic needs at an economic level, to cover basic needs; we do not have enough for more” (P6).

Most participants highlighted two new profiles of users that emerged during the lockdown: workers from the catering industry and people in an irregular administrative situation (also called “irregular residents”). On the one hand, the restaurant sector cancelled almost all activity during lockdown, and therefore, all the seasonal workers could not start their work as usual. The Government (state level) provided economic aids with the Temporary Employment Regulation. However, the users had to wait for weeks—or even months—to obtain this financial support. Since employees could not go back to their workplaces due to the lockdown, they needed urgent financial aid to cover their basic needs. It took weeks and even months to obtain benefits from the government, and social workers felt hopeless. On the other hand, irregular residents were forced to remain at home, a situation which prevented them from performing any remunerated work. Since up to that moment, they had been working without a formal contract, they had no access to government financial aids at the beginning of the lockdown. Social workers had to deal with the anxiety of all these users with no employment, no savings, and facing great uncertainty about their future: “The work plan, normally 99% of it, if there is no serious health problem, includes a job search, but this has had to stop” (P4). At the same time, social workers felt no support from their managers:

During the first weeks, the interventions developed by social workers were basically paperwork, related to the adaptation of essential services to the new circumstances, and to help their users to manage all these urgent financial supports (either from state, regional or local level). Moreover, participants pointed out that almost each week, during the first months, they were coping with constant changes in the procedures related to the different financial aids, increasing the existing chaos: “It was a bit chaotic on our part, on the part of the above administration, and (people were) very lost, people were very crazy” (P4).

3.3. Strategies to Better Help Service Users

Professionals highlighted that their services were above capacity. To overcome this situation, some social services engaged new projects to promote social inclusion, while others amplified existing ones to cover the needs of more people. At the same time, the civil society started to organize initiatives to help their citizens. In fact, most participants stated that different civil society groups emerged in their communities to support individuals and families. Such initiatives involved delivering food and pharmaceutical items to vulnerable

people, to prevent them from leaving their homes. This informal support served as a complement of social services, and the social workers were coordinated with those initiatives to maximize their results: “There has been a (. . .) NGO called Templars of the World that works a lot with the food bank; we appreciate it and refer the cases to them, and the educator also sends her own cases, and they (Templars of the World) make a weekly delivery of food; the city council gave them the food, and they collect and distribute it” (P7). This informal support was a key for many users, reducing their risk of social exclusion: “The people who participate are very happy... At the same time, they create a lot of networks among themselves, and many people who don’t have a network, because they are migrants without informal support, make these networks” (P3). Social workers acknowledged the efforts made by civil society, considering that this informal support strengthened their relations with other groups.

3.4. Professional Self-Care

All participants insisted on the absence of guidelines from their institutions during the first months, with a sense of continuous improvisation: “Come on, let’s respond quickly without thinking so much about how it is being planned” (P6). This situation forced social workers to quickly respond to demands without a common guidance: “At first, we met as a team and we had to improvise, give a first response, act and give a first answer to basic and urgent needs, because they come to you . . . ” (P8).

In general, social workers stated they were proud of their efforts during the pandemic, and some of them explained that the great collaboration among the team made the difference in coping through those rough times: “Without a doubt, the best thing for me (. . .) (is the) team spirit (. . .) how supported you feel when your teammates work with you” (P3). Thus, professionals developed different strategies to improve their self-care, such as working together (“There has been a lot of team spirit, a lot of camaraderie among the team” (P2)), and taking care of other colleagues: “When one has not been able to (carry on), the other (professional) has given a hand; that is to say, what I have noticed is that there has been a lot of team spirit” (P3). Other measures, such as supervision or organizational support, were not possible, as most participants recognized: “We have felt alone, but I attribute it to the fact that not even other administrations knew how to give us a hand” (P5).

4. Discussion

Participants in this study reflected on the changes in their performance as social workers for the first twelve months after the COVID-19 lockdown in Spain. All professionals interviewed detected barriers that made the adaptation of the basic social services more difficult but also acknowledged some facilitators that contributed to overcoming the problems that were arising day by day.

The first barrier they encountered was the urgency of the adaptations they had to make to guarantee the continuity of essential services, such as home support, meal delivery or a basic service of information and orientation regarding social services and benefits. Thus, home-based primary care—among other essential services—needed a rapid reorganization, to adapt the service to the new reality (Franzosa et al. 2021). As Abrams and Dettlaff (2020) state, services for basic needs are above capacity, with a great increment of economic and social demands (The International Federation of Social Workers (IFSW) (2020)).

The increasing demand of citizenship and the different responses that the government implemented also forced social workers to change their procedures in different moments, taking over functions that other institutions should have attended, such as managing paperwork to obtain financial support for their clients. The Minimum Vital Income (MVI) was the new financial support articulated by the state in 2020 (Sanz and García 2020). This economic benefit aims at preventing citizenship from social exclusion. However, at the beginning, a lot of access problems arose, particularly regarding the lack of clarity about the procedure. Insufficient information regarding changes at state or regional level, as well as

the lack of interinstitutional coordination (Muñoz-Moreno et al. 2020), were great barriers that participants highlighted, which is aligned with data from research implemented in other countries (Abrams and Dettlaff 2020; Ashcroft et al. 2022; Banks et al. 2020). Since participants in this study were working at local level, they were not supposed to oversee these procedures. Nevertheless, the lack of response at regional and state level forced social service users to ask their social workers for help when dealing with the electronic administration. This necessity of taking over responsibilities from other administrations forced social workers to diminish their socio-relational interventions, prioritizing the management of financial supports, which were scarce. In fact, some financial aids were displayed months after the beginning of the pandemic. Temporal and seasonal workers have to face a situation with no income whatsoever, relying on their savings—if any—for a long period of time, plus the uncertainty of their future labor situation, in which they do not know if they will be able to work the next season. As some social workers pointed out, it is hard for these new users to accept this situation, because it is their first time asking for help in a social service setting. At the same time, social workers continue working with their previous users, who are greatly affected by this new scenario, increasing their vulnerability (Sanz and García 2020). In those circumstances, social workers felt despair and helplessness, feeling no support from their managers, as other authors have reported in recent studies on this topic (Muñoz-Moreno et al. 2020), and they were at risk of suffering psychological distress, as suggested by Gómez-Salgado et al. (2020). This increasing workload contributes to the risk of suffering burnout, as pointed out by Ashcroft et al. (2022). It is also relevant that all participants experienced changes in their way of delivering services, especially during the first semester after the lockdown. Thus, when face-to-face work was not a possibility, telephone or video-calls were the main alternative; something similar occurred in other countries (Gabura and Mojtova 2021; The International Federation of Social Workers (IFSW) (2020)). Online ways of working have a negative side, such as the difficulty in developing a helping alliance, but there are also some advantages (better conciliation of work and family, fewer interruptions) (Calzada 2020; Calzada 2022). On the other hand, some participants in the present study felt especially supported by the rest of the team, highlighting that this collaboration contributed to increasing their well-being (Franzosa et al. 2021). As Cook et al. (2020) explained, cooperation seems a gold key for effective teamwork, and our results also suggest the positive connection between team spirit and a better performance in social services settings. Interinstitutional coordination is essential to guarantee a holistic intervention, especially regarding pandemic consequences in social inclusion (European Anti-Poverty Network (EAPN) (2020)).

5. Conclusions

COVID-19 has had a profound impact in the way of developing social work in Spain. The demands of citizens regarding basic needs are still greater than the human and economic resources of social services settings. The present study not only highlights the difficulties that social workers faced during the first year post-COVID-19 but also provides information about the strategies they used to overcome those barriers. Results derived from this study are useful for many purposes. On the one hand, these results strengthen the conclusions obtained in other studies. Thus, professionals are pressed to focus on covering basic needs, without the time and resources to develop other types of social interventions. Moreover, they feel that paperwork and economic demands are still a barrier to developing “real social work”. On the other hand, our results suggest that social workers may use strategies such as working all together with team spirit or supporting civil society initiatives. In challenging times, stakeholders should contribute to maintain the well-being of their workers. Organizations should provide these professionals with resources to diminish their workload (such as human and material resources), and with strategies to cope with complex or emotive situations (supervision). Besides, institutions must support them with clarity in the procedures and special channels to obtain specific information about the financial supports and other resources, to provide people in need with the necessary information

and diminish anxiety caused by “knocking on doors” with no success. Social workers with adequate workloads and effective interinstitutional coordination may work under better conditions, enabling them to develop more effective social interventions. Therefore, this study may provide government authorities with appropriate information to work on the well-being of the social services workforce.

This study has limitations. Firstly, the sample used in this study is small, due to financial and time constraints. Moreover, a convenience sample was used in order to maximize resources. Therefore, caution is required in interpreting and generalizing the results, since the data come only from one country (Spain). Secondly, since participation in this study was optional, other profiles of workers may remain invisible, such as those greatly affected by burnout. Finally, self-reported data may contain biases, such as selective memory, attribution, or exaggeration. Nevertheless, these results are aligned with other studies related to the experiences of front-line workers during pandemic lockdowns.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data are available upon request to the corresponding author.

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