

Article

# Downward spirals to vulnerability: Social workers' concerns about their clients during the first wave of the COVID-19 pandemic

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**Abstract**

One of the most frequently voiced concerns in the wake of the COVID-19 pandemic is 'not to forget the vulnerable groups in society'. Social workers occupy a privileged position with a view to mapping such vulnerabilities, their complex interrelations, and the processes that increase the risk of falling victim to them. Therefore, in order for policy interventions aimed at mitigating negative impact on vulnerable groups to be effective, it is important to gain an in-depth insight into the first hand experiences and concomitant concerns of social workers. The main aim of this article is to describe and categorize the main concerns social workers had about their clients a few weeks into Belgium's first wave of the pandemic. The data used derive from a large scale online survey taken among social workers in Flanders and the Brussels region in April/May 2020, closely following the lockdown on 18 March. Thematic coding analysis was used to analyse textual answers with regard to concerns about current clients. Concerns fall into six main categories, the most important one being direct concerns about the safety and wellbeing of clients in the context of various life domains (physical and mental health, family, work, education, social networks, housing, financial and material wealth), apart from concerns about communication issues more in general, about changes in the interactional dynamics between social worker and client, the effects of lockdown related changes to forms of social help, about very specific vulnerable groups, and, lastly, about the resilience of the social work sector. Analysis of the connections between concerns also enables us to reconstruct several chains of events that may result in specific (reinforced) vulnerabilities. If policy interventions aim to be attentive to such vulnerabilities, taking stock of these chains of events is of paramount importance.

*Keywords:* COVID-19, Social Work, Concerns, Vulnerability, Belgium, Survey

## **1. Introduction**

The COVID-19 pandemic has proven to be a major challenge to societies, organizations, social groups and individuals worldwide. And while the full impact of the pandemic is still not understood in many respects, and may be so for many years to come, it was already clear early into the first wave that its impact varies substantially depending on the socio-demographic background of individuals or groups. People are not equally disposed to the risks generated by the pandemic, or pandemic-related health and safety measures. In particular, physically vulnerable populations have been widely recognized as high-risk groups needing special attention, not least because of the high number of COVID-19-related fatalities in elderly care homes across the globe (Dominelli et al., 2020).

However, voices from within the broad field of social work and related disciplines have also brought to our attention very different kinds of risks, emerging from processes that in many respects are even more hidden to the general public. Some of these risks, such as the increase in family violence or educational setbacks among children of deprived families, have certainly attracted more (early) media attention than others, both in Belgium (e.g. De Coninck, 2020; Van Lommel, 2020) and elsewhere (Dominelli et al., 2020). But recent calls to action by social workers highlight the impact of COVID-19 in many more and often intersecting dimensions of social and personal life, such as work, (mental) health, financial situation, housing, racial inequalities, etc. (Amadasun, 2020; Walter-McCabe, 2020a, 2020b). Such calls generally serve a threefold purpose: to raise concerns about issues that otherwise indeed remain unnoticed to the public or political eye, to increase awareness and stimulate an urgent response in the field of social work itself and, last but not least, to strengthen the public and political visibility of social work as a crucial voice in policy debates concerning the (impact of) the crisis.

Given the speed at which the pandemic took hold of the world, it is not surprising that to the present day, such contributions invoke concerns that are either informed by past (pre-COVID-19 era) research on vulnerabilities or social inequalities (e.g. Walter-McCabe, 2020a), or by first-hand experiences of individual social workers during the early days of the crisis (e.g. Tonui, Ravi, & Rodriguez, 2020). However, the need to engage with the new challenges through continued research efforts

remains self-evident (Amadasun, 2020; Dominelli et al., 2020). In this article, we will present findings from a large-scale online survey among social workers and social service professionals in Flanders and the Brussels region (i.e. the northern and central part of Belgium). The survey was issued in April 2020, shortly after the first nationwide lockdown in Belgium. One of the primary objectives of the survey was to capture the broad range of concerns about clients since the beginning of the pandemic. By inventorizing such concerns in a bottom-up and exploratory manner in various subsectors of social work, detailed insights are obtained into processes inducing or exacerbating vulnerabilities.<sup>1</sup> Such knowledge will provide a useful complement to any other existing data on the effects of the crisis, and will be indispensable if lessons are to be learned for the future.

## **2. Cause(s) for concern: Some literature and figures**

As already noted above, research about COVID-19-related issues relevant to social workers is still very much in progress at the time of writing. In one of the first systematic attempts (July 2020) to take stock of all available information from and for social workers worldwide, Dominelli et al. (2020) highlight a number of common challenges: the economic impact of lockdown, the additional pressure put on families, physical health risks in residential settings (particularly among the elderly), and the ‘mixed blessing’ of new technologies used in social service delivery. Throughout the overview, however, many other risks are brought up, as well in various separate country reports, such as loneliness, mental health problems, problems experienced by the homeless, etc. The various contributions to the study differ greatly in their exact focus (very specific subsectors of social work or a more comprehensive perspective) and/or in their approach (based on research data or not, partially depending on the – still limited – availability of such data).

Nevertheless, since the second half of 2020, more metrics have been published, having gradually painted an increasingly clear picture about the extent and evolution

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<sup>1</sup> We will use the notions of ‘vulnerable’, ‘vulnerability’ or ‘vulnerabilities’ to refer to any type of harm a person or a group may be (disproportionately) exposed to in relation to the pandemic. Such a broad definition echoes its uses in the broad field of social work and among social workers (i.e. the target group of the survey), but obviously requires further critical scrutiny in terms of its exact scope and its political implications. Given the focus of this article, we cannot elaborate on such conceptual questions, important as we believe they are (see Brown et al., 2017).

of the specific problems touched upon in that report. By way of illustration, we highlight some key figures and metrics with regard to the Belgian context (additional figures can be found in Bastaits et al. (2021)): the number of calls to family violence hotline 1712 had risen from 5,409 in 2019 to 8,059 in 2020 (1712.be, 2021), a surge in anxiety and depressive disorders among the Belgian adult population was observed, evolving from 11% and 9.5% in 2018 to 23% and 22% in December 2020, respectively (Sciensano, 2020), 80% of Belgian poverty organizations reported having witnessed an increase in the number of clients (Koning Boudewijnstichting, 2020), and two out of three informal caregivers reported experiencing a heavier burden compared to the situation before the pandemic (Steunpunt Mantelzorg, 2020). Our own empirical study took place before such figures and metrics were published, allowing us to probe to what extent early reported concerns can be considered 'legitimate' alarm signs in need of urgent policy attention.

### **3. Some contextual aspects of the COVID-19 pandemic in Belgium**

Compared to other European states, but even from a global perspective, Belgium was hit very hard (in relative terms) by the virus itself.<sup>2</sup> The strategy chosen by the national government to tackle the spread of the virus was popularly baptized the 'lockdown light', and was aimed at shutting down most of the public life in Belgium: the closure of educational institutions, bars, cafes, restaurants, museums, fun parks, 'non-essential' shops, a ban on organized social events (sports, culture, religion), as well as firm restrictions on the number of people allowed to gather informally, on 'non-essential' movements in public spaces (both inside the country and cross-border) and the obligation for all 'non-essential organizations' to have employees work from home in case their jobs allow it (Federale overheid, 2020a, 2020c). This strategy was strongly in line with those in many other European states during the first wave in March and April (e.g. Ireland, Finland, Estonia), and fell somewhat between the very strict strategy adopted in Italy and the more liberal approach of the Swedish government (see again Dominelli et al., 2020 for details on specific country strategies).

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<sup>2</sup> For a more detailed account of the sequence of events and political decisions unfolding in the wake of the first cases of COVID-19 in Belgium, we kindly refer the reader to Bastaits et al. (2021).

Specifically with regard to social work and its clientele, a number of government actions and decisions should be mentioned. Firstly, from the very start of the pandemic, communication about the need for extra attention to specific groups has been pervasive. For instance, compliance with health and safety measures was emphasized as being even more crucial in the proximity of physically vulnerable people (e.g. people aged 65 and over, people suffering from lung disease, chronic illness or immune disorders). People belonging to these groups are most likely to develop serious illness or die as a result of a COVID-19 infection (Federale overheid, 2020b). Secondly, a ministerial decision was issued granting many organizations and sectors employing social workers the status of an 'essential service' (e.g. services providing care for the elderly, minors, people with disabilities or vulnerable persons such as victims of domestic violence), thus exempting them from the formal obligation to work from home (Federale overheid, 2020c). However, the same document also urges all essential services to reorganize operations so as to comply with the basic health and safety guidelines as much as possible (a shift to teleworking if possible, adherence to social distancing rules, etc.). Thirdly, very early into the crisis, both federal and regional governments took a whole range of measures to help people avoid falling into poverty and experiencing problems with access to basic goods and services (e.g. schemes aimed at alleviating the loss of income caused by temporary unemployment, mortgage repayment postponement for certain groups, a moratorium on evictions, continuity in the services for homeless) (Steunpunt tot bestrijding van armoede, bestaansonzekerheid en sociale uitsluiting, 2020). Fourthly, as part of the launch of the 'Federal phase' of the crisis (Federale overheid, 2020a), two new government bodies were erected, the Working Group Social Impact COVID-19 Crisis (WG SIC) and the Taskforce Vulnerable Groups, charged with the monitoring of the social impact of the crisis (measures) (WG SIC) and the provision of advice and input for COVID-19-related policy measures concerning vulnerable groups (Taskforce), respectively (Federale overheid, s.d.; POD Maatschappelijke Integratie, 2020). In light of initiatives of this type, studies such as the one presented here could prove to be very valuable.

#### **4. Method**

Collection of the data took place between April 6th and May 4th, 2020. Data were collected using a standardized questionnaire in the form of a web survey. Invitations to participate in the survey were distributed via two channels. On the one hand, social sector stakeholders were contacted with whom the the university's Department of Social Work, as well as the Centre of Expertise PXL Social Work Research centre, had collaborated on in the past. On the other hand, organizations were selected from an existing directory of social organizations in Flanders and Brussels, called 'de sociale kaart' (the social map).<sup>3</sup> This directory contains an overview of care facilities and care providers in Flanders and Brussels. We selected all organizations from this directory with the exception of organizations specializing in physical health care, residential mental health care, health care professions (except for remedial education professionals), nursing homes, police, courts, lawyers, job placement services and special needs education. These subsectors were excluded because they mainly employ professional groups other than social workers. To be able to reach the right persons within the organizations (contacted by email), we provided a description of the target group by way of an address to 'social workers or other professionals active in the broad field of social work'. This resulted in the participation of 2,815 respondents, out of which 1,703 fully completed their questionnaires. The findings discussed below result from a thematic coding analysis of the answers to the following open question: *'What is your greatest concern with regard to the clients since the beginning of the corona crisis?'* This question was answered by 1,685 respondents. The sectoral characteristics of the realized sample for this question can be found in Table 1; respondents can belong to more than one (sub)sector:

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<sup>3</sup> [www.desocialekaart.be](http://www.desocialekaart.be)

Table 1

<b>Sector</b>	<b>N</b>	<b>Percentage</b>
General social welfare	836	49.6%
Children and families	273	16.2%
Poverty and deprivation	213	12.6%
Youth care	205	12.2%
Youth work	200	11.9%
Disabilities	177	10.5%
Mental health care	170	10.1%
Elderly care	147	8.7%
Governmental	145	8.6%
Budget counselling	135	8.0%
Home care	123	7.3%
Housing/social housing	122	7.2%
Work and (social) economy	106	6.3%
Education and training	98	5.8%
Homeless care	95	5.6%
Migration and integration	75	4.5%
Community development	70	4.2%
Justice	59	3.5%
Culture and leisure	53	3.1%
Relationships and sexuality	45	2.7%
Physical health care	35	2.1%
Legal services	27	1.6%
Living environment and international cooperation	2	0.1%

The thematic coding analysis was informed by a grounded theory approach (Glaser & Strauss, 1967): categories were constructed on the basis of the reading and analysis of the content itself, and there was no fixed set of pre-established categories to guide the classification of the answers. This approach was chosen because of the exploratory nature of the research question on the one hand, with the need to attune to the individual perspectives and experiences of the respondents on the other. Answers were categorized into thematic groups and subgroups. In principle, the answer of each and every respondent could fall into multiple thematic (sub)groups, depending on the number and variety of the aspects mentioned in the answer. Answers were compared (i.e. scanned for both common and differing thematic content units) and grouped on the basis of this thematic logic.

## **5. Results**

The results of the analysis will be discussed in two steps. First, we will pinpoint the most frequently mentioned concerns. Second, we will discuss in more detail the various (sub)groups of the concerns raised.



### *5.1 Most frequently mentioned concerns*

A small number of very specific types of problems were prominently featured in the concerns mentioned by the respondents. Each of the following concerns was mentioned by one in five, or more, of the respondents who gave an answer to the question.

1) The type of concern mentioned most frequently, by far, pertains to problems of social isolation, shrinking social networks and/or (increasing) loneliness. More than one in three respondents (n=634, 37.6%) make reference to this type of problem as (one of) their greatest concern(s). Though frequently mentioned as a concern in its own right, very specific subpopulations are sometimes perceived to be at greater risk, e.g., clients with little or no social network to begin with, singles, elderly and youth in difficult home situations.

2) Secondly, there is a strong fear that the crisis will lead to (an aggravation of) mental, psychological, emotional or psychosocial problems. This concern is raised by more than one in four (n=445, 26.4%) respondents. As with the previous type of concern, clients who already have a history in this regard are believed to require special attention. In answers that also specify what problems will most likely occur, mention is made of anxieties (e.g. fear of contagion, germaphobia), depression and suicidal tendencies. Answers that specify (possible) causes of such problems point to the physical threats of the virus itself, negative effects brought about by health and safety measures in other domains of social life (e.g. loneliness, loss of income, job loss or unemployment, family problems), and the reduction or even cutting of the social networks that would normally play a role in a timely detection and remediation of such problems.

3) A third oft-mentioned concern relates to (increasing) financial problems (n=339, 20.1%). Again, clients who are already vulnerable financially are also often explicitly mentioned as being disproportionately at risk. Determinants that are believed to play a role here are loss of income, job loss or temporary unemployment, long term labour market effects (e.g. recession) and rising supermarket prices (e.g. as a side effect of hoarding practices). An accumulation of financial problems on the personal level

may, in turn, potentially lead to the accumulation of debt, rent arrears, eviction and, in a worst case scenario, homelessness.

4) Fourthly, it is clear that many respondents (n=328, 19.5%) expect or fear an actual increase in family or relationship problems as a result of the crisis (e.g. partner conflict, partner violence, family conflict, family violence, neglect, child abuse or problematic educational environments). Here as well, personal or family history can be an additional source of concern. Nonetheless, new context factors include the increase of pressure on families (in terms of having to share a home space with family members more intensively, having to take on additional tasks of child care or home schooling as a consequence of the closure of schools and nurseries), new uncertainties that feed conflict over family visits or custody arrangements, and, again, a curtailing of the networks that possibly prevent and remediate such problems in a timely manner. Specific concerns also address the limited means of victims of violence to either escape their situation, or to call for help in ways that do not pose a direct threat to their personal safety.

Concerns that were mentioned by less than one in five respondents, but more than one in 10, highlight the impact of the crisis on children and youth (14.8%), the inability of people in need to get adequate help or support (11.5%) and the loss of transparency with regard to the lives of clients (10.9%). These will be discussed in more detail in the following paragraph.

### *5.2 Categories of concern types*

As part of the analysis, answers were categorized into types of concerns. By identifying thematic commonalities between these types, a smaller number of six main (but thoroughly interrelated) thematic categories of concern types were constructed. The four most frequently mentioned types of concerns, referred to above, all relate to very specific, direct problems in the life situation of clients (5.2.3). However, problems with regard to the life situation only constitute one of these main categories, and, as a category itself, also comprises more concern types than the four dealt with above. Concerns are also expressed with regard to the relational dynamics vis-à-vis clients (5.2.1), problems with regard to communication more generally (5.2.2), problems particular to very specific vulnerable groups (5.2.4),

problems with regard to the organization (forms and channels) of social service delivery (5.2.5), and, finally, concerns about the social work sector in the long run (5.2.6).

*5.2.1 Concerns with regard to relational dynamics vis-à-vis clients*

With regard to the relational dynamics vis-à-vis clients, three concerns in particular stand out in terms of their frequency. The first one is that clients may or do not receive adequate help or support anymore (n=193, 11.5%), regardless of what causes it (a decrease in the intensity of social service delivery, other changes in its organization, clients that cannot be reached anymore or drop out). The second one, and closely linked with this, is that the follow-up of clients is not or cannot be pursued in the same way anymore and/or that one loses sight of clients (n=183, 10.9%).

Various mechanisms are brought up in connection; clients disappear under the radar, (professional and informal) social networks and thus opportunities for social control decrease due to health and safety measures and social workers lower the follow-up intensity or switch to other channels (telephone or online). Thirdly, explicit mention is made of the concern that clients do not initiate contact anymore (n=143, 8.5%), either because they postpone requests for help (because of other priorities or of an already present disposition to postpone such requests), because they do not know whom to turn to or because they (sometimes wrongfully) assume that social workers or social services have stopped working.

Most other answers in this main category also refer to the loss of client contact or the standstill in assistance programmes. Clients being unreachable is a particularly important point of concern (n=53, 3.1%), as is the lack of progress in current trajectories (n=68, 4.0%) of various kinds (integration of new citizens, employment, restoring family relations, etc.). The limited accessibility and/or functioning of certain services since the beginning of the crisis (n=30, 1.8%) is perceived to be an issue, but, even more so, new difficulties in the collaboration and/or cross-referral between organizations or services, often resulting in administrative problems or backlogs (n=48, 2.8%). Concerns are also raised about admission or intake stops, and the cessation of inquiries giving access to important rights (n=10, 0.6%), as well as the growth of waiting lists (n=17, 1.0%).

A final subgroup of concerns within this category instead thematizes the effects on the part of the client. One such major concern is that clients will (eventually) drop out (n=45, 2.7%) for one or more reasons: because the crisis prompts them to shift their own priorities, because there is a lack of continuity in efforts to engage clients and/or because they become demotivated (e.g. by lack of progress). Other respondents fear adjustment difficulties when programmes will restart (n=42, 2.5%), e.g., because certain skills will have deteriorated over time. A final concern in this subgroup refers to the negative impact on the quality of the relationship with the client or the trust necessary for programmes or treatments to succeed (n=44, 2.6%). For example, clients might think that their case or problem is not being processed, or they might feel abandoned altogether. Some respondents mentioning trust issues liken it to the lower intensity of social service delivery itself, and/or changes in the communication media used in client contact.

#### *5.2.2 Concerns with regard to communication, communication skills and communication media*

A second main category of concerns pertains to communication problems. These concerns are partially raised in the context of relational dynamics vis-à-vis clients (5.2.1) and forms of social support (5.2.5), but touch upon other aspects as well. In particular, more, two subgroups of concerns can be discerned.

Firstly, respondents are worried that crucial information about the crisis and related policy measures do not reach certain clients, that this information is not understood correctly and/or that the media literacy of certain clients is inadequate (n=59, 3.5%). Specific subpopulations are often mentioned as being more likely to miss out on crucial crisis information, namely foreign language speakers, homeless people, psychologically vulnerable people and youth. Somewhat related is the fear that certain (groups of) people do not take health and safety measures very seriously and/or do not or cannot fully comply with the concomitant laws and decrees (n=70, 4.2%). Several risks lurk in the background: the physical health of others and themselves might be at stake, people might get in trouble with the law, and it might engender or reinforce negative stereotyping of certain groups. Here as well, specific subpopulations are believed to run greater risks in one or more dimensions:

refugees, homeless people, psychologically vulnerable people, people with addiction problems, elderly and youth.

A second subcategory related to communication more explicitly focuses on digital exclusion (n=56, 3.3%). This is mentioned in connection with the (in)accessibility of important crisis information (see above), but, more frequently so, in connection with the problem of unequal access to the tools (both in terms of the hardware and skills) needed to accommodate the shift made by schools to distance learning (see also 5.2.3). In turn, this may exacerbate differences and (learning) gaps between children of various backgrounds. Access to digital tools is also problematized against the background of the government restrictions put on offline social encounters, as well as the background of the (partial) digitalization of social service delivery and administration. Not every type of client will reap the benefits of this shift towards digital channels, so it is feared.

### *5.2.3 Concerns with regard to the life situation of clients*

The most important concerns with regard to the life situation of clients were already discussed in the first part of the Results section. Although very specific types of problems were mentioned there (loneliness, psychological problems, financial difficulties and family and relationship issues), not all respondents expressed themselves on very specific life dimensions. To the contrary, quite a substantial number (n=121, 7.2%) wrote about clients risking general deterioration, further escalation and/or an increase (in the number) of problems. Equally cross-cutting potentially various dimensions are concerns about the problematic self-reliance of clients (n=35, 2.1%), i.e., clients who either cannot solve their problems or wrongfully assume that they can do so, but making them worse in the process (e.g. the risk of falling among elderly). Nonetheless, four groups of subcategories can be distinguished, and pertain to more or less distinct domains of life: 1) concerns about physical health and safety; 2) concerns about family and education; 3) concerns about mental health issues more generally, and 4) concerns about various dimensions of poverty.

1) Not entirely unexpected, the physical health of clients (n=151) is a very important concern for respondents. Almost one in 10 respondents (9.0%) who answered the

question about their greatest concerns mentions something about health and safety in the physical sense. First and foremost, clients risk contracting the virus, either through contact with social workers or because they do not comply with health and safety rules. Apart from that, concerns target (the deterioration of) physical health problems that escape early detection (because requests for help are postponed, or because informal care has diminished). Highly specific groups are mentioned more often in relation to such physical risks, e.g., the homeless, the elderly, people suffering from chronic illness and singles or people with little or no social network. A lack of self-care or an unhealthy lifestyle (n=38, 2.3%) is a different, albeit related, problem clients may run into.

2) Despite family violence being a major point of concern (see above) in its own right, families deserve attention for other reasons as well. Respondents see and fear increasing pressure on family life more generally (n=100, 5.9%), resulting from an intensified co-presence of family members (in sometimes inadequate housing situations), additional child care responsibilities and home schooling support, often in combination with teleworking. In various responses, such circumstances are indicated to be a breeding ground for conflict or violence. In relation to this type of circumstance, many respondents also fear an increase in parenting problems and/or an outright neglect of children (n=41, 2.4%). Learning difficulties, educational setbacks or developmental problems in children (n=118, 7.0%) might also ensue. Factors reported to be conducive to this include the difficult combination of teleworking and child care or home schooling, digital exclusion (see above) and the limited skills of some parents to help their children with school work (e.g. foreign language speakers). Yet, educational setbacks can also hit adults themselves (n=32, 1.9%), e.g., those who are learning Dutch, and who have classes cancelled and exercise opportunities curtailed by lockdown.

3) Concerns about social isolation and loneliness on the one hand, and mental, psychological and psychosocial stability on the other (see above) belong to a broader category of mental health issues, which include other but related concerns as well. In line with the risks involving social isolation, there is a group of concerns that specifically highlight problems ensuing from a decrease in contact between family members in some cases (n=76, 4.5%). This concern is expressed, for instance, in

relation to the precautionary measures taken in residential settings (youth care, disability sector, elderly care and prisons), but also in relation to foster care. Especially in cases where relationships are already frail (e.g. in the context of attachment problems or relationship recovery programmes), this can be expected to have a negative impact.

A further subgroup of mental health issues concerns the effects of the disruption of routines, regular activities and social events. Firstly, there is the lack of structure or daily activities, and/or the risk of boredom (n=118, 7.0%). This is a concern targeted not only at school age children and youth (see above), but also at psychologically vulnerable people, people suffering from addiction problems or people with disabilities. In this context as well, precautionary health and safety measures taken at (semi-)residential settings can pose problems (e.g. the cancellation of group activities). Along the same line, respondents deplore the curtailing of leisure activities, cultural events or religious gatherings (n=13, 0.8%). Many respondents also explicitly fear an increase in addiction problems (alcohol, drugs, medication, gambling and gaming among children and youth) (n=96, 5.7%). This risk is not exclusively discussed in relation to the disruption of routines and activities, but, equally, in relation to other mental health problems (e.g. as a consequence of depression) already mentioned.

Concerns also thematize the risk of demotivation and/or decreasing the resilience and carrying capacity of clients (n=64, 3.8%). As mentioned earlier, some social workers consider the decrease in motivation as an important cause in the dropout of clients. Closely related, concerns arise with regard to feelings of desperation among clients, the sense of a lack of perspective and/or feelings of uncertainty about the future (n=45, 2.7%). Still others primarily fear anger among clients, increasing conflicts, public nuisance problems and criminal or other behavioural problems (n=63, 3.7%), problems that may, in turn, cause or reinforce negative stereotypes about certain groups.

4) A final subcategory of concerns regarding the life situation of clients revolves around various dimensions of poverty. As previously described, increasing financial problems form a major concern, mentioned by one in five (n=339, 20.1%)

respondents. Somewhat more generally, respondents write about increasing poverty, the increasing gap between rich and poor and/or the gap between vulnerable and non-vulnerable groups (n=51, 3.0%). As far as specific dimensions are concerned, decreased access to work is considered to be an especially worrying evolution (n=107, 6.4%): (temporary) job losses, less opportunities for illegal work, a standstill in the recruitment of new employees, the bleak outlook of a long-term economic crisis and a concomitant struggle for scarce jobs. Housing problems are a further issue. Part of the comments on housing emphasize problematic housing situations (n=84, 5.0%): some people live in too small a place, live in a place that has serious shortcomings in terms of quality or experience problems in the search of a new home (e.g. because of the prohibition on viewing tours). Often mentioned in connection with financial problems and rent arrears, respondents fear a lack of protection against evictions, homelessness or problems with residence status (n=20, 1.2%). In addition to housing and finances, concerns also exist about possible administrative problems of clients (n=51, 3.0%), either because tools or (digital or other) the skills of clients are inadequate, because follow-up is (partially) lacking or because alternative ways of communicating (e.g. by telephone) are insufficient in light of the actual help needed by the client. Last but not least, access to food is a concern, and access to affordable and/or healthy food more in particular (n=26, 1.5%).

#### *5.2.4 Problems faced by specific groups*

There are several types of social groups or profiles that respondents often explicitly mention as subjects of specific concerns. In part, this reflects the problems raised in the contexts of the various life domains (5.2.3). For example, the fact that children and youth (n=249, 14.8%) are mentioned so frequently as a vulnerable group is connected with the many accounts raising a negative impact in terms of problems within the family, parenting problems and neglect, a lack of structure and routine, educational setbacks, lockdown-related challenges in residential youth care, etc. A similar logic applies to people without a network, singles or people who were already isolated or lonely (n=71, 4.2%), to families or home situations that already carry a history of relational difficulties (n=65, 3.9%), to people with psychological or psychiatric problems (n=61, 3.6%), to the elderly (n=43, 2.6%), to people who already suffer from addiction problems (n=39, 2.3%) or to people or families who are already vulnerable financially (n=36, 2.1%). In responses that highlight the vulnerability of



such groups, an explicit link is very often (but not always) made to the type of problems one may expect given the vulnerabilities already known.

However, for other frequently mentioned groups concerns cover a wider range of problems. For instance, foreign language speakers (n=33, 2.0%) are less likely to understand and correctly interpret crucial information regarding the crisis, they are more likely to face difficulties in helping their children with school work, and often already have smaller personal networks. The homeless (n=25, 1.5%) as well are more difficult to reach in terms of crisis communication, are possibly confronted with decreasing numbers of (temporary) accommodation places and with new restrictions in access to drop-in centres (providing basic services in terms of care and information) and risk trouble with the law because of self-isolation problems. The vulnerability of people with disabilities (n=25, 1.5%) is linked to both the elevated physical risks (e.g. including the visually impaired who might experience trouble estimating the extent to which they comply with social distancing rules) and developments and decisions within the (semi-)residential settings (see 5.2.5). (Illegal) immigrants and refugees (n=17, 1.0%) have little access to rights and benefits altogether, see moonlighting opportunities curtailed by lockdown measures, run into an inaccessible housing market and face prolongation of the processes evaluating their status and that of family members. Lastly, prisoners (n=13, 0.8%) are exposed to a high risk of contracting the virus (once it has entered the facility), have to deal with radical restrictions on family visits, have little access to means of communicating with their loved ones and are confronted with substantial delays in the context of release and societal re-integration procedures (delays in the justice system, stagnation in labour and housing markets).

#### *5.2.5 Concerns with regard to forms and channels of social service delivery*

A fifth important category of concerns derives from the changes in social workers' ways of operating since the beginning of the crisis, changes initiated following health and safety regulations issued by governments and organizations.

The most frequently mentioned concern in this category has to do with the problems caused by the loss of personal or face-to-face contact with clients (n=127, 7.5%). Firstly, it is feared that those specific clients, who have little digital skills and limited

access to digital tools will be disadvantaged. Secondly, face-to-face contact would make it easier to build up and maintain a relationship of trust. Thirdly, there is an element of control in face-to-face contact; on the one hand, it is believed to be an effective way to activate clients when necessary, whereas on the other its non-verbal dimension is often crucial to help construct a reliable picture of the client's situation. Fourthly, the loss of face-to-face contact also compromises the effectiveness of certain kinds of practical aid, thereby making it more difficult to explain and show things to clients. Lastly, questions remain as to what is and what is not allowed online in terms of compliance with privacy regulations.

A second major concern with regard to social service delivery is the decrease in house calls, the reduction of home care services and a decreasing presence of social workers in communities and on the street (n=81, 4.8%). The reasons for concern run parallel to those of the loss in face-to-face contact, as an important part of the life situation of vulnerable people will escape from view, and the necessary help following physical, psychological and/or relational crises will either come too late or be inadequate.

A third subgroup of concerns pertains to problems in residential facilities (n=73, 4.3%). Firstly, clients residing in such settings (e.g. nursing homes, residential youth care facilities, facilities for people with disabilities, mental health institutions and prisons) have a higher risk of contracting the virus given the density of such places, and because of (initially) insufficient supplies of personal protective equipment (PPE). Secondly, and especially voiced in relation to the youth care and disabilities sector, there are difficult choices to be made; clients either stay in the facility without (face-to-face) contact with their social networks, or they leave the facility and move to a context without professional support. In the former instance, psychological or behavioural problems are to be expected (e.g. runaways in youth care), while in the latter, the transparency of clients' situation will possibly diminish, a lack of structure will be likely, informal caregivers will risk becoming overburdened and difficulties may arise in the process of restoring the relationship of the client with the organization afterwards. Finally, admission stops (e.g. in youth care or mental health facilities) will have a detrimental impact on new clients in need of urgent help.

A fourth subgroup of concerns in this category applies to semi-residential facilities and local social services offices (n=39, 2.3%). Concerns are rather similar to the ones encountered in relation to residential and mobile care services. When clients do not (or cannot) drop in anymore, chances are real that they are cut off from the sometimes urgent help they need (e.g. the homeless, victims of family violence), that they will encounter problems in terms of daily routine and structure (homeless, youth care, persons with disabilities, psychologically vulnerable people and people with addiction problems), and that informal caregivers will have to carry a much heavier burden.

A fifth and last subgroup of concerns in this category thematizes the role of personal networks of care and support. The limitations in the carrying capacity of informal caregivers (n=33, 2.0%), already touched upon above, are mentioned as an important problem in its own right. It logically results from the changes in mobile and (semi-)residential service delivery following lockdown. In contrast, some respondents also fear the implosion of informal care altogether, or of personal care or support networks more broadly (n=31, 1.8%), particularly in regard to persons who live independently, but are nonetheless dependent on such networks because of very specific vulnerabilities.

#### *5.2.6 Concerns about the social work sector*

In response to the question about the greatest concerns with regard to clients, many respondents also express their worries about their own jobs and work sector in the medium and long term. The most important one belonging to this category is the expectation that the workload will increase substantially after the crisis (n=34, 2.0%). Multiple reasons come into view: the influx of new clients and cases, the extra effort needed to control the damage caused by a standstill or deterioration in the life situation of clients and to deal with new types of pressure following the digital or mobile accessibility of social workers. Furthermore, it is feared that in the long run the consequences of the crisis will culminate in a structural underfunding of the sector (n=13, 0.8%). An economic recession will eventually lead to budget cuts, which in turn will put a further strain on the sector and its resilience in the face of future challenges.

## **6. Discussion and conclusion**

In this article, we have attempted to provide a detailed overview of the primary concerns social workers have with regard to their clients since the beginning of the crisis. When drawing the threads together, while taking account of the interrelations between the categories of concerns, three main types of mechanisms can be distilled, all perceived to be playing a crucial role in the increasing vulnerability of social work clients. First, crisis has a direct impact on the level of the individual client, on his or her physical health, mental health, material and/or relational environment. On this level, individuals are already differentially exposed to different types of risks. Second, crisis conditions have substantially changed the functioning of numerous societal domains or systems (family and personal networks, education, economy, work, housing, administration, health care, information and communication technology, etc.). The individual lives of clients are shaped by the way they are included in or excluded from each of these domains. Again, because of different societal 'starting positions', individuals will be differentially impacted by such crisis conditions. Moreover, a change in these societal context factors may in turn have an impact on the physical or mental status of individual clients, their relational situation or material environment. Third, social work and social services are greatly affected in their ways of working. This is yet another route to vulnerabilization, because social work operates at the very nexus between the individual lives of clients and their (re)inclusion in various domains of social life (Schirmer & Michailakis, 2015). As the relationship with the client changes, so does the success rate of social work interventions (partly as a cause of that, partly as an effect). Added to that is the fear that the crisis will hit the sector (and, thus, its clientele) doubly hard in the near future, presuming an accumulation of 'old' and new clients at the gates of various social services on the one hand, and budget cuts following economic recession on the other.

However, some caution is in order when interpreting the results of our study. Without a doubt, an important part of these concerns is very legitimate, in the sense that 'fears have come true' along the lines of the predictions made by respondents. Other concerns may not have crystallized (yet) in real downward spirals in the same way. Furthermore, some legitimate concerns may not have risen at all, or at a much later point in time, because of (secondary) processes or mechanisms not (yet) accounted

for at the time of the survey. In sum, a precarious link exists between concerns voiced on the one hand, and actual processes or mechanisms in the real lives of clients on the other. They do not fully coincide (see also Whittaker & Taylor, 2017 on the perception of risks by social workers). In addition, by probing for concerns about clients more in general, strictly speaking, no clear distinction can be made between the type of fears that are or are not (yet) informed by the observation of events unfolding in the lives of clients.

Even so, this does little to undermine the value of these findings in light of the possible answers to the crisis' impact. On the one hand, very similar signals emerged from the early international collection of country reports edited by Dominelli et al. (2020). On the other hand, a substantial number of concerns have proven to be very legitimate indeed, when comparing them to some of the figures and metrics that have been published since the collection of the data for this study, and that were referenced in the second part of this article. Epidemiological conditions have again changed considerably in the meantime, as new variants of the coronavirus have spread rapidly in the UK, Brazil, India and elsewhere, putting additional pressure on the distribution and administration of vaccines worldwide. These new conditions have generated new issues and inequalities within and between countries. But although circumstances change continuously and amount to significant differences internationally (for reasons of geography, social-economic conditions, policy response, etc.), this does not mean that challenges from the 'first wave' have disappeared altogether, or that crisis-related concerns of social workers are strictly country-specific. The results of this study have implications on the levels of practice, policy and research.

On the level of practice, concerns not only require social workers to supplement their usual toolbox of methods with new (online, outreaching,...) ways of working, but also to differentiate methods according to the specific needs of clients. It is of paramount importance that social professionals remain accessible, available and be able to play their role as a key node or hub in the networks of their clients, especially in cases where some form of harm (physical, mental, relational and material) may be expected as a result of individual networks becoming smaller or connections with societal institutions more frail. At the same time, however, these efforts risk being at the

expense of social work advocacy and the visibility of social work in the wider social and political field. This work is equally important in order to meet the needs and protect the rights of clients and specific groups in a more structural manner, and, thus, to prevent similar future crises from having as detrimental an impact as the current COVID-19 pandemic. A major challenge lies ahead in balancing the more complex demands of the job with the need to avoid drowning in a sea replete with expert voices from numerous domains, all claiming legitimate expertise about the crisis.

It is self-evident that policymakers should stay attuned to the needs and concerns of social workers. Firstly, because they are an important antenna when it comes to the (potential) effects of policy, the way it affects individuals and groups, and this in both crisis and non-crisis periods. Many of the issues and bottlenecks, in Belgium as presumably elsewhere in the world (e.g. Dominelli et al., 2020), are not perceived as new, but as having become more pressing (e.g. waiting lists, affordable housing, the reintegration of ex-inmates,...). Therefore, crisis management is necessary but not sufficient to tackle the challenges at hand and build in resilience against future crises. Secondly, and relatedly, it is important that social workers get the space they need to play their role in the lives of their clients, not only in terms of the funding of the sector more generally, but also in terms of the laws and decrees issued in the context of public health concerns, legal frameworks that are able to accommodate new ways of working (online help, privacy, teleworking, etc.) and the accessibility of mental health services for social professionals. Thirdly, both nationally (and/or regionally) and locally, an active role should be reserved for governments with a view to facilitating the continuity of social services, continuity in the flow and the exchange of information (e.g. case processing) between institutions and organizations, and to coordinating cooperation within and between social work (sub)sectors to adequately deal with the most urgent needs in the field.

Our study also sheds light on the role research can play in all this. Broad field surveys, such as this one, are able to capture a substantial part of the complexity of the current issues in social work. To take stock of concerns in this way, we believe, is not only absolutely crucial for well-informed policymaking, but also conducive to the visibility of the sector, and, in the end, the cause of the more vulnerable groups in our

societies. Furthermore, research will need to play its part in the further development, monitoring and evaluation of both new policy and new social work practices responding to new realities. There is a lot of movement on the terrain. But assessing strengths and weaknesses remains key to a self-critical practice and, ultimately, to the advancement of its knowledge base. Last but not least, research remains an important avenue to share and discuss local insights on international platforms. In the challenging and rapidly changing times we are living in, input from peers has become even more necessary than ever. Common challenges benefit from an intensified exchange of experiences and expertise. Nonetheless, to what extent other countries can draw lessons from the Belgian experience requires a more in-depth comparison between local contexts in the years to come.

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