Article

A social work roundtable examining impacts and lessons learned from the COVID-19 pandemic

David B. Nicholas[1], Kelly Allison[2], Julie L. Drolet[1], Andrew Mantulak[3], Kimberly Spicer[4], and Haorui Wu[5]

Abstract

As have other disciplines, social work has been affected by the COVID-19 pandemic. Societal shifts and service provision gaps have emerged or been amplified over the course of the pandemic. An online roundtable was convened with five Canadian social work leaders to explore impacts of the pandemic on social work as well as to reflect on lingering effects of the pandemic and lessons learned for moving forward. Panelists' varied substantive areas of social work practice and/or research included youth advocacy, healthcare, social work education and field education, and community development and disaster response. This paper offers a verbatim reproduction of the roundtable including panelists' reflections on client and community experiences, social worker experiences, workforce impacts, shifts in the way service and practice are conceptualized and delivered, and implications for moving forward. Recommendations are offered in considered disciplinary, interdisciplinary and community advancement.

Keywords
COVID-19, social work, pandemic impact, roundtable

Résumé

Comme d'autres disciplines, le travail social a été touché par la pandémie de COVID-19. Des changements sociétaux et des lacunes dans la prestation de services sont apparus ou se sont amplifiés au cours de la pandémie. Une table ronde en ligne a été organisée avec cinq leaders canadiens du travail social pour explorer les impacts de la pandémie sur le travail social ainsi que pour réfléchir aux effets persistants de la pandémie et aux leçons apprises pour aller de l'avant. Les divers domaines de fond de la pratique et/ou de la recherche en travail social des panélistes comprenaient la défense des droits des jeunes, les soins de santé, la formation en travail social et la formation sur le terrain, ainsi que le développement communautaire et la réponse aux catastrophes. Cet article propose une reproduction textuelle de la table ronde comprenant les réflexions des panélistes sur les expériences des clients et de la communauté, les expériences des travailleurs sociaux, les impacts sur la main-d'œuvre, les changements dans la façon dont les services et les pratiques sont conceptualisés et fournis, et les implications pour l'avenir. Des recommandations sont proposées en matière d'avancement disciplinaire, interdisciplinaire et communautaire.

[1]Faculty of Social Work, Central and Northen Alberta Region, University of Calgary, Edmonton, Canada

[2]School of Social Work, University of British Columbia, Vancouver, Canada

[3]School of Social Work, King's University College, London, Canada

[4]Office of the Child and Youth Advocate, Edmonton, Canada

[5]School of Social Work, Dalhousie University, Halifax, Canada

Corresponding author:

David B. Nicholas, Professor and Associate Dean, Research and Partnerships, Faculty of Social Work, Central and Northern Alberta Region, University of Calgary, Enterprise Square, 3-250, 10230 Jasper Avenue, Edmonton, AB, T5J 4P6, Canada

Introduction

There is a growing body of literature addressing the COVID-19 pandemic as it has specifically impacted social work. At this juncture of decreased pandemic restrictions worldwide, it behooves us as a discipline to pause and reflect on the impacts and lessons learned from the pandemic relative to social work. Indeed, substantial yet differential impacts have emerged across populations, including service gaps, societal chasms and injustices, as well as compassion for others. Notable shifts over the course of the pandemic reflect resource access considerations and societal and community responses.

It is hoped that critically considering pandemic experiences and lessons learned will inform disciplinary and inter-disciplinary responsiveness and learning for this and potential other future health emergencies or crises such as a pandemic. Reflecting on COVID-19 experiences seems prudent in mitigating risk, determining lessons learned, and in turn, considering the application of lessons for pandemic preparedness, responsiveness and recovery.

Studies relating to social work or social services and the experiences of the COVID-19 pandemic reveal substantial impacts. Processes and effects on clients, communities and social workers are reported. Examples include documentation of collective experiences of trauma and resilience (Tosone, 2021), international insights (Lavalette et al., 2020), and lessons applied to education and practice (Nicholas et al., 2023; Turner, 2021). A significant amount of scholarship occurred at the height of the pandemic, with a large number and variety of articles published in 2020 and 2021. These studies address many of the issues experienced by social workers in the midst of the crisis, and emphasize concerns regarding the potential long-term impacts on the profession and practitioners. These range from tracking working conditions and levels of workplace support in specific settings (Jones et al., 2023; Ravalier et al., 2023; Sen et al., 2023), to challenges presented to social work with specific populations (Chin et al., 2023; Nicholas et al, 2023; Pink et al., 2020; Zerden et al., 2022), to accounts of how social work education adapted and evolved to meet students' needs in virtual classrooms (Apostol et al., 2023; Hitchcock et al., 2021; Wu, 2021), and how social work students adapted to learning in these

adapted environments (Cummings et al., 2023; Davis & Mirick, 2021; Maddock & McCusker, 2022).

The disparate impact of the pandemic on those within marginalized communities is reflected in the literature. For example, how experiences of isolation were gendered (Hatiboğlu-Kısat, 2023), and perspectives on violence against women (Wachter & Mathis, 2022), are presented. Other articles emphasize the global nature of the crisis, and how globalization and capitalism have had a bearing on social work practice (Amadasun, 2020; Flynn, 2020; Garrett, 2021). As illustrated in this social work literature focused on the pandemic, gaps and inequitable resource allocation have affected well-being and social justice. Such challenge and inequity reflect chasms that have emerged or been amplified or reinforced in the crucible of the pandemic.

Given social work's commitment to resisting social injustice, examining and amplifying troubling issues and, in turn, applying lessons learned, are a disciplinary priority in our quest for transformative social change. To that end, a current and concerning lack of knowledge about longer-term or lingering impacts of the pandemic on social work, and more broadly, our societies, yet exists. These gaps call for critical reflection and learning about pandemic impacts both currently and into the future.

To identify and reflect on gaps and their impacts, a roundtable was convened with Canadian social work leaders and scholars across various sectors of social work. Panelists were as follows:

Kelly Allison, MSW, RCSW, Assistant Professor of Teaching and Chair of the Field Education Program, School of Social Work, University of British Columbia, Vancouver, Canada

Julie L. Drolet, PhD, MSW, RSW, Professor, Faculty of Social Work, Central and Northern Alberta Region, University of Calgary; Editor, Transformative Social Work, Edmonton, Canada

Andrew Mantulak, PhD, MSW, RSW, Associate Professor, School of Social Work, King's University College, affiliated with Western University, London, Canada

Kimberly Spicer, MPA, RSW, Director, Office of the Child and Youth Advocate, Edmonton, Canada

Haorui Wu, PhD, Assistant Professor and Canada Research Chair (Tier 2), School of Social Work, Dalhousie University, Halifax, Canada.

The roundtable was convened by David Nicholas (Special Issue Editor). Roundtable questions were distributed to panelists a week before the roundtable, and the discussion was audio recorded and transcribed verbatim. Research ethics board approval was received from the primary study site (University of Calgary Conjoint Faculties Research Ethics Board, File REB 22-0390). The following is a transcript of the roundtable, with minor edits for clarity.

David Nicholas: Thank you for considering social work in the context of the COVID-19 pandemic. Relative to the COVID-19 pandemic, what are key considerations and/or challenges in your area of social work, and what are their impacts on relevant populations/communities?

Andrew Mantulak: I've done a couple of studies related to social work and the pandemic. We interviewed and conducted focus groups with nephrology social workers whose practice is primarily based in hospitals throughout Canada. These colleagues address the needs of pediatric and adult kidney care patients (further detail is available in a paper describing this research in this issue of Transformative Social Work). Among those social workers, there was a real sense of challenging impacts of the pandemic, including isolation, keeping themselves safe, and keeping their family safe. There were substantial challenges related to scope of practice. On the one hand, social workers were being allowed to be creative and adapt their practice, yet some had to move into practice that they didn't see as within their scope of practice. And there was a lack of 'voice' within that system in terms of social workers being able to advocate for their patients. The impacts were multi-layered in terms of community connection. They often experienced a sense of isolation and restricted ability to connect with other social workers.

Kelly Allison: I too connect with a lot of healthcare social workers. To build on what Andrew has said, we know that delayed healthcare during the pandemic resulted in more complexity around cases. Patients that were coming to hospital were fearful for their safety due to COVID-19 risk. And there were other concerns such as racial discrimination as patients engaged with healthcare providers. For people coming into healthcare centres, added issues around the social determinants of health emerged. During the pandemic, individuals were dealing with lost wages and food insecurity. With the volume and complexity of cases due to COVID-19, healthcare social workers needed to address additional complex challenges in terms of discharge, and helping people with resources such as finding housing in a housing crisis.

Andrew Mantulak: I agree that there was a real sense of helplessness in supporting people, especially to the earlier point around marginalized groups. The pandemic differentially affected racialized groups and individuals with lower socioeconomic status. And I think there was a real sense that social workers felt unable to help because often community resources were not functioning at capacity or at all. Resources such as transportation, which is a huge need for nephrology patients, was a substantial issue.

Locally, there's been a mass exodus of healthcare social workers. So we're caught here in the university where we're training social workers, but the more seasoned social workers are leaving healthcare because of the challenges. The pandemic has caused them to rethink their career, their work, and their life balance. A lot have moved to private practice, and we have more social work vacancies in healthcare than ever, and they aren't being filled. I have new graduates that reach out to me almost weekly once they get into a healthcare position. I've learned that the institutional memory of the social work role and mentorship isn't there. So these new social workers are really struggling, and I think that this is going to have lasting implications for social work.

Kimberly Spicer: We certainly saw some immediate and longer-term impacts of the pandemic on young people. Probably the most immediate impact was that courts were closed for periods of time. What this meant is that young people's initial court applications were not heard. If they had been removed from their parents' care and a temporary guardianship application was made on their behalf, there was a delay in the court reviewing the evidence and initial hearings taking place. This resulted in young people facing lengthy time delays to have their voices heard in court. Important decisions about where youth would be placed and if they needed to stay in care, were delayed.

There was even a more significant impact. Existing trials were cancelled and rebooked. Trials are booked a year to eighteen months out to start with; therefore, when a permanent guardianship order trial is rebooked, the delay in a decision for that young person is significant—it's years later that a decision will be made on their behalf. And so for lots of young people, all kinds of delays resulted in delays in understanding what/where their permanent home would be, with whom they would live, and what kind of access they would have with different people who are important to them. Those delays continue today. As those trials have been rebooked, we really have seen some lengthy delays in decision making for young people relative to the legal representation in the work that we do.

We saw service providers across the child-serving systems pivot to try to provide services for young people, and in some cases, young people actually had more access to services than they had in the past. We've seen that in our reviews and in the advocacy work we do with young people with active child intervention and youth justice involvement. For examples, we saw service providers pivot to providing virtual support, which allowed young people to see their family, caseworker or health professional more often due to using virtual communication platforms. In the past, that may not have been the preferred way of visiting; rather, people would have set up face-to-face visits, and that would have taken longer or happened less often.

On the other hand, we've certainly seen some unfortunate consequences for young people who are likely among the most vulnerable youth. Young people involved with child intervention services or youth justice may have experienced trauma, neglect and abuse; they're often removed from their homes, their families and their communities. There are a lot of adults who are making decisions on their behalf, and they're thinking about their best interest, however making complicated decisions. In completing investigative reviews into the deaths and serious injuries of young people that meet our mandate, we've noted times when young people weren't able to access services. As acute services closed for periods of time due to the pandemic (e.g., drug and alcohol treatment programs, mental health facilities), young people couldn't access these resources at all for periods of time – yet systems struggle to keep at risk youth safe without these services. Additionally, youth were especially disconnected from their friends, family and communities during the pandemic. And if already vulnerable, that lack of connection was really amplified for young people.

If a young person contracted COVID-19 during the pandemic, that meant living in isolated situations for a period of time. Youth talk about being in a room by themselves throughout

quarantine. If they were in group care or in a home with other young people, trying to stop virus spread meant being alone, which is pretty hard for a young person to manage for a substantial length of time.

Julie Drolet: I'd like to share our experience in the *Transforming the Field Education Landscape* (TFEL) project, which is a partnership that brings together social work researchers, practitioners, many students (in placement or working as research assistants), and a number of other interested parties who are concerned about improving the quality of social work and field education for student learning. When the TFEL project began, we planned to be in-person in our activities, and then, with the onset of the COVID-19 pandemic, we shifted to a virtual format. We were very interested in better understanding the impact of the COVID-19 pandemic on students who were in placement—how they experienced this, and what were some of their challenges, but also opportunities that were presented for their learning. One of the things that we've learned is that while everyone was affected by the pandemic, we were all affected in very different ways. It is important to remember that those impacts are experienced differently. One of the ways that we looked at that experience was through different identity factors; for example, gender or in some cases, the particular post-secondary institution/program which offered various types of placements to students particularly during the first wave of the pandemic.

One of the things that really stood out and has been reported in other research are financial challenges that social work students experienced either through a loss of income or the requirements around tuition and other types of payments and obligations. That and the caregiving roles that students had, in addition to their regular coursework and practicum work and other responsibilities, deeply impacted some students' mental health and well being. This work helps to better understand how, in the context of the pandemic, post-secondary institutions played a role in providing various types of support. There is a perception from students that when there were certain supports put in place, these actually did make a difference to improve their mental health and well-being.

Considerations offered by the *Canadian Association for Social Work Education* Field Committee at the onset of the pandemic, resulted in the reduction of practicum hours for students. While this was appreciated by some students, and allowed them to manage during the pandemic, there was a perception by others that this may negatively affect readiness for professional practice in the context of direct practice. In contrast, students in research-based practicums reported fewer negative impacts, compared to students in clinical placements.

I think it's important to think about this, and how some of these lessons can inform where we're at today with cost-of-living increases and inflation. Financial stresses are continuing beyond that first wave of the pandemic, with questions about how to create supports for students such as addressing financial dimensions and exploring paid practicum opportunities. What might be other ways of advocating for stipends or increased government awards to support students in their learning?

Kelly Allison: In my role as field education chair and in speaking to many of our MSW students, there were similar concerns at the University of British Columbia (UBC) *School of Social Work*. It was during the pandemic that we set up a system with *UBC Counseling* to have a specific counselor for social work students – somebody who understood social work curriculum and the challenges between practicum and academic learning. That support has worked really well for students. Previously, some students with mental health challenges said that traditional services did not meet their needs as their challenges weren't the same as those of other students, and therefore they were resistant to access those services. The social work-specific counsellor addressed this issue. Also, opportunities for more self-directed practicums gave students some flexibility; for instance, students who were parents. These types of practicums meant that they didn't have to do practicum necessarily on those set practicum days, as we had traditionally required. So that allowed some flexibility for students.

Andrew Mantulak: We did a number of studies examining students' experiences of a remote learning plan. I think this experience opens the opportunity for us to think about practice with hard-to-serve clients or service users. Now that we're back in-person, a lot of our remote placements have continued because some students like them, and they're developing a skill set that they didn't think they would get, even though there was initially some reservation. But some students really struggle with the isolation and the feeling that they aren't connecting with the agency in terms of practicing. And we definitely heard a lot of questions such as, "Am I going to be competent in practice once I graduate because I haven't really been in an agency?" But I think that there was a real move in seeing a lot of benefits to it as well. We've had a couple of programs that are going to continue online, and they are having substantial uptake in terms of giving our students a great experience, but it's all virtual. So I agree there are some real opportunities, but some real struggles.

Haorui Wu: I would like to share some thoughts from the perspective of disaster and emergency management, which is my major field. During the pandemic, I had ten grants funded that focus on COVID-19 and vulnerable populations. I've conducted a project in the hospital, a project focused on community-level homeless shelters, another project on people living with disabilities, and one across agencies. What I found interesting is that Canadian social work schools were trying to support social workers in grappling with their capacity to deal with the emergency situation. However, we still have a long way to go. Students and practitioners felt overwhelmed in terms of their own mental health.

The pandemic opened a window for social work to learn that there are many things we need to focus on relative to areas of vulnerability and injustice. We need to consider how social work can contribute to solutions. And we need to think about our professional training. Are social workers ready for an emergency? No, so let's consider this in terms of preparing social workers and emergency responders for emergency management. We educate emergency responders by conveying content such as, 'you need to understand that working in this field will affect your

mental health. There are a lot of challenges you'll need to face.' But in actually putting that into practice, I haven't seen a lot of our students prepared to go into the field and ready to support people.

The pandemic has been a 'perfect storm' in amplifying that everyone can be vulnerable. For example, we don't think of physicians and nurses as a vulnerable population. But COVID-19 also rendered them vulnerable. I had a project with security personnel, with a focus on grocery store workers. Do we think about grocery store workers being on the frontline of a crisis? But these workers were on the frontline, and indeed, become vulnerable in the pandemic.

In applying this knowledge to social work education, I've realized that many students have an overly narrow focus. They may not know that everyone could become vulnerable, and as social workers, we really need to consider different factors that affect people's vulnerability, and in turn, be prepared to provide support. This perhaps gives us another thing to think about, specifically, how can we open students' and all our minds to think about social work roles in a disaster, and when everyone becomes vulnerable?

The last thing I would like to share, and this may be a personal bias as my education is especially focused on collectivism. But how can community members work together to support one another. I feel like Western education sometimes is focused on individualism and individual success. In applying a collective-focused lens on social workers practicing during the pandemic, I perceive the experience differently. For example, if social workers have not been infected by COVID-19, they can be very collective in engaging and referring their clients to different resources to support them. But if a social worker becomes infected and unwell or perhaps their mental health is affected, they then become among those more vulnerable people, and themselves may need support. From a collective lens, what can social workers do to support those who we perceive to be vulnerable? We certainly need to support other people, but we still do not have a lot of self-care strategies to help social workers maintain their own health and well-being so that they can continually support others. In the pandemic, social workers were affected. Some believed that they needed help from the outside. That is true, but as I think about frontline workers, sometimes they sacrificed themselves to continually support other people. I think that we need training for social service professionals to be ready to serve on the frontline.

David Nicholas: You have identified important considerations and/or challenges that affected a range of individuals and populations. How can these parties be better supported or these issues addressed?

Andrew Mantulak: A lot of the workers in my research didn't feel supported in their organizations, yet I think they felt like they were doing a lot of important work. There wasn't anyone really caring for them, and I think that really reverberated. It's made us think more even at the university level about how, maybe in a larger role, we can better support community social workers through consultation services, education or whatever it may be. Across agencies and sectors, there has to be a stronger role of supporting social workers. We talk about issues to

address in university education; for instance, I teach direct practice and we talk about wellness. But it's hard when students don't yet have a context because they're not yet in the social work workplace; that is, they're not in the 'fire' all the time. We talk about caring for the caregiver, but I think it's when you're out there in the acuity and challenge, that support is needed. Currently, this gets missed. As we move forward, we need to ensure better care for the caregiver.

Julie Drolet: During the pandemic, there was an indication that social workers are essential workers. This came from the *Canadian Association of Social Workers*, and I think it is really important to recognize social workers as essential workers, and all that means in the context of organizational workplace. There is a need to be providing supports to ensure that essential workers are present *and* supported in delivering these essential services and programs. Since the onset of the pandemic, we've seen more people leaving the workforce, in part, due to increased caring responsibilities, but also the associated stresses. I read an interesting article recently in the BBC, indicating that many women who had left the workforce are considering returning (Morrone, 2023). But there needs to be greater flexibility, thus, accommodation to needs – for example, being able to work from home. There is need to think about what that looks like in terms of pay gaps and equity issues particularly for Black, Hispanic and Indigenous women as well as women 35 years and older (Morrone, 2023). Certain groups of women are more affected than others, and stigma exists around this flexibility whereby in-person work is more appreciated than work from home (Morrone, 2023). If more women need to be working remotely, does that put them at a disadvantage in comparison to men? I think there are some critical issues that need to be examined. As social workers are essential workers, special consideration needs to be given to thinking about the structural dimensions of the workplace. The burden of seeking wellness and self care shouldn't just fall to the individual social worker, but rather, thinking deeply about the whole workforce and culture around essential work and workforce is needed.

Kelly Allison: In healthcare in British Columbia, Canada, we were already in the process of transforming our primary care system to be more team-based. But the pandemic really highlighted the issue of individual caregivers being isolated. Social work as an individual-based way of being just doesn't work given the burnout rate for all healthcare professionals. This ties into what was said about collective care; indeed, we can't do this work in isolation.

In British Columbia, social work was one of the top three professions requested in primary care teams and networks: doctors, nurses, and then social workers. I think this highly-recognized need for social work reflects the complexity of patient care, and amplifies the need to proactively address the social determinants of health. This complexity impacts our ability to provide healthcare; hence, we need social workers to be doing this work.

In thinking about self-care, we talk about this in the classroom, but students often say, "we don't have time for self care in in our academic life, let alone, out in practice". We therefore also

talk about collective care, and what that means. But what does that actually look like in building teams of support?

Another thing I want to talk about is impact on the workforce. Andrew talked about retention, and indeed, social workers (including healthcare social workers) are exiting practice, thus leaving gaps in the workforce. Now we are starting to see a shift to increased BSW-level positions in healthcare; traditionally, these positions have required an MSW. I think healthcare institutions are trying to figure out differing competencies, and how to replace more senior social workers with those who are more junior. So mentorship, as Andrew spoke about, is needed. But I don't know if organizations have got it quite figured out yet. If they're bringing in BSW-trained social workers, what areas should they be practicing in? Should their practice be akin to what MSWs have done/are doing? And how do we support these new workers in their role? I also think about the impact on social work education because when you have a stressed out, overburdened workforce, the ability to take students in practicum is decreased. But then organizations don't have students and thus, there is a lack new graduates to hire. So it really became a vicious cycle that was particularly heightened in the pandemic.

Andrew Mantulak: Julie mentioned essential workers. In our research, we included social workers across the country, and there were some pockets where health-based social workers were not deemed essential. This lack of designation of social workers as essential impacted the workers in terms of, "What? Why not? We're just as important as physicians and nurses, and the discourse of physicians and nurses being heroes on the front line", particularly noted as concerning when social workers were doing many key roles, and were just 'treading water'. I think that challenge was huge.

We have really shifted our focus in the last few years to suggest that it's an organizational responsibility to ensure social workers are supported. The organization needs to support them in terms of flexible hours, being creative in their practice, having time off, etc. I don't think that organizations have emphasized this enough – as they're dealing with their own challenges in terms of increased patient loads and acuity, etc. But I agree that change is needed in terms of shifting our thinking.

Kimberly Spicer: Advocates in our office are doing individual work with young people to help amplify their voice and their wishes. We determined as an office that we were not essential workers during the pandemic and would not see young people in person during the health restrictions. Staff in our office are not making decisions about young people, but rather support young people to have a voice. Certainly, that decision was really difficult for advocates.

We continued to provide services to young people in the pandemic as usual, except via a virtual platform. It was difficult working online with families and Indigenous communities, but it was doable. But issues for young people were amplified in the pandemic. We've seen an increase in youth mental health and addiction concerns, and especially opioid use over a number of years. The complexity of needs among young people and their family continues to be

amplified. And specifically at times in the pandemic, issues were heightened as individuals couldn't receive needed services and supports.

Service providers have needed to rely on each other in collaboration and information-sharing, and they've really needed to work together to try to find ways to support young people. Unfortunately, those are areas that we've consistently highlighted as a challenge for systems. We continually talk about systems struggling to find a way to get together and do that collaborative work. Certainly, the pandemic didn't make that easier.

One of the issues that we've seen since the pandemic is a considerable shift in staffing in the child intervention system. That may not be consistent across our province, but we've observed a shift in the stability of staff in child intervention offices. We've seen caregivers, especially foster parents, indicating that now is the time to retire as a caregiver. And so there's a bit of a struggle to recruit caregivers and a lack of placements for young people. All of those pieces take collaboration, time, relationship-building and assessment to really pull it together well – ultimately in supporting young people. The pandemic has somewhat fragmented those systems in terms of finding those pieces and ways to move together, although virtual work allows people to connect more often. However, we aren't always seeing that virtual platforms work as a place to nurture a group, or to create that relationship and that collaborative approach. This isn't a new issue, but I certainly think the pandemic has made it more complicated for service providers to do that integrated work.

David Nicholas: What are key lessons learned?

Haorui Wu: Two questions and lessons are as follows. How can we really support a vulnerable population? How do we promote greater recognition by government levels of social workers as essential workers in disaster?

COVID-19-related research has identified that most organizations across Canada do not have an emergency management plan. As an example, almost every year, Atlantic Canada is hit by hurricanes. But we do not have an emergency management plan even though we have a plan that focuses on physical aspects. We really need to combine both physical *and* social aspects in an emergency management plan.

Kelly Allison: Although there were innovations in service delivery in the pandemic, including thinking about how virtual service delivery can work, we need to recognize that for certain populations and communities, virtual service delivery didn't work. For instance, there are people that don't have access to computers. When in-person service delivery was shut down, there essentially was no service delivery for certain groups of people. We need to think critically about where and for whom those innovations did and did not facilitate service. We need to keep both modalities, but think deeply about how service delivery is experienced and accessed by various populations.

Andrew Mantulak: One thing the pandemic did was revitalize notions of social justice—the crisis really was a crisis of social justice. We need to critically examine the areas in which we practice, and focus on how we view the world and the work we do.

Julie Drolet: I think this is a really important time for reflection on lessons that have been learned from this experience, and a call to really invest in a better future. Investment in higher education and post-COVID initiatives across the board are very important. Investment in the social work workforce post-pandemic is needed. Given what's happening in the economy and the cost-of-living crisis, this is not a time for retrenchment. It's actually a time to make those investments to ensure that we can build on our strengths in the future.

Kimberly Spicer: I echo much of what's been said. In research that our organization has participated in and advocacy work, we've similarly seen what has been described: different systems have emergency preparedness plans, but they are often, as described, the mechanics of that, and don't necessarily include how to support people through the process. We saw both service providers who struggled with not being able to be there for vulnerable youth, and the youth who lacked needed services. Thinking deeply about these populations and how to safely support them through times of emergency, is really critical.

I think that we'll see that young people will have different impacts over time. Socially, their lives were virtual for a period of time. At their juncture in the lifespan, i.e., adolescence and young adulthood, where relationships and peers are most important to these young people, what does it mean to go back to a face-to-face reality? We certainly see young people struggling with that, and with finding their way between virtual and in-person opportunities because they've had such distinct experiences with being forced to work only virtually for a long period of time. Systems need to consider how to support populations back to that path of wellness because they have been really impacted by the pandemic. And all of these things impact the service provider. Service providers come every day do their very best job with young people, so I think these are considerations we need to look at going forward. How do we knit those pieces back together for those caring for young people, and for young people themselves?

David Nicholas: What are key recommendations in moving forward?

Kelly Allison: My first recommendation is guaranteed income. The Canada Emergency Response Benefit (CERB: a financial monthly amount offered by the Canadian government to some individuals during the pandemic) showed us the value of people having a liveable wage. We also need to think about how we can better support more social workers getting educated. The Canadian government had some funding for institutions that were developing programs supporting new immigrants in getting their education faster or streamlining education access. We also need to think about how we support organizations to continue to take students, given social workers' high workload?

Andrew Mantulak: I concur, and I think that we need to find ways to support new social workers in organizations. And social work needs to find ways to have a stronger voice in healthcare. We can advocate not only for ourselves, but for also for our clients. And the other thing that has 'screamed to me' is the lack of, yet need for, service accessibility. A lesson for moving forward is to deeply examine which groups couldn't access virtual care or in-person services. How do we ensure that marginalized communities have access to what they need, be it food, housing, etc.? And how can we begin to plan now?

Kimberly Spicer: I agree with Andrew. I think accessibility is something to really consider. I think a lesson learned is to deeply think about how to be impactful in reducing barriers to connection and service for young people, especially vulnerable young people. And we need to consider how long it takes to recover from isolation as was experienced in the pandemic. We see this challenge in youth education, mental health and addictions, and other aspects of young people's lives. This challenge for youth is especially amplified if they lacked connections to start with. I would like to see specialized thought and work addressing the question, 'how do these vulnerable populations optimally receive support in a pandemic?'.

We learned much through the pandemic that can be applied in the future. For instance, it's really challenging to work with the populations we're working with, and staff in this field need to know that they're essential and respected. A lesson learned is the need to strengthen frameworks to ensure that support happens consistently across systems.

Finally, a recommendation is to approach service provision to young people and their families based on principles of *enhancement* (engaging for family success via timely access to intervention, early engagement, early supports, and meeting people where they're at) and collaboration. We've seen some shifts in youth justice and child intervention whereby there is additional work required, and more criteria in place to access information, services and supports. We need to remove barriers to ensure easier access to information, services and supports.

Haorui Wu: I would like to further study vulnerability. Questions emerge such as, 'how can we identify the most vulnerable people when a disaster happens?'. If we can identify these groups, we can then target their needs. On my research agenda. I'm trying to quantitatively measure different groups with vulnerability, so we can identify the most vulnerable people in specific settings and extreme events, and then develop solutions for them. As we better support the needs of the most vulnerable, maybe we also can move forward faster to support them.

During the pandemic, there was some good cross-sectoral, interdisciplinary collaborations which is promising, including engagement with government, organizational leaders, social workers, etc. That work informs social workers on collaborating with other professionals and advancing interdisciplinary education in social work. If we can engage and collaborate with other professionals, maybe we can use less resources and achieve better outcomes in supporting vulnerable populations.

Andrew Mantulak: In the institutions and communities in which we work, we need to focus on collaboration. That's our skill set—bringing groups together and networking. And so I think we have the skills to be change makers in that way, and real facilitators. We need to be able to teach our students those skills, and the importance of those skills. In the homeless sector in this region, they're creating hubs – organizations, government units, municipal and provincial leaders, and grassroots groups that are all working together. Some of the conversations and materials that have come from that work are quite transformative. Since the pandemic emerged, we've learned that one can't work in isolation; rather, providing care to the most vulnerable must be a team effort. So a recommendation would be to find ways to make those collaborations happen.

Kelly Allison: At the university, we need to help students think about how they engage in those collaborations. For instance, in their day-to-day work in organizations, healthcare social work students don't usually have opportunity to reach out and develop those relationships across sectors. But these kinds of collaborations are going to be essential in addressing challenges.

Andrew Mantulak: And as a university, we have an obligation to take the work we're doing, and bring it to the frontlines and the community. We haven't done that a whole lot, but it is important.

David Nicholas: Thank you to the panelists for this insightful and informative roundtable discussion. You have offered important reflections and priorities for social work in moving forward.

Declaration of conflicting interests

The authors declare that there is no conflict of interest.

Funding

ORCID IDs
David Nicholas https://orcid.org/0000-0003-4480-322X
Kelly Allison https://orcid.org/0000-0002-5693-5257
Julie Drolet https://orcid.org/0000-0002-1520-3439
Andrew Mantulak https://orcid.org/0000-0002-6975-5829
Kimberly Spicer https://orcid.org/0009-0007-6491-2809
Haorui Wu https://orcid.org/0000-0002-6314-0452

References

Amadasun, S. (2020). Social work and COVID-19 pandemic: An action call. *International Social Work*, *63*(6), 753–756. https://doi.org/10.1177/0020872820959357

Apostol, A.-C., Irimescu, G., & Radoi, M. (2023). Social Work Education during the COVID-19 Pandemic—Challenges and Future Developments to Enhance Students' Wellbeing. *Sustainability (Basel, Switzerland)*, *15*(11), 9009. https://doi.org/10.3390/su15119009

Chin, J., Di Maio, J., Weeraratne, T., Kennedy, K. M., Oliver, L. K., Bouchard, M., Malhotra, D., Habashy, J., Ding, J., Bhopa, S., Strommer, S., Hardy-Johnson, P., Barker, M., Sloboda, D. M., & McKerracher, L. (2023). *Resilience in adolescence during the COVID-19 crisis in Canada*.

Flynn, S. (2020). Globalisation and social work education in the Republic of Ireland: Towards informed transnational social work for transnational problems such as COVID-19. *International Social Work*, *63*(4), 524–537. https://doi.org/10.1177/0020872820930804

Garrett, P. M. (2021). 'Surveillance Capitalism, COVID-19 and Social Work': A Note on Uncertain Future(s). *The British Journal of Social Work*, *52*(3), 1747–1764. https://doi.org/10.1093/bjsw/bcab099

Hatiboğlu-Kısat, B. (2023). Gendered experiences of loneliness during COVID-19 isolation: Insights for intersectional feminist social work – the case of Çankaya/Ankara, Turkey. *International Social Work*, *66*(1), 193–205. https://doi.org/10.1177/00208728221119283

Hitchcock, L. I., Báez, J. C., Sage, M., Marquart, M., Lewis, K., & Smyth, N. J. (2021). Social work educators' opportunities during COVID-19: A roadmap for trauma-informed teaching during crisis. *Journal of Social Work Education*, *57*(1), 82–98. https://doi.org/10.1080/10437797.2021.1935369

Jones, R. K., Wilkins, D., Bezeczky, Z., & Thompson, S. (2023). How did levels of psychological distress and perceptions of workplace support amongst children's social work staff change during the Covid-19 oandemic? *The British Journal of Social Work*, *53*(1), 405–424. https://doi.org/10.1093/bjsw/bcac126

Lavalette, M., Iakimidis Vasilios, & Ferguson, I. (2020). *Social work and the COVID-19 pandemic: International insights*. Policy Press.

Morrone, M. (2023, September 14). *After experiencing record job loss during the pandemic, women are back to work. But don't start celebrating yet*. BBC. https://www.bbc.com/worklife/article/20230914-women-are-returning-to-work-but-theres-more-to-the-story

Nicholas, D. B., Samson, P., Hilsen, L., & McFarlane, J. (2023). Examining the COVID-19 pandemic and its impact on social work in healthcare. *Journal of Social Work*, *23*(2), 334-349. https://doi.org/10.1177/14680173221142767

Pink, S., Ferguson, H., & Kelly, L. (2020). Child protection social work in COVID-19: Reflections on home visits and digital intimacy. *Anthropology in Action*, *27*(3), 27–30. https://doi.org/10.3167/aia.2020.270306

Ravalier, J., McFadden, P., Gillen, P., Mallett, J., Nicholl, P., Neill, R., Manthorpe, J., Moriarty, J., Schroder, H., & Curry, D. (2023). Working conditions and well-being in UK social care and social work during COVID-19. *Journal of Social Work: JSW*, *23*(2), 165–188. https://doi.org/10.1177/14680173221109483

Sen, R., Daly, M., McCulloch, T., Grant, S., Clarke, D., & Ferrier, C. (2023). Ontological (in)security in early career social work during COVID-19: Experiences in Scotland. *The British Journal of Social Work*. https://doi.org/10.1093/bjsw/bcad165

Tosone, C. (Ed.). (2021). *Shared trauma, shared resilience during a pandemic: Social work in the time of COVID-19*. Springer Nature.

Turner, D. (Ed.). (2021). *Social work and COVID 19: Lessons for education and practice*. Critical Publishing.

Wachter, K., & Mathis, C. M. (2022). Global perspectives on violence against women: A study of a social work elective during COVID-19. *Journal of Social Work Education*, *ahead-of-print*(ahead-of-print), 1–16. https://doi.org/10.1080/10437797.2022.2094516

Wu, H. (2021). Integration of the disaster component into social work curriculum: Teaching undergraduate social work research methods course during COVID-19. *The British Journal of Social Work*, *51*(5), 1799–1819. https://doi.org/10.1093/bjsw/bcab110

Zerden, L. D., Guan, T., Shurer, J., Kreitzer, L., & Book, E. (2022). Social work, Parkinson's disease care, and COVID-19. *Social Work in Healthcare*, *61*(3), 139–157. https://doi.org/10.1080/00981389.2022.2069902

Acknowledgments