
(Perspective: Palliative Care Social Workers group)

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This is a working document of the National Palliative Care Commission of Portugal with the Social Work task-force of the Portuguese Palliative Care Association. It is the result of the experience, sharing, and reflections, of those who are in the field (primary health care, home care, hospital care, residence/nursing homes, academy/research) and so we understand that it is not a finished document, it is a document under construction. In the face of the new and uncontrollable context, we all have a lot to learn.

We would like this document to be considered by the social work boards and we call on the Portuguese Ministry of Labor, Solidarity and Social Security, the State Secretariat for Social Action, the Department of Social Development, the Portuguese Ministry of Health and the General Directorate of Health, the Regional Government of Madeira, the Regional Government of the Azores, their Regional Secretariats and Regional Health Authorities, to continue to join efforts so that social workers can be protected for work, family and health in this pandemic context. Only in this way, we can continue to help to face this social crisis, which is still at an early stage.

This is our contribution, and consequently admiration, for all social workers who daily deal with extreme situations of fear, anxiety, uncertainty, challenge and lack of conditions to face the COVID-19 pandemic situation. The recommendations described here are transversal and seem to be adapted to different social work sub-areas of intervention, so we invite all social workers, working in the health area to implement and adapt it to their context.

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Background

The social worker who works in the health field plays an important role in combating the spread of the COVID-19 infection. Social workers are at the forefront along with many other professionals, monitoring and treating people with COVID-19 disease and their families. The lack of information, the scarcity of resources, social isolation, and anxiety, are some of the problems that, during this phase of the pandemic COVID-19, will be essential to deal with quickly.

Recognizing interdisciplinary performance and cooperation (namely with doctors, nurses, and psychologists) as the basis of social work in health, in the current scenario, social workers will be indispensable for:

- Ensure that society (particularly the most vulnerable) is heard and involved in planning and responding to this global problem.
- Alert the entities to the need to ensure that social support teams, namely Private Social Solidarity Institutions (IPSS), have contingency plans and adequate personal protection equipment (PPE) to safely travel to the patients' homes.
- Integrate projects and organize actions to ensure that essential goods such as food, medicines, and hygiene are available.
- Organize strategies to overcome isolation and social stigma through contacts and telephone lines for psychosocial support to the patient and family.
- Be the direct contact route between people sick with COVID-19, public health professionals and social security.

*(text adapted from the International Federation Social Work – March 11, 2020)*

Values and actions that must be guaranteed in each institution (transversal to all professionals)

- **Security** – Ensure that all people directly and indirectly involved in this pandemic, particularly health professionals, patients and families, have the necessary equipment and resources to minimize the spread of COVID-19.
• **Mental health** – Ensure that patients, families, and healthcare professionals have access to psychological and social support to minimize and prevent situations of extreme stress and grief complicated and/or pathological.
  
  o How? The Association of Professionals of Social Work (APSS) has a support group for social workers; it is important to have cooperation with the College of Physicians and Nurses in the area of Mental Health, and the College of the Portuguese Psychologists reflecting on a plan/support measures/monitoring to professionals in the short and medium-term, strengthening the links with the Psychology Services Hospital Centers and with the Psychology Centers of the Primary Health Care (URAP’s).

• **Resilience and perseverance** – Ensure working conditions for health professionals continue to treat and care for those in need.
  
  o How? Ensuring the possibility of teleworking as well as, having direct access to the indispensable resources to resolve risk situations for patients and families resulting from forced and voluntary isolation.

• **Motivation and focus** – Consider work, family and social well-being.
  
  o How? Enhancing an understanding environment within the teams; enhancing the recognition of the work of professionals through recognition initiatives.

Major psychosocial problems and needs increased by COVID-19

**Inaccessibility of information**

• The prevention of COVID-19 disease should be privileged in all sectors of care (health centers, hospitals, long term care and home). Must continue to be assured the information sessions, especially for people in vulnerable conditions as older people or groups of people with chronic disease as well as, the continued clarification that the first stage of the social isolation may have to be longer than initially thought.

• This monitoring, prevention, and promotion of information must be enhanced and worked on by the social worker who, preferably by telephone or teleconference, will involve primary health care and the various agents in the community such as municipalities, volunteers, parishes, police department etc. Together, will draw a plan of action and identify situations of risk or social vulnerability.

• The social worker must integrate COVID-19 telephone support continuously or punctually,
to be able to inform concerning family reorganization and/or social resources. According to each institutional structure, a social worker must be at the service, accessible by telephone.

- It is important that social workers of health centers may be links between the public health departments and people with COVID-19 disease, streamlining formalities and helping to ensure continuity of care and social benefits.

**Hospital discharges**

- Continue to ensure discharge according to the individual care plan.
- Continue to ensure the inclusion of users in the National Palliative Care Network, National Network of Integrated Continuous Care and Residential Homes (Long term facilities).

**Home support**

- Ensure that health care, personal care, food, housing hygiene, and laundry care continues to be provided by local Institutions (IPSS), checking that they comply with the standards of social isolation and security of DGS.

**Food and medication**

- Create a list and provide information on community support networks that are being created in the context of the COVID-19 pandemic, such as, for example, initiatives related to local commerce in the users' homes, which ensure the provision of food to the most vulnerable at home. Other creative initiatives should be encouraged in favor of compassionate communities.

**The social and emotional impact of the death situation due to COVID19**

- Society must be helped and prepared for the death of a family member or friend. This fate will bring great suffering to the survivors by the conditions in which it occurs in the current context.
- The need to sensitize society to post-mortem care and which leads to a cultural adaptation of funeral ceremonies (DGS).
- Create team protocols to act in the grief resulting from death by COVID-19.
**Family isolation**

- Keep family and local social support networks.
- Help the family to find solutions so that solidarity and affection continue to ensure the well-being of all. Conference calls and network games should be enhanced.

**Health professionals in vulnerable situations**

- Support for team professionals in each health unit - In addition to the activity aimed at the patient and their families, social workers must respond to the social support needs of healthcare professionals. Social workers should:
  - Support family reorganization being able, whenever necessary, to help identify responses outside the family to ensure monitoring of the most vulnerable, who are dependent on health professionals.
  - Provide concise, quick and direct information and guidance on access to the exceptional measures of protection for workers and families, taken by the government in the current context.
  - Articulate and mediate with public/private institutions and/or other organized groups, namely volunteering, to organize responses to situations of professionals' needs, especially at family and community levels.

Therefore, to ensure the adequate performance of social workers in face of the pandemic situation COVID-19 in Portugal, at different levels of care, we present the following recommendations:

1. They must **be considered healthcare professional for all purposes**, so they should be covered by Dispatch no.3300 / 2020 of March 15, 2020, of the Diário da Republica -2 series, which regulates the restrictions on vacation during the necessary period as well as, Dispatch 3301/2020 of March 15, 2020, of Diário da Republica - 2 series, referring to the rules on the articulation between assistance to the family and availability to provide care.

2. To ensure that all social workers working in health field have **access and can write in the clinical processes** of patients.

3. Social workers are experienced professionals regarding the articulation and construction of social networks and, therefore, **telework should be privileged as a primary mode of intervention**. We are in the first phase of the COVID-19 pandemic and it is important to find
and streamline practical responses in the community, ensuring continuity of care between the hospital, family caregivers, health centers, and services (e.g., SAD, volunteering).

4. Ensure the **suspension of the biometric attendance system.**

5. **Equipment shortages** – Guarantee social workers **material and protective equipment**, according to the intervention developed.

   Many social workers are reporting they are struggling to access hand sanitiser and personal protective equipment. We understand there is pressure on these supplies nationally but social workers supporting people with underlying conditions must be considered a priority group for these supplies alongside NHS staff. Again, this is needed to minimise the risk to the people we support, social workers and our wider communities (**British Association for Social Work and Social Workers**).

6. Actively integrate the **contingency plans** of each clinical service (primary health care and hospital care); have the knowledge and contribute to the institution’s **performance protocols**.

7. **Restrict face-to-face team meetings, only those that are essential and short**, and with the recommended security measures.

8. It is important to ensure the continuity of **the social welfare responses (policies)** regarding the **home support service (SAD) and nursing homes/long term facilities**. In this first phase of the pandemic, it is necessary to maintain the existing human resources. These professionals must be instructed and equipped with the necessary materials and procedures, so that care for dependent and vulnerable people is ensured, namely in the contraction of the disease COVID-19.

9. **Health & Safety** - Each service (social work) must **create a contingency protocol** that, as far as possible and appropriate for each institutional organization, must ensure the points previously described in this document.

   Social workers need greater clarity on protocols and resources for safe work in all contexts, including home visits and community. Social workers with an underlying condition or who care for someone with an underlying condition should be able to work in non-client facing roles or contact via technology only. No social worker should be left feeling they are putting themselves or a service user at unmanaged risk. We are getting reports that some social workers are getting mixed messages and lack of guidance on this (**BASW**).
10. Social workers must have the **capacity to be flexible and adapt** to the new guidelines that emerge from the DGS.

11. That all **support is guaranteed to the social worker**. The person in charge of the social work department must inform about the existing resources in the institution in terms of support in the area of mental health.

A second phase of the COVID-19 pandemic will come. We do not doubt that social workers will be key agents for society to rebuild itself. Family and social relations will have to be addressed and the situation of job and economic stability will have to be restored. The implementation of new social policies will make a difference in the quality of life of people who are in a vulnerable situation, of illness and poverty. So, it is important to start now!

**Links of interest**

- General Directorate of Health
- Ministry of Labor, Solidarity and Social Security
- Association of Social Work Professionals
- International Federation of Social Work
- National Commission for Palliative Care
- Portuguese Palliative Care Association
- European Association for Palliative Care
- British Association of Social Work and Social workers

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