Correspondence

Vulnerabilities in 'local moral worlds': COVID-19 provincial social work interventions

ABSTRACT

Intending to contextualize vulnerabilities at the local level during COVID-19, this article reports an investigation of the social workers' interventions done in a Philippine province. Social workers as frontliners report on (i) the shift of interventions before and during COVID-19, (ii) the most vulnerable sector in their assigned areas, (iii) the problems in working out their field interventions, (iv) the emergence of creative programs and (v) key information to better improve or to have a more sustainable set of interventions in the long run.

Keywords COVID-19, interventions, local ethics, social works, ustainability

During this coronavirus disease 2019 (COVID-19) pandemic, the world over, we hear that these are 'unprecedented times' in which nations, communities, families and individuals must dig deep into resources and strengths that they may not realize they have.[1] Social workers are frontliners in the crisis that attend to urgent vulnerabilities—social constructs that inform of inequalities in society. These must be contextualized to be relevant to 'local moral worlds'[2,3] such as those in extreme situations. In the case of persons deprived of liberty (PDLs), a correspondence in this journal[4] can be followed up by explaining further that, after conversing with them through immersion in a certain jail, the condition is worse when they even take turns in going to sleep due to unequal access to the floors and benches—spaces they consider for sleeping. Urgent needs of vulnerable groups are immediately responded to by social workers. This article reports an investigation of the social workers' interventions done in a Philippine province, which is vital due to the different circumstances not only of the vulnerable groups attended to but also to the different public health mandates such as quarantine measures in each province. Apart from some who were not available during the study, the participants of the study are 18 social workers from the 18 municipalities and 1 city in the province of Southern Leyte, who provide key information on their social work interventions since the lockdown last year up to date.

Social work interventions done in the province do not focus on the one field of intervention. Instead, social workers carry out many tasks from different major fields of intervention. Before COVID-19, 16 (88.9%) participants worked on elderly people; 15 (83.3%) worked on women, disabilities and gender violence; 6 (33.3%) worked on primary care and justice; 5 (27.8%) worked on health; 4 (22.2%) worked on mental health; 3 (16.7%) worked on homelessness; 2 (11.1%) worked on convicts or ex-convicts and 1 (5.6%) worked on the youth and children. During COVID-19, the interventions are the same with the elderly, women, disabilities, primary care and justice. The notable differences are that interventions on gender violence (77.8%), homelessness (11.1%) and convicts or ex-convicts (5.6%) are reduced, but interventions on health (38.9%), mental health (38.9%) and the youth (11.1%) are raised. There is also the glaring concern of individuals in crises, especially those with medical concerns. Solo parents are emphasized as vulnerable during the crisis as well. Finally, key informants raised the concern about rebel returnees or former rebels who have surrendered during the pandemic.

In considering the most vulnerable in the pandemic, the informants highlighted their major fields of intervention, mostly on the elderly or the senior citizens and those with disabilities because, as some participants note, 'they don't have the stamina and stability against the virus unlike the other sectors' and 'most of them belong to below food thresholds with low resistances'. What is emphasized in this follow-up even if the category on youth and children has 11.1% in focus is that they are considered next as the most vulnerable, with some claiming that they are on par in status with the elderly because they 'most likely can't protect their wellbeing from any harm'. An enduring material that the author attended virtually for continuing education at Harvard Medical School ascertained that the most likely determinant of the number

of infected children in a community is socioeconomic status. One participant notes that the most vulnerable are the 'indigent families having an insufficient income, derived only from small scale farming, fishing, being hired laborers, and being a *habal-habal* (motorcycle taxi) driver'. Another idea is that while children may have fewer angiotensin-converting enzyme 2 (ACE2) receptors for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), they can still spread the virus silently and this depends on many factors, not just on distance,[5] which one of the editors rightly pointed out, but also on the indoor ventilation system.

There are also problems in working out their field interventions. Further contextualizing the study on social work and sustainability,[6] the participants share some resonating responses. Sixteen (88.9%) reported on the lack of preparedness of social workers about pandemic consequences and the increase in basic demands (e.g. food, housing, medical attention, moral support, etc.) of vulnerable groups, thirteen (72.2%) reported on the scarcity of personal protective equipment (PPE) for social workers, twelve (66.7%) reported on the problems of changes in the official guidelines and protocols to work in the COVID-19 context, nine (50%) reported on lacking in financial aid and one (5.6%) reported each on the problematizing the closure of services for the homeless and the delay of regional services due to restrictions.

There are new sets and/or region-specific interventions. Apart from the lockdown, curfews, isolation facility accreditations and quarantine measures, there is extended financial assistance through the social amelioration program (SAP), the establishment of a municipal interagency task force (MIATF) as 'a special body to impose health protocols and strengthen advocacy campaign for wide information dissemination on COVID-19', QR-coding system and transparent barriers applied in all establishments and for the latter also in public vehicles with limited passengers. Creative proactive coping programs are also introduced such as the *Bag-ong Abilidad sa Bag-ong Normal* (New Skills in the New Normal) that promote and teach activities like the Intensified Kitchen Garden Project, *Bangus* (milkfish) production, hog raising and fruit tree growing programs (e.g. jackfruit production). Laptop provisions are also made available to some local government units (LGUs) for online transaction purposes such as work from home and virtual learnings or seminars.

Finally, the social workers responding to various vulnerable sectors appeal to improve the COVID-19 interventions in their areas to (i) increase budget allocation for social services and manpower demand to add more workforce (as 'some are burned out due to plenty of responsibilities'), (ii) provide more financial aid for vulnerable sectors like the elderly, persons with disabilities and solo parents who cannot work during the pandemic, (iii) make social preparations to encourage people to accept the vaccine, (iv) heighten people's awareness more by spreading information about following health protocols and (v) strictly implement health protocols. These are key information that presents 'diverse social attention tools and their contribution to the sustainability of social services with a long-term impact'.[6]

Acknowledgment

Conflict of interest

The author certifies that the study was objectively steered and reports that no financial interests or nonfinancial interests influenced whatsoever the conduct of the study. Any relationship with the participants—personal or professional—is treated incognito to ensure objectivity.

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