




# BMJ Open Preparing social workers to address health inequities emerging during the COVID-19 pandemic by building capacity for health policy: a scoping review protocol

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## ABSTRACT

**Introduction** The COVID-19 pandemic has brought tremendous changes in healthcare delivery and exacerbated a wide range of inequities. Social workers across a broad range of healthcare settings bring an expertise in social, behavioural and mental healthcare needed to help address these health inequities. In addition, social workers integrate policy-directed interventions and solutions in clinical practice, which is a needed perspective for recovery from the COVID-19 pandemic. It remains unclear, however, what the most pressing policy issues are that have emerged during the COVID-19 pandemic. In addition, many social workers in health settings tend to underuse policy in their direct practice. The objectives of this scoping review are to: (1) systematically scope the literature on social work, COVID-19 pandemic and policy; and (2) describe the competencies required by social workers and the social work profession to address the policy issues emerging during the COVID-19 pandemic.

**Methods and analysis** The scoping review follows Arksey and O'Malley's five-stage framework. Identification of literature published between 1 December 2019 and the search date, 31 March 2021, will take place in two stages: (1) title and abstract review, and (2) full-text review. In partnership with a health science librarian, the research team listed keywords related to social work and policy to search databases including Medline, Embase, PsycINFO, CINAHL, Social Services Abstract and Social Work Abstracts. Two graduate-level research assistants will conduct screening and full-text review. Data will then be extracted, charted, analysed and summarised to report on our results and implications on practice, policy and future research.

**Ethics and dissemination** Results will help develop a policy practice competence framework to inform how social workers can influence policy. We will share our findings through peer-reviewed publications and conference presentations. This study does not require Research Ethics Board approval as it uses publicly available sources of data.

## Strengths and limitations of this study

- This will be the first scoping review study to identify policy issues that emerged during the COVID-19 pandemic.
- Scoping reviews cover a vast volume of literature and will provide guidance to social workers in healthcare to help advance recovery from the COVID-19 pandemic.
- Inclusion criteria are limited to English.
- No formal assessment of quality will be applied to articles included in this study.

## INTRODUCTION

The COVID-19 pandemic has had devastating social and economic impacts worldwide.<sup>1</sup> People have experienced major unexpected financial pressure, job loss, food insecurity, precarious housing and living conditions, discrimination, grief, isolation and reduced access to health and social services.<sup>2–5</sup> Disparities within communities have widened during the pandemic with a disproportionate impact on older adults, children and youth, people with reduced access to socioeconomic resources and those with disabilities.<sup>3 4 6–8</sup> It is well documented that those who are socially and economically vulnerable disproportionately suffer the greatest burden of disease—including comorbidities, mortality, socioeconomic costs and decreased access to resources—as is evident with the COVID-19 pandemic.<sup>9–12</sup> Clinical health professionals—like physicians, nurses and social workers—can often feel helpless when faced with these complex social and economic challenges perpetuating health disparities in the lives of their patients.<sup>13</sup> Building health professionals'

capacity to understand, apply, critique and/or shape policies that contribute to such disparities is increasingly recognised as a strategy to improve population health.<sup>13</sup>

### Health inequities and COVID-19

The COVID-19 pandemic has exposed the magnitude of existing health inequities in Canada, the USA and worldwide.<sup>2 4 14</sup> Health inequity refers to the ‘unfair, avoidable, and remedial differences’ in health outcomes<sup>15</sup> which are inextricably linked to policy.<sup>16</sup> For example, ‘data support the important role that residential segregation of black and white people, because of racist housing policies, has played in health disparities by race in the United States, leading to higher rates of child poverty and adverse birth outcomes among black children than among white children’.<sup>16</sup> Historically, pandemics expose and exacerbate health inequities.<sup>17</sup> This is evident with the COVID-19 pandemic, which has heightened existing inequities for racialised populations, children, older adults and those with greater financial precarity.<sup>3 4 7 8</sup> There is a long-standing recognition of the connection between social determinants and health.<sup>18 19</sup> Social determinants of health are social, behavioural and economic factors that shape the health of individuals and communities.<sup>19</sup> These social-structural conditions can also act as an access barrier to preventative and comprehensive healthcare services.<sup>20</sup> Recent research has shown that poverty, homelessness, racism and social exclusion can have a significant impact on COVID-19 outcomes, yet the effect of these social-structural determinants is thought to be greatly underestimated.<sup>21</sup>

The rates of COVID-19 have highlighted disparities among racialised communities,<sup>4 6</sup> with mortality rates that are ‘more than twice as high in Black, Latinx, and Indigenous populations as in White populations, and the data reveal a strong socioeconomic gradient’.<sup>14</sup> Children and youth are also at increased risk of indirect harms emerging from the pandemic, including adverse childhood experiences such as maltreatment, mental health problems and poverty.<sup>22</sup> For older adults, there are elevated risks of social isolation, neglect and death due to COVID-19.<sup>8</sup> Furthermore, populations with low income have been found to have disproportionately elevated rates of infection, hospitalisations and deaths related to COVID-19, and neighbourhoods with the greatest material deprivation and lowest income have been found to have higher rates of confirmed positive COVID-19 tests.<sup>23 24</sup> In addition, low-income and precariously employed workers have higher exposure risk at work related to physical proximity to others, yet have less access to paid sick leave.<sup>25</sup> Recovery from the COVID-19 pandemic requires mobilisation of strategies and interventions that address the range of social, behavioural and socioeconomic health crises instigated and exacerbated during the pandemic.<sup>26 27</sup>

### The role of policy in the recovery from COVID-19

Recovery from the COVID-19 pandemic requires greater attention to policies that reduce inequities.<sup>28</sup> Policy refers

to a set of inter-related decisions taken by a group of actors that identify particular goals and the means of achieving them within a specified situation.<sup>29</sup> Health policy provides ‘a course of action or inaction chosen by public authorities to address an issue that deals with human health’.<sup>30</sup> Public policies are those established by governments whereas institutional policies are developed by organisations for institutional use.<sup>16</sup> Public policies tend to be legally binding, which means that individuals and/or institutions must comply with them.<sup>16</sup> However, policies developed by organisations do not carry the force of law yet compliance within the specified institutions may be required.<sup>16</sup> Policy establishes a future vision, establishes priorities, outlines expected roles of different groups, builds consensus and shapes healthcare delivery across all sectors and all levels.<sup>29 31</sup> They can also reduce inequities through distribution of various resources, enabling access to services, and facilitating the delivery of a broad range of health and social services.<sup>28 29</sup>

New policies were implemented during the pandemic to contain the spread of the coronavirus, mitigate the impact of recurrent waves of infection, sustain life in pandemic conditions and allocate immediate resources.<sup>28</sup> There are some early examples of policy responses implemented to mitigate the pandemic’s overwhelming social and public health crisis.<sup>6 32</sup> For example, these include physical distancing, school and business closures, reduction of in-person health and social services, lockdowns, quarantine and mandatory use of face masks. Another example of policy’s role in mitigating the economic impact of the COVID-19 pandemic is demonstrated by the various national, provincial and state-level safety net programmes—like the Canada Emergency Response Benefit (CERB)—providing financial support to individuals during the pandemic.<sup>33 34</sup> However, it is unclear how policy is being applied in clinical settings to guide patient-related interventions by different healthcare providers. As we move beyond the immediate threats into a phase of recovery, the conditions for an equitable recovery require greater attention on the implementation of policies that help address the range of inequitable conditions and outcomes of the pandemic.<sup>28</sup>

### Addressing health inequities: the role of social work

Social workers are clinical practice-based health professionals informed by the value of social justice with a commitment to address existing health inequities and alleviate future disparities.<sup>35 36</sup> Social workers are uniquely positioned across the healthcare system—in hospitals, primary healthcare, public health, community settings, non-profit organisations and elsewhere—to respond to the complex social and psychological impacts emerging from the pandemic.<sup>37</sup> Social work has a foundational systems perspective that uses interventions spanning across the microlevels, mesolevels and macrolevels.<sup>38</sup> Microlevels, mesolevels and macrolevels are foundations of social theory that help categorise social structures and processes of the determinants of health contributing to

health inequities, and the responses designed to address health inequities.<sup>39 40</sup> The microlevel includes individual psychosocial, behavioural and material risk factors while the mesolevel refers to organisational and institutional structures. The macrolevel encompasses societal-level characteristics such as healthcare policy, societal norms and income distribution.<sup>39</sup>

Social work harnesses a range of skills and competencies of importance to the emerging needs of the pandemic including risk assessments; crisis management; advanced care planning; individual, family and group therapy; case management; advocacy; systems navigation; problem solving; resource allocation; and community mobilisation.<sup>4 41–43</sup> Social workers are integral in assisting with the range of psychosocial and mental health needs emerging during the pandemic,<sup>47 44</sup> including helping patients navigate accessing of relevant financial resources like CERB. Across a broad range of practice settings, social workers have been visible in fighting for social justice, particularly against the drastic increases of racism and xenophobia during the COVID-19 pandemic.<sup>4 45</sup> Emerging scholarship demonstrates the essential role of social work in responding to the pandemic's social crisis.<sup>4 6</sup> There has even been an increased demand for social work's involvement in policy-level decisions during the COVID-19 pandemic to help address some of the inequitable structural systems and social determinants of health issues emerging during this public health crisis.<sup>1 4 6 46</sup>

### Social work and policy

'Policy practice' is a unique practice framework that guides social workers' integration of policy in their professional roles.<sup>47</sup> The purpose of the policy practice framework is to enable social workers in all settings to systematically and concurrently address patients' immediate clinical issues, while addressing policies that shape the provision of services and resources surrounding the patients' needs.<sup>47 48</sup> Employing a policy practice framework means acting as a policy expert, enacting and implementing policy, mediating existing policy, providing input to organisational leaders and policymakers and/or creating policy itself.<sup>47–49</sup> As Jansson describes, policy practice takes a broad view of policy and includes 'efforts to change policies in legislative, agency, and community settings, whether by establishing new policies [or] improving existing ones'.<sup>50</sup> By implementing a policy practice approach, social workers can be allies to interdisciplinary health teams in efforts to eliminate inequities and improve population health.<sup>51</sup> Despite the benefits of adopting a policy practice approach, most social workers do not engage in policy practice.<sup>52</sup> Building capacity for social workers in healthcare to engage in policy practice will help address rising health inequities that are emerging during the COVID-19 pandemic.

### Rationale

Social workers can help address the vast inequities that have emerged during the COVID-19 pandemic by

integrating a policy practice framework in their professional roles across various health and social settings. The COVID-19 pandemic has brought tremendous changes in healthcare delivery; complex social, behavioural and socioeconomic health crises; and a wide range of inequities.<sup>1 4 46</sup> It remains unclear, however, what the most pressing policy issues are that have emerged during the COVID-19 pandemic. In addition, many social workers in health settings tend to overlook the role of policy and/or underused policy in their direct practice, in part because they are unclear how to integrate policy in their practice.<sup>30 49</sup> Furthermore, enhancing social workers' knowledge about policies underpinning social safety net programmes integral for patients during the COVID-19 pandemic would better enable them to advocate for social and economic justice in multiple settings and on numerous levels.<sup>53</sup> The objectives of this scoping review are to: (1) systematically scope the literature on social work, COVID-19 pandemic and policy; and (2) describe the competencies required by social workers and the social work profession to address the policy issues emerging during the COVID-19 pandemic. This information will help provide guidance to social workers and social work leaders and educators by informing how to prepare social workers for their role in the recovery from the pandemic.

### METHODS AND ANALYSIS

Our study uses scoping review methods to provide a broader understanding of the competencies required by social workers to address the policy issues emerging during the COVID-19 pandemic. A scoping review is a method of knowledge synthesis appropriate for an exploratory research question intended to map key concepts, research evidence and research gaps in a particular field.<sup>54</sup> Scoping reviews systematically search, review and synthesise existing knowledge and are particularly useful when there is minimal literature on a particular topic.<sup>54–56</sup> Knowledge synthesis such as scoping reviews is useful for identifying key concepts and evidence that can help guide practice and policy, and advance healthcare practices by guiding efficient evidence-based decisions in practice.<sup>54</sup> We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Review (PRISMA-ScR) checklist in the reporting of the methodology of this scoping review (see online supplemental file 1). There are no competing interests.

The methods for our scoping review are based on a five-stage framework proposed by Arksey and O'Malley.<sup>55</sup> The five stages of the scoping review are: (1) identifying the research question; (2) identifying the relevant studies; (3) study selection; (4) charting the data; and (5) data summary and synthesis of results.<sup>55</sup> This review will adhere to the PRISMA-ScR guidelines.<sup>57</sup>

### Stage 1: identifying the research question

The research questions emerged while conducting research on the impact of the COVID-19 pandemic on

social work practice.<sup>58 59</sup> Levac *et al*<sup>60</sup> recommend developing a broad research question that defines the target population, concept and intended outcomes. The following research questions were developed by the principal investigator (RA) in collaboration with the research team:

1. What are the policy issues that have emerged during the COVID-19 pandemic that are important for social workers?
2. What are the competencies required by social workers to address the policy issues emerging during the COVID-19 pandemic?

### Stage 2: identifying relevant studies

At stage 2, we seek to identify the available literature on policy issues relevant to social work during the COVID-19 pandemic. We have assembled a team comprising experts and leaders in social work practice in health and mental health, health policy, leadership and scoping review methodology. We have identified two graduate-level research assistants who will participate in all phases of the scoping review. In addition, the research team includes a librarian at the University of Toronto, Canada, to determine the appropriate databases and keywords for our scoping review. Databases will be searched using textwords and, wherever possible, subject headings and validated searches. Database search fields to be examined for textwords will include title, abstract and author-assigned keyword (wherever possible). A pilot search of Medline will be translated for use in all other databases to ensure consistency across search platforms and in results. In addition to Medline, we will also search in Embase, PsycINFO, CINAHL, Social Services Abstracts and Social Work Abstracts. Search terms development was led by the health sciences librarian with input provided by the research team.

Concepts guiding database searches are from two broad themes: social work and COVID-19 pandemic. A third concept, policy, will be introduced during the screening process. This decision addresses the difficulty of generating exhaustive policy-related textwords due to the varied application of ‘policy’ in social work and social work adjacent practices.

Table 1 provides the terms used during full-text screening to identify the articles with a policy focus.

In addition to searching the noted databases, we will conduct a search of the grey literature to identify any non-indexed literature of relevance to the scoping review. The grey literature search will focus on Canadian and US government reports, professional organisation publications and reports, as well as relevant pandemic response guidelines. Finally, we will contact other national experts in the field of social work policy and consulted through a ‘desk drawer search’ in order to ensure that all relevant data are obtained.

A date limitation will be applied to limit results to those reflective of the COVID-19 pandemic. All results will have been published between 1 December 2019

**Table 1** Terms used during screening to identify articles with a policy focus

List of terms		
Antioppression	Human rights	Racism
Antiracism	Inequality	Reform
Community	Inequity	Society
Delivery of care	Law	Social assistance
Discrimination	Leadership	Social determinants of health
Equity	Legal	Social justice
Economic	Legislation	Social safety net
Environmental social work	Macro	Social movement
Federal	Meso	Socioeconomic status
Food insecurity	Multisectoral	Structural/structure
Funding	Municipal	Transformation
Government	National	Truth and reconciliation
Guidelines	Organisation of care	Union/unionised
Health services ( <i>health system/healthcare delivery/social care/social services</i> )	Organisational	Welfare state
Housing	Policy	Any specific policy ( <i>eg, Medical Assistance in Dying</i> )
	Population health	
	Public health	
	Poverty	
	Provincial	

and the search date, 31 March 2021. Search results will be downloaded and imported into the online platform Covidence. The online supplemental file 2 displays the search terms used to identify relevant studies for this scoping review.

### Stage 3: study selection

The stage 3 study selection process includes two levels of screening: a title and abstract review, and a full-text review. For the first level of screening, we have identified two graduate-level research assistants—working under supervision of the principal investigator—who will independently conduct a review of the title and abstract for each article to determine eligibility based on our inclusion criteria (outlined below). The two research assistants will both screen the same first 100 abstracts in order

to calibrate their study selection. We will be aiming for a similarity of 75% or higher between the two research assistants.<sup>61</sup> Once this is achieved, the remaining articles will be reviewed independently by the two research assistants. Articles that are deemed relevant will be included for the full-text review. Both research assistants will then screen each article selected for a full-text review. The lead investigator will resolve conflicts arising between the two research assistants (ie, if an article is screened by one research assistant but rejected by another) with regard to inclusion/exclusion of articles.

Inclusion criteria for publications are all types of literature including peer-reviewed publications and grey literature, English language and published on or after 1 December 2019. Relevant articles will be assessed against the following inclusion criteria: (1) the words social work (inclusive of search terms) and COVID-19 pandemic (inclusive of search terms) are used in the title or abstract; (2) there is a focus on policy-related issues identified in the title or abstract; and (3) social work is a key focus of the article.

Any type of peer-reviewed article is eligible for inclusion comprising all types of study designs. Relevant articles can include literature or systematic reviews, conceptual or theoretical papers, and empirical research. Following Levac *et al's*<sup>60</sup> recommendation, we will consider stage 3 an iterative process and will hold regular team meetings to discuss study inclusion/exclusion at various stages in the process.

#### Stage 4: charting the data

We will extract data from all articles included in the scoping review and chart this in a spreadsheet in Microsoft Excel. Identified themes will be charted to present the content as it relates to the scoping review research questions. Sample charting categories include, but are not limited to: authors, publication year, type of article, study design, geographical location, description of social work practice setting, type of policy issue(s), level of policy (eg, national, provincial/state, institutional), type of social work practice activities and characteristics of practice activities. One graduate-level research assistant will conduct the data extraction, working under the supervision of the principal investigator. Following Levac *et al's*<sup>60</sup> recommendation, the research team will review the spreadsheet and identify any emerging connections or themes pertaining to social work practice, the COVID-19 pandemic and policy work. Data used in this study are available in public domain as this is a scoping review using publicly available content.

#### Stage 5: data summary and synthesis of results

At stage 5, we will provide a summary and synthesis of the results. The purpose of scoping reviews is to provide an overview of concepts that are foundational to the research. We will report our results and will include the charted findings as tables in our synthesis. Following Levac *et al's* suggestion, we will consider the

implications of our findings on practice, policy and future research. To achieve our study objectives, we will share the findings at conferences and in journals that specifically target social workers in healthcare and social work educators.

#### Patient and public involvement

There is no patient involvement in this study.

#### ETHICS AND DISSEMINATION

This study will be a first step to developing a policy practice competency framework for social workers involved in the recovery of the pandemic. Research ethics approval is not necessary given that we are using publicly available sources to collect data. Results of this scoping review study will be disseminated through a peer-reviewed publication as well as through a conference presentation that engages an audience of social work practitioners and leaders. All members of the research team have established relationships with social workers, which we will also use to disseminate findings. Our aim is to use findings from this scoping review to guide future social work practice by providing a more in-depth understanding of policy issues emerging during the COVID-19 pandemic. Social workers employed in health settings are often working in collaboration with other healthcare professionals as members of interdisciplinary teams.<sup>62–64</sup> Thus, findings from our scoping review will also benefit the broad range of healthcare professionals with whom social workers work with as allies.<sup>64</sup>

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**Contributors** All authors conceptualised and designed the study. RA, SL and BW created the scoping review search framework. RA and SL wrote the initial study protocol, which was then revised by TK, SB, MLAN, KA, SC, BW, AG, AH, DS, FS and SLC. RA and SL took the lead and compiled the revisions. All authors approved the final protocol manuscript and agreed to be accountable to all aspects of the work.

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