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The impact of the COVID-19 pandemic on social work education and practice in the Netherlands

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ABSTRACT

During the first half of 2020, the outbreak of the COVID-19 virus had a huge global impact. The physical health of many was (often severely) threatened and affected, resulting in numerous deaths. Furthermore, all aspects of human coexistence came under pressure, such as economic activities and material living conditions, psychological well-being and social contacts, human rights and democratic decision-making, international political relations and global solidarity. As in other parts of the world, COVID-19 kept the Netherlands in its grip. In this article we would like to address the following questions:—What impact did pandemic and policy have on Dutch social work education and how was this experienced by students?—What was the impact of pandemic and policy on social work practices and what were its challenges for social professionals?—What does this all mean for the future of social work education, since it has to take the present concerns of students into account as well as prepare them for social work practice in the near future?

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Introduction

During the first half of 2020, the outbreak of the COVID-19 virus had a huge global impact. The physical health of many was (often severely) threatened and affected, resulting in numerous deaths. Furthermore, all aspects of human coexistence came under pressure, such as economic activities and material living conditions, psychological well-being and social contacts, human rights and democratic decision-making, international political relations and global solidarity.

As in other parts of the world, COVID-19 kept the Netherlands in its grip. On March 12 the Dutch government introduced a so-called ‘*intelligent lockdown*’ to curb the pandemic. A key word, which became a true catchphrase in the government’s communication, was ‘*social distancing*’. This was supposed to be the basis for a sustained ‘*one-and-a-half-meter society*’. Individual choice, necessity and, above all, responsibility were initially regarded to be the ultimate criteria for private decisions concerning mobility and social activity. In contrast to most other European countries where people were virtually housebound, the Dutch authorities relied primarily on

a moral appeal to its citizens to stay at home as much as possible, observe five feet of social distance and wash their hands regularly and carefully. All public spaces, from parks to beaches, remained accessible, unless there was a specific threat of becoming overcrowded. No written authorisation was required for outings or travel, and the police's overall approach was more pedagogical than repressive. With the increase of the number of infections also in the Netherlands more drastic measures were taken. Public places such as cafés and restaurants, libraries, gyms, football stadiums and, ultimately, schools were closed. At the height of the crisis, assembling in public spaces with more than four people was banned. Municipalities were divided into security regions that had a fair degree of freedom in imposing and maintaining rules of conduct. Enterprises and public bodies such as social work agencies, which were not immediately closed down, often adopted the government's policy and decided to (partially) close down, work from home or alter rules of conduct. Employees who belonged to a high-risk group were given room to customize their working conditions. As a consequence social professionals were limited in social proximity and home visits were no longer possible for many clients.

The Dutch approach reflects debates on how to curb the disease against the catastrophic economic damage caused by harsh lockdowns (CBS, 2020a), debates about the question whether the physical health of vulnerable citizens may be compromised in order to preserve the economy above all else. Furthermore, a rapidly increasing number of publications stress the impact of the Dutch COVID-19 policy on people in socially vulnerable situations. The COVID-19 crisis exacerbates pre-existing contradictions and reinforces the divides in society (for instance, between the old and the young, the high and low educated, the rich and the poor, ethnic groups) as a magnifying glass on social inequalities.

Social work is a profession that alters with the dynamics of society and is therefore often subject to change in the field of tension between government, market and citizen. Indeed the COVID-19 pandemic affected Dutch social work practice in the midst of a transition and transformation aiming at a so-called 'participatory society', which is in effect an uneasy mixture of empowerment of citizens, decentralisation of services, restriction of social rights and severe cutbacks. Social workers are expected to develop a more generalist approach and to cooperate closely with other professionals, like family doctors, district nurses, mental health therapists, mentors and local policemen, as well as with citizens as volunteers and informal carers. Expected cutbacks due to COVID-19 are putting additional pressure on the professional identity.

In this article we would like to address the following questions

- What impact did pandemic and policy have on Dutch social work education and how was this experienced by students?
- What was the impact of pandemic and policy on social work practices and what were its challenges for social professionals?
- What does this all mean for the future of social work education, since it has to take the present concerns of students into account as well as prepare them for social work practice in the near future?

Researchers of the Research Centre for Social Innovation at HU University of Applied Sciences Utrecht decided to monitor the developments resulting from the Dutch policy.

The data collection for this article mainly took place during April and May and is based on several sources: the authors participated in surveys (Banks, Cai, De Jonge, Shears, Shum, Sobočan, Strom, Truell, Úriz & Weinberg, 2020a; Banks et al., 2020b; De Jonge et al., 2020; De Jonge & Van Doorn, 2020) and performed an additional desk search concerning recent alterations and challenges in social work practice while three BA students in social work investigated students' experiences with education. Based on these first impressions we take a cautious look at the future of social work education.

The impact of the COVID-19 pandemic and policy on Dutch social work education

At the beginning of March 2020, the Dutch Universities of Applied Sciences closed their doors to students and staff because of the COVID-19 pandemic and policy. Face-to-face education, practice education and exams were suspended. It was not clear how long the lockdown would last and whether higher education would ever return to the way it had been. Inevitably the digitalisation of higher education gained momentum. Although remote work was not unfamiliar in the Netherlands (Bishop, 2020) and Dutch schools for social work already had gained some experience with online learning, the situation that arose was quite unfamiliar for most teachers and students. Managers stressed the importance of more efforts in online learning because of the possibility that students would no longer be able to study in the university buildings to the same extent in the years to come. Good communication and information provisions turned out to be essential for reducing stress and uncertainty among students and staff. However, it is undeniable that the measures, in particular social distancing and disconnection from professional practice, had and still have far-reaching consequences for social work education. The mutual reinforcement of academic and practice learning—which includes the process of socialization in the academic and professional community of social work, learning through exposure to complex and ill structured social practice and through reflection on the alignment between scientific knowledge, practice knowledge and service users knowledge—is crucial to social work education (Kloppenburg et al., 2018). Therefore, the reduction of the participation in this community inevitably leads to an erosion of the learning environment for social work students.

Disrupted social structures

It soon became clear that the changes laid a heavy burden on most students. Since visiting school was no longer possible, students had to study entirely at home, without face-to-face contact for guidance and cooperation, without study facilities and without the structure of a fixed timetable. In addition, because of the nationwide preventive social isolation, many students were confronted with a substantial loss of their usual supportive networks and their daily routines. Students struggled for instance, with finding a balance between studying and leisure and had problems with concentrating on their studies. Particularly students in one-person households were confronted with a new kind of loneliness (Mierau, 2020), while others (especially female students) had to deal with an increased appeal to care for family members.

Increasing inequality

Studying at home also created greater inequality between students, as not all the students have Wi-Fi at home and a place where they can study quietly in seclusion. As a result of the decrease in guidance and coaching, students with a greater than average need for support sometimes disappeared from the radar of the school, which sometimes happened unnoticed. Particularly students with additional challenges such as ADHD, autism, anxiety and depression became increasingly vulnerable because of their dependency on supportive networks and daily routines (Hebel, 2020). For refugee students the contact limitations not only hindered their study but also the process of finding their way in Dutch society. In addition, students who did not previously experience challenges like stress or fear could suddenly be confronted with psychological problems due to the extraordinary circumstances. Stress could not only be caused by the deterioration of the circumstances for studying but, for instance, also by a decrease in income. Most students in the Netherlands have a part-time job, especially in cafes and restaurants, but these economic activities came to a complete standstill. In the rising unemployment rates, the decline in the group of young people in gainful employment was the largest, at over one hundred thousand (CBS, 2020b). Students who worked in the social domain or in health care were sometimes confronted with traumatic events.

Differences in learning style

The changes in education also make learning style differences between students more visible. Some students are able to study quite independently and to create an appropriate rhythm of study and private activities. Others find this quite difficult because, in their own words, they lack sufficient discipline, concentration and time management skills. This group is more dependent on the regularity of lessons and the support from teachers, but in an asynchronous learning network they have to do without these benefits. All the course information is available, but it is almost entirely up to the student to access and process it (Loomis, 2000). A number of students lose the sense of urgency in their studies due to online education: *'Everything is mixed up now, I sometimes study late at night and watch Netflix during the day.'*

Basic needs of students

Three students graduating for the bachelor of social work interviewed ten peers about studying during COVID-19 (Herlaar et al., 2020). The students first approached their peers of the Utrecht University of Applied Sciences Social Work Bachelor by email. Due to a limited response, it was subsequently decided to also make use of their own private networks. In sum, six social work students and four students from other programmes were interviewed. Five of them came from Utrecht University of Applied Sciences, the rest from other universities in the Netherlands. An essential requirement of the thesis research is that students apply the Dutch code of conduct for scientific research (KNAW, NFWO, NWO, TO2, VH & VSNU, 2018).

The interviews indicate that the pandemic had a profound effect on their study, that is on the motivation for the study as well as on the process of learning and on the

progress in studying. The model of Ryan and Deci (2000) turned out to be quite helpful for understanding these effects, since three basic needs appear to determine the student's intrinsic motivation: (a loss of) autonomy, connectedness and competence.

Autonomy

Most of the students who were interviewed felt forced to study at home. They disliked constantly being at home and missed a clear distinction between study and leisure. Because of the loss of practice education, students talked about lacking sufficient working experience for choosing a direction in study and profession. Concerning studying abroad, a survey at national level shows that almost three-quarters (73%) indicate that the COVID-19 outbreak has had a (very) major impact on their plans (Nuffic, 2020). Clarity on when and how the new academic year will start and on any specific requirements or conditions that will apply because of lockdowns and preventive measures will be crucial.

Connectedness

Students' answers show a strong need for face-to-face social contacts related to education, not only for the functional exchange of information but also for emotional support. In online education non-verbal communication and the conveyance of emotions are limited. Furthermore, students are less willing to share information when working remotely (Vandepoel, 2016), which leads to a decrease of spontaneity and mutual trust. Conflicts usually remain invisible for a longer period and suddenly pop up. Besides, a number of students indicated that they worried about their fellow students and would have appreciated it if teachers had inquired about their health.

Competence

Some students indicated that the altered circumstances triggered their insecurity concerning their study. They found it harder to meet deadlines, doubted whether they would still be able to complete assessments properly, and feared a delay in their studies. These students appeared to lack sufficient self-reliance, discipline and time management skills to face the new circumstances.

Social work in the Netherlands during the COVID-19 outbreak

The historical event of the COVID-19 pandemic was first of all a life event for all of us. But although death is often called the great equaliser, COVID-19 most certainly was not. For several minority groups there was more at stake than for others. People (especially elderly) with certain physical health problems are more vulnerable and therefore have to avoid physical human contact as much as possible. Certain risk factors for COVID-19 are more common in some ethnic groups, such as diabetes, obesity or high blood pressure (Pharos [National expertise centre for migrants and health], 2020). Furthermore, these groups work more often in close contact with others, for instance, in care professions, or other occupations that cannot be practiced from home. Above all, they are often housed

close together with inadequate sanitation, have limited access to health care and are dependent on public transport or brought to work in crowded vans. They may also have less access to reliable information because they have not mastered the Dutch language well. Staying well informed during the pandemic turned out to also be a challenge for those who are blind.

The COVID-19 pandemic reveals what really matters in life, besides physical health: meaningful contact with significant others. Limiting social contact comes with psychological and social challenges. Here, too, some groups were at additional risk, not only those who are physical vulnerable, but also those with fragile mental health or a fragile social network. Think for instance, of residents in institutions for whom not only visits but also group activities had been cancelled. The lockdown posed an additional risk for domestic violence (Movisie, 2020a). Furthermore, the contraction of the economy, anticipated by economists, will mainly hit the most vulnerable groups, especially those with temporary and flexible contracts.

During the pandemic social problems were increasing and volunteers and informal carers became overburdened (Sociaal werk-werkt, 2020). The importance of social work was undisputed in the Netherlands; the government put it on the list of so-called 'vital' professions. This implied that social workers, unlike most other employees, had to continue working during the lockdown and could make use of childcare services (Swazoom, 2020). Nevertheless, it was quite a challenge for social workers to meet the needs in accordance with their professional standards.

Social workers are committed to realising social values like diversity, inclusion, justice and equality in often complex circumstances. Usually they do so in direct contact with service users. Because of the COVID-19 pandemic, this physical proximity was accompanied with risks for physical health, for service users and their social network as well as for professionals, their colleagues and their loved ones. Direct contact, an important basis for social work, could no longer be taken for granted and had as a matter of fact become a source of ethical tensions. Social workers talked about lacking sufficient support for making conscious and responsible choices regarding physical proximity, especially since sufficient protective devices were lacking or unsuited for their work (based on the Dutch findings of the research performed by Banks et al., 2020a; Banks et al., 2020b).

The rules for social contact imposed by the government and adopted by welfare organisations, focused mainly on '*flattening the curve*' of the threat of an exponential contamination of the Dutch population, were not always clear or consistent. For example, citizens under the age of 70 were allowed to receive two or three relatives or friends as visitors, provided that a distance of one and a half metres was observed, but professionals were usually not allowed by their agencies to make home visits, except in cases of emergency, while especially citizens without a social network often regard these professionals as friends or even as family members. Some workers therefore indicated that the general rules did not take sufficient account of the peculiarities of social work. There were all kinds of initiatives for creative alternatives, such as conversations through the kitchen window, in the garden or during a walk, but these were not a good solution for all situations.

In the social domain on a large scale the switch was made to digital contact like video conferencing. A complicating factor was that privacy legislation in the Netherlands had recently been tightened up, as a result of which common means of digital communication

such as Skype, ZOOM and WhatsApp could not be used for professional contact. Also, many professionals had little or no experience with digital assistance. Many professionals experienced that digital contact sometimes works well and can even have advantages, but often has too many disadvantages. It is more difficult and sometimes even impossible to establish or maintain contact. Some service users disappeared out of sight of the counselling services. Assessments also turned out to be less successful. On the one hand it was easier for service users to keep up appearances, on the other hand professionals lacked sensory information, like non-verbal behaviour or the condition of the housing. It was hard for social workers to assess risks like domestic violence. Counselling from a distance was also more difficult. More often it was not possible to realise sufficient depth in conversations and to maintain focus during counselling. Professionals were therefore concerned about the quality of their services, both for the benefit for their clients and for their own (based on the Dutch findings of the research performed by Banks et al., 2020a; Banks et al., 2020b).

Several professionals questioned the emphasis on physical health: *'So far, I have been following the guidelines of the government, which are followed by my organisation, but as a person and as a professional, I wonder constantly whether we are doing the right thing. [...] Many social professionals indicate that they think that sticking to the guidelines is more harmful to many clients than dealing with them more flexibly, so that more activities and help can be provided'*. These professionals plead for attention for other values as well. For example, some professionals pointed to the importance of daily care, even though personal protective equipment was not available and sometimes undesirable, for example, because of the deterrent effect on children. The importance of social well-being was also emphasised, for example, risky partying as a distraction and support for a service user with depressive complaints: *'Dilemma: do I choose for social responsibility or for the well-being of this service user?'* The importance of individual autonomy and self-determination was also stressed. Residents of nursing and care homes, for example, were no longer allowed to receive visitors or to go shopping and could not claim facilities, without having a say in the matter. *'To what extent does the right to self-determination still exist? Is a resident allowed to choose to become ill over social isolation? Does every elderly person want to be protected in this way?'* (based on the Dutch findings of the research performed by Banks et al., 2020a; Banks et al., 2020b).

Perspectives

The main challenge for Dutch social work education is, so to speak, to build a bridge between current student concerns and the main features of professional practice at present as well as in the near future. The main student concerns at present boil down to a need for structure and clarity as well as for involvement on the part of the schools, the latter especially concerning their personal well-being as well as their future perspectives with regard to study and work (Adrichem et al., 2020). The impact of the COVID-19 pandemic and policy necessitates a fundamental repositioning of Dutch social work in its relation with citizens and service users, welfare and healthcare organisations, government and society.

Social work will have to reinvent itself in circumstances where common practices have to a large extent lost their self-evident character. On a more practical and pragmatic level, social work education will have to prepare future workers for performing in a *'one-and-a-half-meter society'*. Students (as indeed experienced social workers as well) need to learn how to make

real contact, stay focused and continue to ask the right questions while using digital tools. Especially when social supportive structures are largely absent, it is even more important to be able to appeal to the intrinsic motivation of service users, for example, to get them to take care of themselves. Social work students will also have to gain experience in digital contact in the role of service user, as one social worker stressed, in order to experience what it is like to be on the other side of the line, so to speak. It is quite a challenge to perform digitalised social work in a 'one-and-a-half-meter society' according to professional standards. Social work education will have to guard against the descriptive, prescriptive and evaluative meaning of the adjective in the name of this profession being lost.

Strengthening the position of Dutch social work now seems more necessary than ever. However, too powerful government supervision can lead to the reduction of the social worker to a governmental instrument. There is also the danger of overregulation whereby social workers are restricted by an excess of protocols and regulations, while flexibility and improvisation are the strengths of Dutch social work, as the pandemic illustrates. Particularly when it comes to ethical issues, a certain caution should be exercised when choosing guidelines and regulations, since reflection and deliberation are at least as important in times of crisis. During the pandemic, several initiatives were taken in the Netherlands, for instance, by the national association, to support social workers by ways of digital meetings.

On a more ethical and political level, social work will have to develop new ways to deal with its intrinsic dilemmatic character within 'the new normal'. At the level of service users furthering human flourishing will be a balancing act between physical, psychological and social well-being. At the level of society a main challenge will be to promote equality as well as diversity, to combine justice and inclusion, solidarity and sustainability. The connexion between these levels concerns striking the right balance in the light of human rights between individual autonomy and responsibility on the one hand (human dignity) and collective rules and regulations on the other (the greatest good for the greatest number). Attention to individual and collective 'ethics work' (Banks, 2016) as well as what could be labelled as 'politics work' in social work education is now needed more than ever, in combination with stimulating self-management, self-care and self-organisation (see Banks et al., 2020a; Banks et al., 2020b for a global perspective on ethical challenges).

Future social workers will have to face these challenges most likely in an altered labour market. The Labour Market Platform for Social Work (Sociaal werk-werkt, 2020) expects an increased demand by service users for support in the near future, resulting in higher work pressure for social workers (including risks of longer absenteeism and dropping out) as well as increasing financial insecurity. In addition, there are serious signs that COVID-19 leads to an overburdening of informal carers (Movisie, 2020b). Challenges concerning the development of new competencies and other ways of working will be accompanied by an increase in temporary and flex-contracts while volunteers will be called upon more. Social work education will have to prepare students for these altered working conditions as well. On a national level, so-called accreditations guard the relevance and level of social work education. However, on a local level so-called curriculum and exam committees struggle to adjust social work education to 'the new normal' with which students at present are confronted, not only in their daily life but in practice education as well.

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Disclosure statement

No potential conflict of interest was reported by the authors.

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