Advances in Social Work Welfare and Education:
Social Work in a Climate of Change

ADVANCES IN SOCIAL WORK & WELFARE EDUCATION

A Social Work Approach to Knowledge Sharing During Times of Crisis

Reflective Narrative

Dr Belinda Cash[1] and Robin Harvey[2]

1 School of Social Work and Arts, Charles Sturt University, PO Box 789, Albury NSW 2640, email: bcash@csu.edu.au

2 School of Social Work and Arts, Charles Sturt University, email: rbharvey@csu.edu.au

Corresponding author: Dr Belinda Cash

bcash@csu.edu.au

Abstract

The coronavirus pandemic entered Australia as the country was emerging from many months of catastrophic bushfires throughout the summer of 2019-2020. The unprecedented and rapidly evolving nature of these disasters highlighted the need for timely, evidence-based knowledge to support individuals and organisations responding to new, complex, and changing situations in the absence of established research, evidence, and resources. Social workers are uniquely equipped with knowledge and skills that enable us to understand and respond to diverse social, emotional, and systemic variables within a wide range of environments.

This paper presents the reflection of two Australian social work academics who responded to a call for knowledge to support work with older adults during the first months of the COVID-19 pandemic. This innovation drew on key social work principles as we challenged ageist discourses and equipped practitioners with resources to respond to identified risks emerging from the increased social isolation of older adults due to public health requirements. This reflection explores the process of responding to the perceived need for information and guidance and suggests a practice model for rapidly disseminating knowledge in a climate of change.

Keywords: *Ageing; Education; Collaboration; Knowledge sharing; Crisis; Social work*

Introduction

The significant climate of change experienced during 2019 and 2020 altered life and work for most Australians as they responded to drought, unprecedented bushfires, a global pandemic, and economic crises. The rate of change associated with these disasters saw governments, organisations, professionals, communities, and individuals respond rapidly to novel challenges in unfamiliar contexts.

We are two social workers with extensive practice experience in mental health and ageing, now working as academics at a regional Australian university. This paper explores our role as public intellectuals during this time of change. It will reflect on our process of responding to a perceived need for knowledge for health and welfare professionals working with older adults during the initial phases of the coronavirus pandemic.

Identified needs for knowledge

From very early in the coronavirus outbreak, older adults were identified as most-at-risk of serious complications and mortality from COVID-19 (Liu et al., 2021). In Australia these concerns were widely conveyed in both public health and media messaging, with adults over the age of 65 strongly advised to isolate from non-household family members and to avoid all interactions outside the home wherever possible. For older adults in residential care, family visits were either stringently limited or banned. Efforts to protect older adults applied heightened restrictions to everyone over 65, withholding agency for older individuals to evaluate their own level of risk or safety. While arguably necessary in the initial response phase, it later became clear that these heightened risks were more clearly linked to comorbidities and chronic illness in later life than age itself as the presenting risk factor (Liu et al., 2021). At the same time, restrictions applied to individuals and businesses prompted media debates that construed infection control responses as either necessary to protect older adults as a homogenously vulnerable sub-group or over-reactive restrictions that would damage the economy, sparking ageist discourses and implying older adults are dispensable in a quest to protect the economy (Ayalon et al., 2021; Hirst, 2020).

During these early stages of the pandemic, we began observing calls for information within our social work and gerontology networks, as individuals and organisations rushed to respond to the sudden changes impacting their practice and research. Peer-reviewed research on the specific nature and effects of COVID-19 on older adults was not yet available and there was limited evidence on the potential impacts of forced physical and social isolation within a pandemic response. It was clear, however, that families and professionals were becoming increasingly concerned about the impact on older adults' mental health of both the isolation measures and the ageist, devaluing discourses so prominently featured in the media (Ayalon et al., 2021). This concern intersected with community-wide fear and stress engendered by the overall risks of COVID-19 and uncertainty about government health responses. This unsettling context prompted us to explore ways we might be able to respond to the uncertainty articulated by practitioners working to support the physical, social, and emotional wellbeing of older adults, in the absence of established practice knowledge about this scenario.

Developing a rapid response

As academics in social work and gerontology, we did not have knowledge specific to living in a contemporary pandemic. We believed, however, that our expertise in healthy ageing, mental health, ageism, and social inequalities might be of relevance and value to understanding and responding to the COVID-19 experience of physical and social distancing for diverse groups of older adults (Berg-Weger & Morley, 2020). Testing for relevance, we found local practitioners were keen to learn about the potential impacts of social distancing on the wellbeing of older adults.

An online education session was developed and promoted via our local networks and the Australian Association of Gerontology. We also participated in promotional activities with local radio and newspapers in the days before the event, to raise awareness about the impacts of social isolation to older adults and community members who might not engage in the webinar (e.g., Cash, 2020).

Our initial plan was to deliver a brief presentation followed by interactive discussions about practice responses. The session attracted around 900 registrants, surpassing our expectations, and necessitating the change to a lecture-style presentation. More than 530 people participated in the live webinar, with 70+ questions, comments and shared links captured. All registrants received a copy of the webinar recording, as did a steady stream of individuals who contacted us following the webinar. The volume and range of questions and comments were far greater than we could respond to during the webinar and raised issues well beyond our delivered topic, again demonstrating high levels of uncertainty and the need for information. We used our concluding statements in the webinar to invite participants to send in useful resources they had located or developed, with the rather ambitious promise we would prepare responses to participants' questions and collate research and practice resources into a free, publicly available repository.

Reflecting the ongoing need for timely information, we allowed two weeks from the webinar to complete and share the collaboratively developed repository of ageing-focused COVID-19 resources, using Padlet as a user-friendly platform. We utilised our expertise in researching and evaluating information, as well as drawing on our networks in the fields of ageing, aged care, and human services to locate current, evidence-informed information in relation to the diverse practice areas and specific questions that had been raised during the webinar. The final website included a written response to participant questions from the webinar, links to a wide range of information relevant to supporting physical and mental wellbeing and reducing social isolation, as well as many examples of adaptive practice with older adults in the context of COVID-19. The resource was provided to all webinar participants with clear notation of the development date, to build confidence in the currency of information and indicate when items might be superseded in the rapid development of knowledge about the pandemic.

Reflecting on the success and lessons learned

A crisis by nature requires decisive action, such as the rapid infection control measures enacted by governments. As social workers, however, we were also attuned to the secondary social crises unfolding in the wake of these public health actions (Alston, 2021). Although not currently at the coal face of direct practice responses to the pandemic, we felt our role as academics and public intellectuals afforded an alternate mechanism to contribute to our field of practice, mobilising us into action. The willingness of participants and other experts to so readily contribute to our call for resources suggested that others were also seeking ways to play a role in developing solutions.

We set out with a small, local contribution in mind, so the extent of engagement in our webinar and resource repository was both surprising and humbling. On reflection, this was largely due to the timeliness of our activities, which were available at a critical point for practitioners urgently needing quality information to confidently engage with rapidly developing issues. Our goal was to provide ease of access to user-friendly and credible resources that would support practitioners to adopt evidence-informed practical solutions. With hindsight, an evaluative process to measure levels of engagement with the online repository beyond the unsolicited feedback received would have been valuable.

In seeking to share knowledge tailored to the novel challenges of the pandemic, we were forced out of our comfort zone. Without peer-reviewed research and academic literature to rely on, we needed to explore other transferrable knowledge and to evaluate credible media reports (amongst wide-ranging misinformation), small, unreviewed pieces of research, information from public health authorities and epidemiologists, as well as from service providers and participants, to find the best quality information available at the time. Our educators' skills of critical analysis of sources and methods became key to identifying robust and accurate information and social work skills of collaboration and empowering others guided our response.

We acknowledge this type of rapid response does not address longer-term needs for co-constructed practice-based research, however it helped to provide an interim crisis measure founded on adapting existing knowledge and skills into novel environments. We decided to retrospectively capture steps taken during this rapid response, presented in Table 1, hoping that this model may be useful to others engaging in knowledge sharing during times of change.

Table 1. Steps Taken During Rapid Knowledge Sharing

Steps Taken During Rapid Knowledge Sharing
1. **Identify issue/need:** Clarify who is impacted and who is seeking information.
2. **Scan for existing information of relevance.**
3. **Test the idea/topics/ issues** with a sample of intended audience.
4. **Critically evaluate relevant new information:** Identify quality, credible sources. An ongoing step as information changes and more becomes available.

Steps Taken During Rapid Knowledge Sharing
5. Develop and deliver content using free, accessible platforms.
6. Seek feedback to identify unanswered questions and further information needs.
7. Draw on your networks: Call for collaborators to share resources and knowledge that addresses identified gaps from feedback.
8. Share information rapidly, using technologies.
9. Identify future opportunities for collaboration, to generate research, for future events

We sought critical feedback on this process, by sharing our experience at an interactive conference workshop in November 2020. Participants were encouraged to explore how they might employ a similar process, applying their own networks and expertise to other situations where time-sensitive responses are required, such as responding to the recommendations of the Royal Commission into Aged Care Quality and Safety. The workshop aim was to encourage participants to consider resources available to them that could be activated to collate and share knowledge for the purposes of practice development and advocacy.

This experience revealed many other ways we can engage in ensuring free, publicly beneficial, and timely access to knowledge. As employees of a system that frequently protects and obscures access to experts and their knowledge behind paywalls (Foley, 2021), we see this as an opportunity as social workers and gerontologists to use our knowledge, skills, networks, and resources to challenge these traditions.

Conclusion

The COVID-19 pandemic has demonstrated capacity for innovation and flexibility across many sectors, as health and social systems have mobilised at unprecedented rates to mitigate the impact of the outbreak (Peeters & Livingston, 2020). This ability to adapt and respond quickly to a changing world is at the heart of the example reflected on in this paper. It is also arguably a skill set embedded within the profession of social work. Although it is not always possible to have readily available evidence specific to an emerging issue, the broad knowledge base of social work uniquely equips us with the skills to understand and respond to diverse social, emotional, and systemic needs in a range of environments.

This paper reflected on our experience of developing a collaborative knowledge-sharing response to COVID-19. Reflecting on this experience allowed us to unpack the process that underpinned our response and to identify opportunities to empower others to quickly activate their own knowledge and networks. We were able to draw quickly on both our existing expertise and established networks to gather and disseminate knowledge and resources to benefit older adults at risk of social isolation as a result of social distancing. This example highlights the potential for individuals and organisations to respond rapidly to crises when they are able to activate their knowledge, resources, skills and networks.

References

Alston, M. (2021). When social work meets disaster: Challenges and opportunities. *British Journal of Social Work, 51*, 1525–1530. https://doi.org/10.1093/bjsw/bcab154

Ayalon, L., Chasteen, A., Diehl, M., Levy, B., Neupert, S., Rothermund, K., Tesch-Romer, C., & Wahl, H. (2020). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology: Series B*, gbaa051. https://academic.oup.com/psychsocgerontology/article/76/2/e49/5820621

Berg-Weger, M., & Morley, J. (2020). Loneliness and social isolation in older adults during the Covid-19 pandemic: Implications for gerontological social work. *Journal of Nutrition, Health, and Aging, 24*(3), 1–3. https://link.springer.com/article/10.1007/s12603-020-1366-8

Cash, B. (2020). The impact of social distancing on older adults during COVID-19. *Charles Sturt University*, 23 April 2020. https://news.csu.edu.au/opinion/the-impact-of-social-distancing-on-older-adults-during-covid-19

Foley, C. (2021). Unlocking the academic library: *Open access. AQ – Australian Quarterly, 92*(4), 11–19. https://search-informit-org.ezproxy.csu.edu.au/doi/10.3316/agispt.20211005054385

Hirst, M. (2020). Saving the economy of lives: The new neoliberal "debate." *Independent Australia.* https://independentaustralia.net/politics/politics-display/saving-the-economy-or-lives-the-new-neoliberal-debate,13794

Liu, B., Spokes, P., He, W., & Kaldor, J. (2021). High risk groups for severe COVID-19 in a whole of population cohort in Australia. *BMC Infectious Diseases, 21*, 685. https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-021-06378-z

Peeters, A., & Livingston, T. (2020). COVID-19: What have we learned about rapid response? *Insight+ 18*, 11 May 2020. https://insightplus.mja.com.au/2020/18/covid-19-what-have-we-learned-about-rapid-response/