Commentary

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Strengthening social work services in the health sectors of Low- and Middle-Income Countries: Taking lessons from social work actions/inactions in COVID-19 response in Nigeria

Prince Agwu[1,2,3]

Abstract: The social work profession is growing in many low- and middle-income countries (LMICs). In Nigeria, the profession recently got backed by an act of law, yet with persisting grey areas about its roles and responsibilities in the health sector, as well as many other sectors. The relegation of social work in containing COVID-19, and generally in Nigeria's health sector, is largely lamented by published studies. As similar countries to Nigeria face this same challenge, there is a need to reflect on the limited roles of social work in health and what can be done to address this. A global agenda in the 'Health in All Policies' (HiAP) aligns with the need to consolidate social care and justice in healthcare. This commentary, through a review of literature and practice experience, recommends a tripartite approach (union, community presence, and documented protocol), in scaling up social work presence in contexts where they struggle for identity.

Keywords: coronavirus; COVID-19; Health in All Policies; social determinants of health; social work; social work identity

1. Health Policy Research Group, College of Medicine, University of Nigeria Enugu Campus, Enugu, Nigeria.
2. Department of Social Work, University of Nigeria, Nsukka, Nigeria
3. School of Social Sciences, Humanities, and Law, University of Dundee, Scotland

Address for correspondence: : prince.agwu@unn.edu.ng

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Introduction

COVID-19 presented an opportunity to showcase the importance of social work across continents. In Europe, the Americas, and some parts of Asia, social work proved useful in engaging communities, families, and frontline health workers (Jones & Truell, 2021). While in Nigeria and a host of other LMICs, social workers were rarely involved in COVID-19 responses (Agwu & Okoye, 2021; Okoye, 2021). Suboptimal emotional and social supports for those affected by COVID-19 in countries such as Kenya, Mali and Congo were linked to absence of viable social work services, with negative effects on the containment of the pandemic (Human Rights Watch, 2020).

The disappointing social work experience in Nigeria and most LMICs at the peak of COVID-19, calls for more strategic thinking about the profession, particularly in resolving its lingering identity crisis in the health sector. It is a fact that an optimal delivery of social work is vital for dealing with social determinants of health in line with Health in All Policies (HiAP) (Miller et al., 2017). It also provides the health sector the benefit of enjoying services from an interprofessional pool across clinical and social care (Moran et al., 2022).

HiAP targets all areas with a bearing on health, which include the psychosocial, political, cultural, economic, and environmental contexts (Centers for Disease Control and Prevention, 2016). COVID-19 reinforced the need to pay attention to a multi-sectoral/interprofessional approach to health, and the importance of social care, justice and protection, driving resilience in times of health emergencies. Unfortunately, the health sector in some countries like Nigeria still struggles with achieving a decent interprofessional approach to healthcare (Uzochukwu et al., 2023).

The dearth of a quality social care and justice system in health could equally undermine investments in health. Oxfam International reported that some LMICs, inclusive of Nigeria received aid to the tune of $US5.8 billion to improve social protection, a vital component in pandemic response (Oxfam International, 2020). Unfortunately, value for such money can only be possible where the social protection structure is competent and managed by the appropriate professionals. Sadly, this has not been the case in Nigeria and many LMICs (Agwu & Okoye, 2021; Human Rights Watch, 2020).

Despite the needs assessment in many health settings in Nigeria that demand social care professionals in good numbers, previous studies have shown an abuse of the social care space in health, manifested in employing unqualified persons as social workers, not employing social workers at all, or asking non-professionals to fill social care roles (Chukwu et al., 2022; Onalu et al., 2021). Poor attention to the social care space in Nigeria's health sector accounts for the lack of human resource information on the quantity and quality of social care professionals in the health sector.

Thus, improving the management and structure of social care and protection in the

health sector of LMICs, must be a goal for investments in health and health systems strengthening. Hence, based on the the ideal inolvement of social work in containing COVID-19, this commentary sheds insights into the current place of social work in health systems of LMICs, what lessons should be learnt, and what can be done differently in contexts where the profession is suboptimal. The commentary seeks to achieve this by providing context-specific and evidence-informed suggestions in three areas as explained in the themes further down: (a) utilizing horizontal actors (the existing social work workforce) (b) developing and communicating a national health emergency protocol for social workers, and (c) driving community-focused (transformational) social work in those regions where the profession is undermined.

Mobilization and aggregation of horizontal actors

A survey conducted by the International Federation of Social Workers (IFSW), recommended that governments in LMICs recognize the importance of social workers in health emergencies, as they are essential workers, and to firmly keep to the practice of employing qualified social workers for social work jobs (International Federation of Social Workers, 2020). In many LMICs like Nigeria, it is common to see non-social workers who act in social work capacity in the health sector (Okoye, 2021). Yet political complexities may make it too difficult in the short and medium-term to terminate their jobs or to order them to return to school to acquire social work degrees, despite the recent Nigeria Council for Social Work (Establishment) Act (Ajuwon, 2022). Therefore, what should be done?

First, it is important for social workers in the affected regions to understand the limits to which they can change present situations and should start thinking in the light of political feasibility. The ideal context is to 'fit square pegs into square holes', but unfortunately, political realities in most countries like Nigeria where the rule of law is least applied, makes it difficult (Khan et al., 2019). Therefore, harnessing viable and feasible alternatives by working with the available practitioners, can be a relatively good start. Supporting this, is the 2020 global agenda for social work and social development, where it was recommended that practice experiences of social workers (can be 'pseudo social workers' in certain contexts) at the frontline, should not be neglected (Jones & Truell, 2021). The aim is to draw from the value of their practice experiences (sometimes very long years), and tapping into them, as well as leveraging the positions they occupy towards proper social work representation. To achieve this, the medical social work association, which in Nigeria is the Association of Medical Social Workers in Nigeria (AMSWoN), can be a good start.

This commentary recommends tapping into the potential of the available practice experiences residing in AMSWoN and similar associations across LMICs. Achieving this can be by institutions of social work training initiating and driving partnerships

in vital areas of in-service training and continuing professional development. In other words, social work associations and academia can work together in a mutually beneficial partnership. While academia can provide the transfer of scientific skills and techniques, practitioners can present practice issues as case studies, providing a forum to effectively harmonize practice scenarios with scientific rigour. In the long-run, such collaboration can be consolidated by institutionalization for maximum impact. Creating a regular interface between social work academics and practitioners can spur the non-social work practitioners into appreciating the science behind the practice and could inadvertently lead them into developing their social work academic credentials. This strategy has been applied successfully by the UNICEF in some parts of Central Asia and Europe (UNICEF, 2018).

Consequently, when those who comprise the unions are better informed and have a firmer grasp of the science of social work practice, the profession will definitely have informed ambassadors and advocates. This will then have knock-on effects on the intelligence and finesse of the unions. Over time, one should expect that the improved unions will begin to make evidence-informed and passionate demands for better recognition of social workers in the health setting. In the case of Nigeria, AMSWoN can commence campaigns for due recognition of social work by the Hospital Service Division of the Federal Ministry of Health (FMoH), by first uploading the roles of medical social workers to the webpage of the Ministry of Health just like other clinical professions and according it the status of a division (Federal Ministry of Health, 2020). A look at the named divisions under hospital services as captured on the website of the FMoH, shows an obvious neglect of social care professionals like social workers, which is 'reductionary' and contrasting of a multi-professional approach to healthcare.

Second, AMSWoN can engage the National Primary Healthcare Development Agency (NPHCDA), to revise and implement vital sections of the Minimum Standards for Primary Health Care in Nigeria that concern the recruitment and operation of qualified social workers (National Primary Healthcare Development Agency, n.d.). At the moment, primary health settings in Nigeria have no recognition for qualified social workers, with very telling consequences on the health and social protection of those who access and utilize primary healthcare services.

Development and dissemination of a national health emergency protocol for social workers

Evidence to show professional growth is setting benchmarks for evaluating standards of practice. In this direction, the example of the production of a social worker support manual as a standard operating procedure (SOP) for responding to COVID-19 by the Chinese Association of Social Work (CASW), makes sense (Jones & Truell,

2021). An SOP provides guidelines for standard practice and clarity of roles and responsibilities. Also, in Southern Africa, recruited 'para' social workers were made to undergo urgent training using a designed SOP in delivering supportive social work response as part of containing the pandemic (UNICEF, 2021).

In fact, due to the high level of organisation of social work services in Southern Africa, it was reported that 94% of countries in the region, recognised social work services as part of essential services (UNICEF, 2021). It meant that social workers continued working and providing in-person essential services to vulnerable people, despite lockdowns. In contrast, social workers attached to Nigerian hospital services were categorized as non-essential and were asked to leave, contributing little or nothing to the pandemic response (Agwu & Okoye, 2021).

Taking this forward, evidence-informed documentation for social workers in health, either on pandemic responses and/or general healthcare should be a goal. This is, indeed, a proven way to show organisation and provide reference documents for other health professionals, so that everyone is clear about what social workers bring to the professional mix. The documented protocol will help achieve professional boundaries and mitigate risks in the delivery of health-related social work services (Shestopalova & Gololobova, 2018). So, how can this be done?

Indeed, COVID-19 opened a window for unprecedented research into social work response to public health emergencies in Nigeria and beyond. Such surplus evidence can be harnessed and profiled into a standard protocol for social work in health emergencies. This should be the start-point. The protocol should be handed in to health agencies and ministries at regional, national, and sub-national levels and built into social work teaching agenda.

Transformative and community-focused social work

Primary healthcare represents the 'grassroots' presence of healthcare and is described as the cornerstone to the achievement of universal health coverage. The lack of quality research on social workers' performances and responsibilities in primary healthcare in many LMICs, explains their lack of presence and constrains social work services from getting to communities. Hence, it can be argued that social work services in Nigeria and in similar contexts are yet to be transformative, as impacts of the profession are not felt by those that need the services the most.

For instance, gender-based violence was profound during COVID-19 lockdown, and a considerable number of victims had no help (Fawole et al., 2021). A way out of this lack of psychosocial services in communities, is to build social work and other related services into primary healthcare, especially as primary healthcare centres are scattered all over the wards (microcosm level of governance) in Nigeria. The Minimum Standard for Primary Healthcare Services in Nigeria already recognizes

the importance of social work and mental health services in primary healthcare centres, but it was too 'reductionary' to attribute such roles to Community Health Extension Workers (CHEWs), who do not have any formal training in social work (National Primary Healthcare Development Agency, n.d.). Correcting this in the guidance document for primary healthcare in Nigeria and capturing the contents of the SOP for social work services in healthcare as earlier recommended, is a fundamental requirement to make the profession indeed transformative.

All in all, building an optimized social work system into primary healthcare should be urgently addressed. This is because primary healthcare is a rallying point for most community members, especially women and children. Another rallying point is the local government social welfare units in Nigeria. Unfortunately, the latter have been suboptimal in social welfare service delivery (Nnama-Okechukwu et al., 2020), which equally reinforces the need to devolve qualified social workers to the psychosocial ecosystem at the grassroots for maximum impact.

There are good examples of transformative and community-focused social work in Iran, which helped with the pandemic response. Social emergency services and social work ambulances were established in Iran, and they provided rapid and effective psychosocial services to the vulnerable and the communities generally. Similar services were found in Palestine and South Africa (Jones & Truell, 2021).

Nigeria and similar countries must recognise the lives and extent of wellbeing lost to the lack of transformative social work and allied services in communities. A quarter of Nigeria's population (over 50 million people) suffer from mental illness (Alabi & Kanabe, 2021), and many more are vulnerable, poor, and in need of interventions that can protect and transform their wellbeing (World Population Review, 2022). Community-focused and transformative social work remains the solution, as this will improve both equity and accountability in the administration of social protection and psychosocial resources, and aid the devolution of quality health emergency responses, as well as mainstream psychosocial services, into the healthcare fabrics of the grassroots. AMSWoN and similar social work unions can expand their practice approaches and advocacy to capture more community-based presence of social work. Improved community presence of social work through the primary health centres, will not only improve care for those at the grassroots, but will rapidly enhance the image of social work in public space, which should be the next goal after professionalization.

Conclusion

As revealed in many studies, social work in several LMICs had a disappointing role in the health systems response to COVID-19. It reflects the inherent shortcomings of the social work profession in health emergencies, and in the health sector generally. It equally undermines social determinants of health and the HiAP. This commentary proposes a tripartite approach to begin to do things differently. The approach comprises of, (a) Optimizing unions, (b) Developing standard operating procedures, and (c) Pursuing transformative and community-focused social work services. These recommended strategies that are backed by evidence of success elsewhere are largely horizontal and can be pursued by current social work actors without profound reliance on the government.

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