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The challenges faced by Korean Social Workers at the Community Welfare Centres for People with Disabilities during the COVID-19 pandemic

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Abstract:

This study was intended to explore the experiences of social workers in Community Welfare Centres for People with Disabilities (CWCPDs) to understand their practices and challenges during COVID-19. It considered the essential role that CWCPD social workers play in responding to ‘new normal’ settings. Zoom interviews were conducted with 20 supervisory and manager-level social workers of CWCPDs nationwide. This study showed the unexpected cross-regional nature of risks and burdens. The high level of uncertainty and complexity allowed for the centres to operate safely under the COVID-19 legislation and for them to change and deliver alternative service provisions. Social workers had to develop new ways to deal with unprecedented risks, challenges, and dilemmas within ‘the new normal’. COVID-19 means that centres must recalibrate their relationships with service users, communities, and the government. CWCPDs need to change their service provision model from a large group-centred to a person-centred model to meet individual demands. Changes are needed in terms

of clarity of communication, the application of step-by-step guidelines to service provisions, and a shift away from an exclusive focus on quantitative performance needs in how centres are evaluated. In all these processes, both close cooperation and support from local authorities are needed.

Keywords: COVID-19, social workers, social work practice, social workers' role

Teaser text

Little is known about the role of social workers and their work with people with disabilities who have become disconnected from society due to social distancing measures. This study was intended to explore the experiences of social workers who have worked in community welfare centres for the disabled to understand their practices and challenges during the COVID-19 pandemic in Korea. Zoom interviews were conducted with 20 supervisory and manager-level social workers of centres nationwide at their convenience. The impact of the COVID-19 pandemic requires centres to readjust their relationships with service users, communities, and the government. The centres also need to change service provisions from large group-centred to person-centred practices to meet individual needs. Changes need to be made in terms of clarity of communication, the application of step-by-step guidelines to provide services, and a shift away from an exclusive focus on quantitative performance needs in how centres are evaluated. In all these processes, close cooperation and support from local authorities are needed. This study also highlighted several ethical dilemmas, such as privacy concerns faced by social workers. Thus, clear and honest communication and voluntary agreement between managers and frontline social workers in ways that can be understood are urgently needed.

Introduction

The World Health Organization (WHO) declared COVID-19 to be a pandemic on 30 January 2020. To stop the spread of COVID-19 and protect people, each country has taken strict measures, such as the closure of public places, work-from-home mandates, social distancing measures, quarantines in cases of infection, or national lockdowns (WHO, 2020a). The first imported case of COVID-19 was confirmed in South Korea (hereinafter ‘Korea’) on 20 January 2020. By 5 November 2021, a total of 375,464 confirmed cases of COVID-19 had been reported in South Korea, including 2,936 deaths and 382 patients staying in hospitals (KDCA, 2021). Not surprisingly, emerging research has shown that the COVID-19 pandemic has led to a major transformation in health and social care across countries (Truell & Crompton, 2020). Historically, social workers played a crucial role in pandemics or natural disasters by using their skills to respond appropriately to the challenges and to deliver and manage suitable services to meet the needs of service users (Bright, 2020). Social workers in Korea had been suffering from extensive workloads before the COVID-19 pandemic (Dos Santos, 2020). However, the COVID-19 pandemic had ended in-person services and increased remote working to reduce the spread of COVID-19, putting social workers in more challenging situations. It remains to be investigated what effects COVID-19 had on social workers who had not received sufficient training for an unprecedented public health emergency to prepare for a specific role and their practice. Therefore, the aim of this study was to explore how social workers experienced the impact of the COVID-19 pandemic on social work practices within Community Welfare Centres for People with Disabilities (CWCPDs) as a case study to illustrate the challenges faced by social workers in Korea during the pandemic.

People with disabilities under the COVID-19 pandemic

The COVID-19 pandemic has exposed weaknesses in under-funded social services that affect socially marginalised populations (Amadason, 2020; Nouman, 2021). A pandemic exacerbates existing vulnerabilities, oppression, and poverty among the most at-risk community members (Miller & Lee, 2020). In particular, COVID-19 has had a considerable impact on people with disabilities (Shakespeare et al., 2021; Kim & Kim, 2021). In South Korea, the National Institute of Rehabilitation conducted a survey to investigate the impact of COVID-19 on the disabled. From November to December 2020, 2,454 people with disabilities were asked about their physical and mental health and life changes due to COVID-19. In terms of care services, 18.2% of disabled persons who receive care services have experienced suspension of services due to ‘anxiety about the risk of COVID-19 infection’ and ‘avoiding social distancing’. The difficulties caused by the suspension of care services were as follows: ‘increasing the burden of family care’ (58.7%), ‘difficulty in going out’ (36.4%), and ‘difficulty in preparing meals’ (25.9%), which not only resulted in social difficulties but also in problems in basic daily life (Ablenews, 2021). The WHO (2020b) issued COVID-19 guidelines on action for disabled and disability service providers, advising them to ‘develop and implement plans to continue service’, ‘communicate frequently with disabled parties and care systems’, and ‘minimise the risk of COVID-19 infection in the community’. In June 2020, a manual for responding to infectious diseases for the disabled was published in Korea, which included policies for residential facilities for the disabled, service providers for the disabled, and guidelines for personal assistance services (KMHW, 2020). However, this guideline did not carefully consider people with disabilities’ particular circumstances, such as impairment. Most people with disabilities in Korea receive support from CWCPDs (Yong, 2017). CWCPDs were launched in 1982, and there were 245 welfare centres nationwide as of May 2021. All CWCPDs have been run by charity organisations. CWCPDs provide lifelong integrated support for

people with disabilities, such as treatment, rehabilitation, education, group homes, day-care services, personal assistant services, and vocational support. The Korean government recommended closing all community centres for welfare services on 28 February 2020, and, accordingly, approximately 99% of community centres were shut down until April 2020. The daily life of people with disabilities has been heavily disrupted, adding to the difficulties they and their families face.

The role of social workers during the COVID-19 pandemic

Social workers are in a unique position to disseminate accurate information to service users, to help address the need for service users to provide alternative services that arise as a result of the COVID-19 pandemic (Mishna et al., 2020). As with health professionals, the COVID-19 pandemic has harmed social workers' health and well-being. For instance, the Jeollabuk-do Social Welfare Association in 2020 conducted a survey on the mental health and safety of social workers due to COVID-19 (Hankyoreh, 2020). This survey reported that 14.5% of social workers had suffered anxiety as a result of COVID-19. In particular, depression increased by 19.2%, which is more than five times higher than the national survey conducted of the general public. In the previous three months, moreover, 63.1% of respondents had experienced violence at the hands of users at social welfare institutions; 49.4% had experienced verbal abuse; and 41.2% had experienced human rights violations, safety threats, and fear from service users. Of those, 35.9% had suffered direct physical violence. Psychological support, along with institutional and policy support, was absolutely necessary to secure the safety and promote the human rights of social workers, who are experiencing such high levels of depression and violence. Another survey (Lee et al., 2020) of 462 school social workers in Korea was conducted to determine how social workers in schools responded to the COVID-19 situation and what they were experiencing. Respondents reported that the biggest COVID-related job

performance difficulties they faced were the lack of non-face-to-face practice, the need to keep changing plans, and the frustration of not being able to face students. Banks et al. (2020) conducted a worldwide study of the ethical challenges faced by social workers during the COVID-19 pandemic. The 607 social workers surveyed reported that fair distribution of resources became much more challenging and distressing, as the demands of service users and their families increased while many services were closed or restricted due to COVID-19. It was difficult for social workers and some service users to communicate via phone or the Internet. As a result, this study reported that many social workers were critical of government and agency COVID-19 policies and rules, which diminished the rights of service users to receive services and assessments.

As mentioned above, social workers must be a part of the response to socially marginalised people such as people with disabilities in the midst of the COVID-19 pandemic (Walter-McCabe, 2020). Nevertheless, little is known about the role of social workers and their work with people with disabilities who have become disconnected from society due to social distancing measures. This study aimed to explore the experiences of social workers who have worked in CWCPDs as a case study to understand their practices and challenges during the COVID-19 pandemic. This study considered how social workers in CWCPDs play an essential role in responding to 'new normal' settings. Therefore, this study addresses four research questions:

- (1) How did social workers react, and what services did they provide during COVID-19?
- (2) What dilemmas have social workers faced during COVID-19?
- (3) What challenges have social workers faced during COVID-19?
- (4) What will be the future directions of the disabled community welfare centres post-COVID-19?

Methods

Design

The authors of this study used a qualitative approach to collect viewpoints, perspectives, and narratives from the managers of CWCPDs. A qualitative approach was chosen to gain in-depth perspectives and experiences from the participants. This study collected data from March 2021. This study was approved by the ethical board of XXX University, Korea.

Participants

Using a purposive sampling strategy, 20 supervisory and manager-level social workers of CWCPDs were recruited via the Korean Association of Community Welfare Centres for People with Disabilities (KACWCPD) (see Table 1). To be included, one had to be 1) a current supervisory and manager-level social worker of CWCPD, 2) a supervisory and manager-level social worker who had been working for more than three years in CWCPD, and 3) a qualified social worker. The participants in this study were supervisory and manager-level social workers of CWCPDs as of January 2020 and had experienced key changes in services under COVID-19. The employment period of the participants ranged from 6 to 31 years. Thirteen participants worked at community welfare centres for diverse types of disabilities, two at centres for people with developmental disabilities, two at centres for people with visual impairments, two at centres for people with hearing impairments, and one at a centre for people with cerebral palsy. Fifteen community centres were located in urban areas, and five centres were located in rural areas.

Table-1 Characteristics of Participants

Participants	Genders	Duration of employment	Types of community welfare centre	Locations of community welfare centres
Participant 1	Female	21 years	All disabilities	urban
Participant 2	Female	21 years	All disabilities	urban
Participant 3	Female	20 years	All disabilities	urban
Participant 4	Male	7 years	All disabilities	urban
Participant 5	Female	31 years	Visual impairment	urban
Participant 6	Female	16 years	All disabilities	urban
Participant 7	Female	10 years	All disabilities	urban
Participant 8	Female	30 years	Developmental disabilities	urban
Participant 9	Female	17 years	Developmental disabilities	urban
Participant 10	Female	28 years	All disabilities	urban
Participant 11	Female	19 years	Visual impairment	urban
Participant 12	Male	15 years	All disabilities	rural
Participant 13	Female	31 years	Audio impairment	urban
Participant 14	Male	13 years	All disabilities	rural
Participant 15	Female	6 years	Audio impairment	urban
Participant 16	Male	18 years	All disabilities	urban
Participant 17	Female	21 years	All disabilities	rural
Participant 18	Female	24 years	All disabilities	rural
Participant 19	Male	16 years	All disabilities	rural
Participant 20	Female	7 years	Cerebral palsy	Busan

Recruitment

The research team sent the information sheet of this study to potential participants through KACWCPD. In addition, the potential participants were asked to refer other potential participants who might be interested in this study to the research team. The research team also sent the information sheet to potential participants working in the rural area in collaboration with KACWCPD. If they were interested in participating, they were asked to contact the

research team. Then, the research team contacted the potential participants via phone to explain the study. Twenty participants were recruited for this study.

Data collection

Data were collected through semi-structured interviews. The interview schedules were aligned with the study's research questions. Before the interview, written informed consent was obtained from each participant, and each was verbally informed of the objective of the study, the topics of the questions, and their right to discontinue the interview at any time. The participants were assured of confidentiality. The recorded files and transcripts remained anonymous.

The interviews were conducted using Zoom at the convenience of the participants. Each interview was audio-recorded and lasted an average of 60 minutes. Nineteen participants were interviewed once, and only one participant was interviewed twice because of the participants' scheduled meetings with service users. The audio recordings of the interviews were transcribed to prepare the data for the analysis. The researcher removed the participants' names from the transcripts and all other written documentation to keep their identities confidential.

Data Analysis

Interviews were analysed by two researchers using a thematic approach (Braun & Clarke, 2006). All interviews were audio-recorded and transcribed. Transcripts were imported into NVivo12, a qualitative data software package that was used to facilitate data coding and retrieval. A thematic analysis was applied using the six-phase framework of Braun and Clarke (2006). This process involves familiarisation with the data by reading the transcriptions (completed by all authors), generating initial codes using Nvivo12 (completed by the second author), grouping similar codes for identifying themes (completed by the second author), reviewing the themes to ensure they related back to the initial codes (completed by the first

author), defining themes (all authors), and relating the findings back to the research literature (all authors). Rigour, reliability, and credibility were maintained through reflexive discussions to maximise analytic emergent themes between the two authors (Morse et al., 2002). The data were inductively analysed at a semantic level by focusing on what the participant said, rather than interpreting latent and underlying meanings.

Findings

Theme 1: Reactions

Government-forced service shutdowns

During the early stages of the pandemic, the Korean government quickly ordered the shut-down of all support structures for people with disabilities, such as CWCPDs and similar care facilities, without any detailed guidelines for people with disabilities. In line with the government's prevention policy, all face-to-face services such as sheltered workshops, and rehabilitation therapy sessions were suspended, and no people with disabilities were expected to attend CWCPDs without providing the appropriate support they needed at home or in residential facilities. Many participants in this study commented that they did not know what transformations they had to make in their work methods to provide the best possible support in response to these unprecedented circumstances.

I think everyone might have reacted similarly at that time. It's [my] first time going through this pandemic, so I really didn't know what and how to do this. There's no one to guide us. Each centre has to decide by themselves on what they had to do. There was no guidance, manual, or whatever (participant 16).

Despite the Korean government's rapid and thorough response to COVID-19, this study found that most of the Korean government's initial responses to COVID-19 had not sufficiently considered the health and daily support of people with disabilities. As a result, people with disabilities were left without services, while CWCPDs were closed.

Creating alternative service delivery

Before the COVID-19 pandemic, CWCPDs have never provided non-face-to-face services, except for the community centres for people with visual and hearing impairment. When the Korean government raised the alert to the highest level of COVID-19 measures in late February 2020, participants commented that CWCPDs faced many challenges and gaps in service provisions. People with disabilities, to whom the face-to-face services are essential on a daily basis, had suffered more than others in the era of social distancing. In particular, people with disabilities had been at risk of experiencing discontinued support. While CWCPDs were shut down, the social workers in this study were still working hard from home. They had urgently made contingency plans to introduce new forms of alternative service provisions to maintain continuity of services and to safeguard the health of frontline social workers and service users.

There have been many concerns about spreading the infection of the virus through CWCPDs. We were also deeply concerned about how to change existing service provisions and find new turning points. If we delivered alternative service provisions, we also needed to consider which of the existing service provisions should be sustained, and which ones should be restricted or temporarily suspended. We were very concerned about classifying those services among the current provisions (Participant 4).

As COVID-19 has accelerated the use of contactless services, all CWCPDs in this study had to switch service provisions to provide as much as possible remotely and virtually. For instance, the CWCPD where Participant 8 was working introduced alternative systems (i.e. small-group or individual services) to support disabled service users within the centre and outside through arranged visits for checking on clients with phone calls, delivering meals, physical exercise, and walking.

We could deliver services to small groups or individuals only. We visited them and delivered them in those ways. For instance, we visited the service user's house to take a walk, perform activities that they like, or physical exercise, etc. We are now delivering more services for service users around their homes (Participant 8).

The most common examples of the virtual and remote service were delivering support services via YouTube; home delivery of education packs; contact through videoconferencing using PCs, laptops, tablet PCs, or smartphones; a regular phone connection; rehabilitation therapy sessions via Zoom; and food delivery. However, CWCPDs decided to resume onsite face-to-face programmes for some service users who needed emergency care support under COVID-19 restrictions, even though all main services were suspended.

Implementing operational COVID-19 guidelines: individual, organisation, and policy-level

The Korean Ministry of Health and Welfare (KMHW) had made various efforts to provide guidelines for the socially marginalised group during the COVID-19 pandemic, but these were general in nature and had limited applicability for people with disabilities across different ages and types of disabilities and places where people with disabilities live. Thus, participants in this study were confused about how to operate in the changed circumstances. KMHW also issued guidelines to local authorities on providing support services for socially marginalised people during the pandemic in their areas. However, local authorities were reluctant to implement the guidelines for the disability community centres without careful consideration of comprehensive infectious disease response measures for the disabled. This has resulted in a significant gap between the government's guidelines and frontline services. Therefore, all CWCPDs in this study had revised the government guidelines to address specific needs and demands posed by people with disabilities, to avoid the possibility of viral transmission so as to safely open and run the disability community centres. Since July 2020, all CWCPDs in this study had decided to partially open with new operational manuals to reduce the risk of transmission, but non-essential activities remain suspended. For instance, Participant 3 explained how to open her CWCPD with her own operational manual based on the government's three-level social distancing scheme between 28 June and 6 November 2020.

The Korean CDC passed the guideline to the local authorities, from the local authority to the district. Then, we created our own guidelines for our centres based on those guidelines. We allowed a few service users to attend the centre on stage one and a few more on stage two. If the district office had as a limitation that the total number of service users attending at the centre did not exceed 50% of the existing users, we created some flexible guidelines whereby about 70% or 60% of service users could attend the centre (Participant 3).

In this context, participants faced difficulty in deciding whether to continuously suspend or restrict the service, or resume it. CWCPDs subsidised by local authorities had to abide by the local authorities' guidelines. In case of non-compliance, CWCPDs also faced pressure to take full responsibility if a confirmed case of COVID-19 occurred. However, CWCPDs had to decide whether to open the centres because the guidelines of local authorities were not clear and only recommended. Operating within the same local authority, different districts had different standards. Many users complained that private therapy facilities were open and the CWCPDs were closed. It was quite difficult to persuade users about the closure of the CWCPDs. In addition, there were many complaints about limiting the number of users, which came out only two days a week when COVID-19 had stabilised a little, and that self-employed people were not included in dual-income couples when subjects were selected for emergency care.

When the local authority or district office passed on to us the guideline without giving us enough time to prepare for changes – for example, they ordered us not to do anything from tomorrow – instead of giving us a week, or from this Sunday (Participant 9).

Social workers expressed regret that they did not receive support and recognition for their work from local governments. In the process of applying the guidelines to CWCPDs, differences in interpretation occurred, and a situation arose in which only responsibility for the results and the duty of social workers were emphasised without clear standards. Local authorities also believed that social workers at CWCPDs were doing nothing during the closure period.

Theme 2: Dilemmas

Duty of social workers vs. safety of service users and social workers

The participants in this study were forced to deliver services while maintaining users and their own safety at the same time. While visiting the homes of the disabled in the early days of COVID-19, they used to give them necessary items, deliver lunch boxes, and ask after them, but other social workers in CWCPDs asked participants to prioritise their safety. In situations in which the safety of social workers was threatened, some participants insisted that the duty of social workers came before their safety. However, some people with developmental disabilities people were unable to wear masks, and in this case, there were situations in which it was very difficult to decide whether to give priority to the user's right to get service or to the safety of other users and social workers. Most CWCPDs were restricted to users who could not wear masks, but some CWCPDs allowed them to get the services at the centres after agonising over the increased care burden at home and isolation of the disabled. In this case, the backlash from other parents of people with developmental disabilities was quite severe. As CWCPDs were partially opened, users warned each time if they did not use masks properly or if their guardians did not use them properly, but it was difficult to maintain the safety of social workers. Even if service users had a fever when they were at the centre, social workers had to take them home. This was because user-centred values came first.

We were worried about the safety of the users, but we were also worried about the safety of frontline social workers. If you want to guarantee the rights of users, the safety of social workers can't be guaranteed sometimes. In this situation, if some users can't wear a mask or drool, they are not allowed to use the services at the centre. I think that it would be unethical. (Participant 14)

Privacy invasion vs. organisational control

What CWCPDs could do for social workers would be to provide quarantine supplies, build a clean environment, and continue the process of agreement among all staff, including social workers. All staff in CWCPDs have also been asked to report on their personal lives on

weekday evenings or weekends. This was all due to the idea that neither staff nor people with disabilities should have confirmed cases at CWCPDs. It was also a demand of local government. Conflicts arose between them owing to differences in their sensitivity to safety. Most social workers followed guidelines to go home right after work, but some did not follow the guidelines. Participants said that some social workers had posted pictures of themselves in swimming pools or eating at restaurants on their personal social media; participants 'freaked out' and told them not to do so the next day, and conflicts arose between frontline social workers, while this conflict accumulated. There were complaints among staff about keeping such a tight distance and not keeping others.

While talking about the need for safety, there was a big question of whether individuals carefully maintain safety regulations in their private lives. Some frontline social workers in the centre went to the swimming pool, went on holiday, and had a party on the weekend. ... we've been talking about this issue for a long time, but I felt trust between us has collapsed a bit; some social workers have said that it is not ethical as a social worker (Participant 6).

Personal freedom and respect for privacy were also important, but in some cases, social workers' privacy was not respected in order to maintain the public nature of CWCPDs, one of their characteristics.

Incapacity vs. readiness of social workers

CWCPDs had to develop services to suit the COVID-19 pandemic situation. The new services were online services (presenter-led or interactive), a small number of face-to-face services, home visits, and individual face-to-face services. But, face-to-face services conducted in small groups or on an individual basis led social workers to face an increasing workload. The development of non-face-to-face services entailed technical problems and problems with content development that had to be solved quickly. In addition, there were many differences in the abilities of users to develop services, so participants began to think about individualised services. Participants who failed to develop these non-face-to-face services felt guilty.

Participants expressed regret that they did not receive support and recognition for their work from local governments. In the process of applying the guidelines to the community centres, differences in interpretation occurred, and a situation arose in which only responsibility for the results and only the duty of social workers were emphasised without clear standards. Local authorities also thought that social workers at the community centres were doing nothing during the closure period.

The Ministry of Health and Welfare or the local authority clearly didn't have guidelines on what to do in this situation, but in this situation, they keep emphasising the social worker's duty; the local authority said we're not working at all. But the centre was never closed, and we were working hard to deliver alternative services. So there was a sadness about not being recognised for our work. But they're always investigating our performance (Participant 11).

Theme 3: Challenges

Increased workload and adoption of a new method of service provisions

All participants said that social workers in their CWCPDs had increased their workload and work hours, as they needed to adopt new methods of service provision. In particular, most social workers in their CWCPDs had no IT knowledge and skills, but they urgently had to produce and upload various content to YouTube without necessary resources, equipment, facilities, and support staff. This contributed to a huge increase in workload and stress. Another example was that service provisions based on large-group work before the COVID-19 pandemic needed to be personalised under COVID-19 restriction measures. If most face-to-face services were previously conducted in groups, after COVID, small group-based services were increased. In addition, there were many differences in the ability of users to develop services, so participants began to consider individualised services. However, participants were worried about their limited time and ability to provide services, as well as their effect on the service users they worked with.

Great risk of exposure to the virus

While social workers continued to undertake home visits and face-to-face direct contact, they were potentially at great risk of exposure to the virus. All participants confessed that it was sometimes difficult to balance the service user's need to protect and support with the practitioner's personal risk of infection or transmissibility. Therefore, many social workers feared becoming infected and infecting others. When participants were faced with the choice of protecting frontline social workers from infection or providing support to service users, this study found three different approaches. One group of participants prioritised their own safety over the service users' needs. Another group of participants reluctantly left a choice to individual social workers on their team to take their own risks in order to meet service users' needs. The other group of participants tried to balance the needs of service users with the practitioner's risk of infection.

Diminishing professional dignity

While CWCPDs were closed, nearly all participants did not work from home during the pandemic. They were busy providing remote services, delivering daily necessities, checking the safety of service users, and preparing for the opening of CWCPDs. However, service users and their families did not understand that social workers might be off work, and they complained that CWCPDs did not open because private therapy centres did not shut down during the COVID-19 pandemic and that some service users who had the capacity to maintain social distancing measures and hygiene were not allowed to use those services. As a result, social workers felt that their work was not sufficiently valued, which contributed to diminishing their professional dignity.

I mean, although the centre was closed, we're working very hard, and I think the misunderstanding [whereby] many people are saying that social workers were doing nothing has made it harder for us (participant 15).

Digital inequality

While remote and virtual service provisions may support social distancing and infection, some people with disabilities were significantly disadvantaged by the expansion of remote service provisions. This study found that the digital divide based on age, people's support needs, accessibility, and living areas was a key challenge faced by CWCPDs to deliver remote and virtual support services. Young and middle-aged people with disabilities had smartphones and well-used mobile apps such as KaKaotalk (Korean version of WhatsApp) or Zoom to connect with others or social workers. However, most older people with disabilities did not have smartphones. If some did, they mostly used them to make phone calls and check text messages only, but they faced difficulties in using mobile applications to communicate with social workers or others and in getting remote services.

People with physical disabilities, hearing impairments, or visual impairments in this study enjoyed receiving contactless and virtual support online, but people with developmental disabilities, such as autism, and their carers struggled as they adapted to alternative support systems online. In particular, such a change of virtual support for children and young people with autism resulted in an additional care burden on parents and family members at home. Finally, they gave up use of remote services. They and their parents were likely to experience high levels of stress and frustration during the COVID-19 pandemic because COVID-19 measures imposed restrictions on their usual activities and forced them to stay at home. The lack of a usual structure had implications for the social and emotional development of many disabled children. Although they had digital devices, it was not easy for them to navigate and use the new landscape of virtual activities and support without additional tailored educational programmes to help them use digital devices without difficulties. A related issue is the issue of

helping people with developmental disabilities and older people with disabilities who do have access to digital devices to learn how to use them.

When we delivered remote services, I wondered how many services were effectively delivered to people with developmental disabilities. As I continued to experience dilemmas, I felt like we were in a vicious cycle (Participant 9).

Socio-economic factors limiting access to digital technologies were a barrier to many people with disabilities. Many disabled participants with smartphones did not have home broadband internet or enough mobile data allowance to receive services or information. They faced difficulties in paying for mobile communications services due to financial constraints and in accessing Wi-Fi in public spaces due to social distancing measures. This was particularly the case for young disabled persons. A digital gap also existed between urban and rural areas. Many people with disabilities in rural areas remained without internet access and digital techniques. In particular, older people with disabilities had limited or zero digital skills.

Some users don't have enough data or public Wi-Fi. (Participant 1).

In rural areas like ours, I really think that there were very limited services to deliver to people with disabilities. Unlike urban areas, it may be more difficult to access remote services (Participant 19).

Participants thought that alternative service provisions under the pandemic could be discontinued someday, but all participants agreed that the service should not be discontinued. Flexible thinking on service provisions was paramount under the COVID-19 situation because it was potentially difficult to switch some services from face-to-face to remote format or vice versa.

Discussion

This study explored the direct impact of the COVID-19 pandemic on social work practices in CWCPDs. A key question faced by social workers in CWCPDs concerned the role and practice

of social workers who must support people with disabilities effectively when CWCPDs shut down, and when people with disabilities were under even more stress during the pandemic. During the various waves of the pandemic, this study found diverse practical and ethical challenges: 1) for practitioners and ways of working for practitioners, creating and adopting alternative services without expertise and readiness, increasing workload, breaches of privacy, and devalued professional dignity; 2) for organisations, blurred boundaries for health and safety controls for viral infection, and conflict and confusion in implementation of operational COVID-19 policy for CWCPDs; and 3) for service users, ceasing services and digital exclusion for some service users.

Many studies have highlighted the important roles of social workers as essential workers during the pandemic (Cabiati, 2021), and despite the rapid uptake of remote online support, CWCDPs continued to provide in-person care during the COVID-19 pandemic. However, this study found that service users, their families, and local authorities misunderstood social workers as being off work and idle during the shutdown, but social workers were busy changing and delivering alternative service provisions. Although social workers used time to change practices that would previously have seemed unthinkable, such a public misperception about practitioners' work during the pandemic had a negative influence on practitioners' dignity and values. Therefore, this study argues that CWCPDs need to create public opportunities to show what practitioners did for their service users during the COVID-19 pandemic. To counter public misunderstanding, this study argued that social work responses to COVID-19 should focus on the community rather than on individuals, only because the pandemic is a community-level crisis.

As Wilkins et al. (2020) suggested, social workers may find it helpful to adopt a model of crisis intervention response during and after the COVID-19 pandemic. However, this study found

that crisis intervention for disasters (Rowlands, 2013) was less helpful for social workers when one considered how best to support people with disabilities and families during the pandemic because social workers in CWCPDs were less well trained and lacked preparedness for global public health emergencies and faced conflicts and confusion about implementing infection prevention policy. Moreover, existing general guidelines on social work in Korea provide very limited advice on the work and responsibilities of social workers during the pandemic (KMHW, 2014). As a result, social workers in this study felt a lack of certainty and clarity about what support they had to provide. Therefore, they faced quite a challenge in deciding which service users should be prioritised over others in accordance with their professional standards. In line with previous evidence (Lund et al., 2020), such a decision to provide in-person care and support to selective service users only diminished other service users' rights to receive services. However, CWCPDs did not have guidance and protocols on how to make those decisions in the most ethically justifiable way, and service users and their caregivers had to understand the basis on which such decisions were being made. Thus, social workers felt that it was difficult to achieve the optimal balance.

As empirical evidence was presented (Banks et al. 2020), practitioners also needed support in their work and with their well-being during the pandemic. However, this study found that weighing the needs of service users against the health risks to social workers represented a dilemma. Interestingly, this study found that CWCPDs faced a dilemma regarding the trade-off between the benefits of privacy and public safety. CWCPDs prioritised providing care and support to meet service users' needs, although frontline social workers were exposed to the risk of COVID-19 transmission. This study argued that the response to COVID-19 in CWCPDs was based on an administrative-centred perspective and an authoritarian approach, instead of a people-centred perspective. The policies and forms of governance to tackle COVID-19 also varied at different moments of the pandemic and between CWCPDs and local authorities.

These differences led to conflicts between libertarian and authoritarian approaches toward implementation of the COVID-19 pandemic policy between frontline social workers, CWCPDs, and the government (see Delanty, 2020). This issue has been consistently discussed by the Korean government (Jung et al., 2020).

This study found that people with disabilities and their families were likely to experience high levels of stress, anxiety, and frustration because they suffered a loss of daily routines and necessary support due to the shutdown of CWCPDs, which is consistent with previously reported findings (Navas et al., 2020; Embregts et al., 2020). Despite the challenges outlined above, social workers in this study recognised the pandemic as an opportunity to rethink how they worked, such as changing from large group-based services to person-centred services, but they did not think what could be essential when life returned to normal, which is inconsistent with empirical evidence (Itzhaki-Braun, 2021). In line with previous evidence (Thelwall & Levitt, 2020), social workers started individual support through online support programmes during the pandemic. This study also found that remote service provisions for people with disabilities were helpful and feasible with regard to the development of Internet infrastructure and new smart techniques, such as smartphones and tablet PCs. However, this study argued that remote service provisions were not always a good solution for everyone with disabilities. Many CWCPDs and social workers in this study had little or no experience with digital techniques and facilities for remote and contactless service provisions. They found that remote and contactless service provisions using digital techniques sometimes had too many disadvantages, depending on age, accessibility, type of disability, and places that needed to be addressed specifically. However, the academic literature on these issues is not yet available.

Finally, this study found that the Korean government prioritised basic demands, but the rehabilitation system and services for people with disabilities via CWCPDs did not receive

enough attention. Therefore, the guidance for the restriction measures overlooked the situation and needs of people with disabilities affected by the abrupt suspension of services. For instance, in this study, preventative measures, such as social distancing or wearing masks, were often found to be more challenging for older people with disabilities and people with autism. Therefore, this study recommends the inclusion of disability measures in the COVID-19 guidance.

Conclusion

This study showed the responses of social workers in CWCPDs to the COVID-19 pandemic that have resulted in unexpected risks and burdens across regions. The high level of uncertainty and complexity allowed for CWCPDs to operate safely under the COVID-19 legislation and for them to change and deliver alternative service provisions. The impact of the COVID-19 pandemic also requires CWCPDs to readjust their relationships with service users, communities, and the government. CWCPDs also need to change service provisions from a large group-centred to a person-centred practice model to meet individual needs. Changes need to be made in terms of clarity of communication, the application of step-by-step guidelines to provide services, and a shift away from an exclusive focus on quantitative performance needs in how centres are evaluated. In all these processes, both close cooperation and support from local authorities are needed. This study also highlighted several ethical dilemmas, such as privacy concerns faced by social workers. Thus, clear and honest communication and voluntary agreement between supervisors and frontline social workers in ways that can be understood are urgently needed to avoid misunderstanding and burnout on the part of practitioners, and to effectively deliver alternative provisions.

The Korean government introduced and revised its disability policy for the pandemic, with complex and far-reaching implications. However, there was no specific legislation to support

CWCPDs under social and public health crisis situations. Therefore, the Korean government and local authorities needed to include disaster policy within disability welfare policy to prepare for a potential increase in demand for services and support through CWCPDs during the pandemic.

In terms of this study's limitations, the number of participants was relatively small; most CWCPDs were located in urban areas, and service users' experiences were not explored due to the difficulties of conducting this type of study under current circumstances. It would be important for future research to try to capture the experience of a wider group, especially service users and their families, and changes of services in CWCPDs across regions as the situation with the pandemic unfolds. This study will need to follow up with the current participants throughout the upcoming year to explore whether their experiences change as government responses to the COVID-19 pandemic evolve.

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