

# Social Work Practice with Ethnic Minorities during the COVID-19 Pandemic: Learning from the Arab Minority in Israel

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## Abstract

Although the critical role of social workers in the fight against the spread of the coronavirus (COVID-19) pandemic and support for communities affected by the virus was stressed in international declarations of the social work profession, how social workers fulfil their role in practice has remained virtually unexplored. This question is of greater importance when it comes to ethnic minority communities that may be disproportionately vulnerable to COVID-19 in light of inequities, discrimination and marginality. This study examined action strategies adopted by social workers in the public service in response to the challenges faced by ethnic minorities during the COVID-19 pandemic. For this purpose, twenty-five in-depth interviews were conducted with social workers employed in the public welfare services in Israel, who work with Arab communities. Research findings revealed seven action strategies that have the potential to provide protection and support to a minority population group during the pandemic, bridge language and cultural gaps and promote policies that strive for social justice. The discussion emphasises the need and importance of social workers to act in a socio-cultural-political context-sensitive manner in pandemic conditions, whilst demonstrating flexibility in addressing the changing and unique needs of their clients. Implications for policy, practice and research are presented.

**Keywords:** action strategies, anti-oppressive, COVID-19 pandemic, culture, minorities, social work practice

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## Introduction

The health, social and economic challenges facing billions of people and communities around the world since the outbreak of COVID-19 have placed social workers at the forefront of the struggle (BASW—British Association of Social Workers, 2020; IFSW—International Federation of Social Workers, 2020; NASW—National Association of Social Workers, 2020). Social workers are required to use their competencies and skills to respond appropriately to the pandemic-related challenges and provide suitable professional public emergency services to meet the needs of individuals, families and communities (Bright, 2020; Ross *et al.*, 2020; Walter-McCabe, 2020a). The International Federation of Social Workers (IFSW) released a statement (IFSW—International Federation of Social Workers, 2020) outlining key functions of social work in response to COVID-19. These include *inter alia* protecting and supporting communities and vulnerable populations, organising communities and protecting human rights in light of inequality and the consequent social and economic challenges.

Despite the attempt to outline the key functions social workers need to fulfil in protecting the most vulnerable in society during the current crisis, in practice, there is a paucity of evidence in the literature of how social workers implement these functions. Therefore, the question of specifically what a social worker should do remains unclear (McPherson, 2020). This question is of particular importance in cases of ethnic minority communities. Although COVID-19 may be fatal without a vaccine or medication, not all people are equally threatened (Bright, 2020; Golightley and Holloway, 2020). Race may prove to be an important variable in determining vulnerability to COVID-19. Minority communities, as reported in various countries, bear a disproportionate burden of morbidity and mortality of COVID-19 (Bhatia, 2020; Yancy, 2020), as well as its mental, social and economic consequences (Henrickson, 2020; O’Sullivan *et al.*, 2020; Sengupta and Jha, 2020).

The deep commitment of social work to protect marginalised and vulnerable groups in society requires social workers to act to promote the health of minorities, as well as to provide tailored responses to the implications of a pandemic for their quality of life. The strength of social workers lies in their ability to provide culturally sensitive social services to a diverse population in terms of language, class, religion, ethnicity, culture and nationality (Band-Winterstein and Freund, 2015), as well as in their ability to promote equality and social justice (Hoefler, 2019; Nouman, 2020). The theoretical perspective of anti-oppressive practice (AOP) in social work, which is the focus of the present article, highlights that systems and mechanisms that generate unequal power relations, oppression and control contribute to creating and maintaining inequality

and injustice in society (Dominelli and Campling, 2002). Therefore, in order to curb discrimination and address the oppression of individuals, groups and communities, social workers should develop critical awareness of the socio-political context, and to adapt the structure and procedures of the service delivery through macro-systematic changes at the legal and political level (Beresford and Croft, 2004; Clifford and Burke, 2005).

The implementation of anti-oppressive transformation practices in public social services may include developing non-hierarchical work relationships between clients and social workers, promoting social rights, adopting structural and contextual views of clients' social problems, and developing client representation. In addition, it is necessary to respond to social, class, gender and ethnic diversity, create a non-bureaucratic organisational culture, form alliances with clients and critical consciousness amongst clients and workers (Strier and Binyamin, 2014).

Despite the growing interest in the anti-oppressive social work perspective, it has not yet been examined in the context of practicing social work with ethnic minority populations during a pandemic. This article sought to identify for the first-time action strategies adopted by social workers in response to the challenges of minority clients arising from the pandemic. The aspects were tested on a sample of social workers working with the Arab minority in Israel, an ethnic minority group that copes with health inequalities, exclusion and marginality, which expose it to exacerbated implications of the COVID-19 crisis.

## Ethnic minorities in the COVID-19 pandemic

As with natural disasters and previous pandemics throughout history, it is clear that COVID-19 is disproportionate in its impact. Cumulating data underscore that ethnic minority communities are more negatively influenced by COVID-19 than other communities (Artiga *et al.*, 2020; Bhatia, 2020; Walter-McCabe, 2020b). Disparities in the adverse health outcomes have been observed in several countries. In the UK, for example, the standardised mortality ratio was two to three times higher for the Black, Asian and minority ethnic group when compared with the White population (Aldridge *et al.*, 2020). These discrepancies have also been observed in relation to the morbidity risk of COVID-19 (ICNARC—Intensive Care National Audit and Research Centre, 2020). In the USA, the trend is similar: data collected from forty states show that African Americans have a higher prevalence of hospitalisations, morbidity and mortality than the White American population (APM Research Lab, 2020). Similar observations of disproportionate

prevalence of COVID-19 amongst ethnic minorities have been reported in Sweden (Rambaree and Nässén, 2020), Norway and Finland (Masri, 2020).

The disproportionate burden of negative health outcomes of COVID-19 in ethnic minority communities is presented in the literature as stemming from political, structural and economic factors that perpetuate inequality, discrimination and marginalisation. These include, for example, less access to health facilities and testing centres in predominantly minority neighbourhoods and crowded public housing, which may reduce the capacity for social distancing required during the pandemic (Ross *et al.*, 2020); low-wage employment with no paid sick leave, a reality that requires minorities to continue working despite the risk of exposure (Walter-McCabe, 2020b); and lack of access to information about COVID-19 in their language (Farkas and Romaniuk, 2020; Rambaree and Nässén, 2020).

In addition, the pandemic and the government response to this have exacerbated the *a priori* vulnerability of ethnic minority communities, resulting in food insecurity, economic difficulties and unemployment. For example, job dismissals have been more prevalent amongst minorities than in the general population (Social Policy and Parliamentary Unit, 2020). Many are not entitled to health insurance and are exposed to a higher risk of COVID-19 due to the high prevalence of chronic diseases, such as diabetes, hypertension and obesity amongst this population (Walter-McCabe, 2020b). The high vulnerability of minorities to the pandemic raises the question of how minority populations can be assisted at this time. What can social workers, who have limited access to language-adapted information and health services, do for their clients? How should they act to protect and support their clients? What are the best ways to promote equality and social justice to reduce gaps in adverse health outcomes?

## Social work practice with ethnic minorities during the COVID-19 pandemic

The question of how social workers fulfil their role in practice and respond to the challenges faced by ethnic minorities during the COVID-19 pandemic has received limited attention. The literature mainly focuses on calling social workers to action for marginalised groups, including minority groups, rather than addressing the ways in which they have taken action in practice. Nevertheless, these calls reinforce the need to adopt an anti-oppressive point of view in professional interventions with marginalised populations during the pandemic. Strier and Shdaimah (2020) indicate that inequality, racism and other forms of oppression resulting from a neoliberal welfare state have been exposed and exacerbated by

the pandemic. Hence, the commitment of social workers to advocate for individuals, families and communities and demand concrete relief measures and better policies now and in the future. [Miller and Lee \(2020\)](#) add that social workers are on the frontlines challenging social injustices, and as a result they are required to act to promote social justice whilst connecting these underserved populations to care, including health and behavioural health services.

In order to raise public awareness of systems that perpetuate inequality and to influence policy change, social workers are required to be involved in policy arenas ([Walter-McCabe, 2020a](#)), whether through participation in professional committees, writing letters or telephone calls ([Walter-McCabe, 2020a](#)), or solidarity with their clients in the struggle for social justice ([McPherson, 2020](#)).

There are very few documented practices that have been used by social workers in response to the challenges of marginalised groups during the pandemic. These few documented strategies include, for example, cross-sectoral collaboration that enables customised solutions for the public health crises and the use of existing community resources and assets, as well as providing solutions that take into account local contexts and processes ([Chui and Ko, 2021](#)). It is also worth noting that the impact of lockdowns and social distancing may pose a significant threat to relationship-based skills that social work has traditionally relied upon. However, as bureaucracy is reduced, more efficient ways of working are also emerging ([Golightley and Holloway, 2020](#)).

## **Arab ethnic minorities in COVID-19 pandemic: The Israeli context**

In Israel, as in many countries around the world, a state of emergency was declared in February to deal with COVID-19. This declaration was accompanied by government emergency measures that included restrictions and guidelines aimed at implementing the principle of social distancing, which was intended to reduce transmission of the virus. These measures include preventative measures in public spaces and collective sites, and establishing work-related behaviours, as well as limiting commercial activities, services, recreation and leisure ([Prime Minister's Office, 2020](#)). The Israeli health system has also adopted preventative protective measures to slow the transmission of the virus—corona testing stations have been set up in cities throughout the country, medical laboratories have been opened for testing, and information and videos have been distributed to the public on the media and social networks ([Ministry of Health, 2020](#)).

These vital emergency measures have far-reaching social, economic and health consequences for the entire population of Israel, and for the Arab minority group, in particular. Arabs make up the major minority group in Israel, constituting approximately 21% of the population (Statistical Abstract of Israel, 2019). This group is a native, national minority, having lived on the land prior to the establishment of the Israeli state in 1948, which conflicts with the state by virtue of the State of Israel's definition and identification with a different national majority (the Jewish people). By virtue of the construction of the modern Israeli state, the Arab minority tends to live in separate communities with an independent culture, religion, language and education system. Despite increasing levels on interaction between the Jewish and Arab societies in Israel, and a modernisation process the Arab minority communities have been undergoing (Azaiza, 2013), Arabs are still viewed by the majority with suspicion and hostility, and suffer from inequality and exclusion (Lavie, 2016).

Long-standing discrimination against the Arab population and its institutions has led to large social, economic and health disparities between the Jewish majority and Arab minority. These include gaps in employment rates, average wage levels, a higher rate of families living below the poverty line, lack of access to government services and resource gaps in welfare and education systems (Lavie, 2016). Data from the Ministry of Health in Israel even indicate that life expectancy is consistently lower amongst Arabs than the Jews, in light of the disparities in access to professional primary care services (Daoud *et al.*, 2018).

The outbreak of COVID-19 highlighted inequality and discrimination as major factors contributing to the high incidence of COVID-19 morbidity amongst the Arab population (Daoud *et al.*, 2020; Farach, 2020). This reality is reflected in the country's response to the crisis. For example, the Ministry of Health issue Arabic-language updates only after significant delays. In addition, there are large gaps in access to COVID-19 testing in Arab localities in Israel (Daoud *et al.*, 2020). The pandemic has even exacerbated the economic and employment difficulties. Because of the low skill and education levels, many Arabs work in sectors such as commerce and catering, where the rate of downtime is high. Many employees were fired or sent on unpaid leave without entitlement to unemployment benefits, and thousands of families are living under the poverty line (Haj-Yahya *et al.*, 2020).

The COVID-19 pandemic requires public service social workers exposed to the highly vulnerable Arab minority to act in order to reduce the disparities in adverse health outcomes and to promote equality and social justice. However, social workers in Israel have not been provided with consistent guidelines on how to act to provide tailored responses to the minority populations during the pandemic. The present article focuses on identifying action strategies taken by social workers during

COVID-19, when they are clearly required to adapt their practices and procedures within a short period of time without losing their core skills.

## Methods

### Study design

The study was performed in accordance with the constructivist paradigm, an essentially inductive theory that defines every reality as the corollary of social structuring—context-dependent, interpretable, and composed of several ‘realities’ that the research participants and the researcher invest with shared meaning (Charmaz, 2006). The interviews were designed to examine perceptions, behaviours and participants’ understanding of the studied phenomena. The study focused on identifying action strategies adopted by social workers in the public service in response to the challenges facing the Arab minority groups in Israel during the COVID-19 pandemic.

### Sample and sampling

Qualitative data were collected in Israel. Purposive and snowball sampling were combined in this study to identify potential study participants. The inclusion criterion for the sample was social workers who are employed in public welfare agencies in Israel and act towards advancing the needs of Arab minority clients during the COVID-19 pandemic.

It is worth noting that upon the outbreak of the pandemic in Israel (end of February 2020) the public welfare services were closed, in accordance with a government decision, and many of the social workers went on involuntary unpaid leave or worked part- or full-time from home whilst contacting service clients by phone or online. In March 2020, following public pressure applied on the government, social workers in the public sector returned to full-time work whilst maintaining the required health regulations. The present study focused on the period when social workers returned to work at the social services departments on a full-time basis.

Based on the data obtained from the supervisory authority of the Israeli Ministry of Labour and Social Affairs, seven social services departments were selected for the study: five departments in Arab localities and two departments in mixed cities. All social workers present at their agencies on the dates of data collection were invited to participate in the study, and the majority agreed to do so (78%). The sample of interviewees included twenty-five individuals, eighteen of whom were Arab (Muslim, Christian and Druze) and seven Jewish, twenty were

women. Their ages ranged from twenty-five to fifty-eight ( $M=36$ ), and years of seniority ranged from three to thirty-one ( $M=12$ ). The study included social workers who worked directly with either families or the elderly (fifteen of the sample), as well as community social workers. All participants were certified social workers, graduates from academic institutions in Israel who attained a bachelor's or master's degree in social work.

## Data collection and analysis

The interviews were conducted during May–July 2020. Half of them took place face-to-face via Zoom and the other half by phone calls. Each interview lasted between 30 and 90 min. All interviews were conducted by the author and by experienced Jewish and Arab research assistants. The author has extensive experience, both working in and researching the social services field in Israel, which assisted the research team in receiving access to the interviewees. All interviews were recorded and transcribed. The interviews were based on an interview guide focused on identifying action strategies adopted by social workers in response to pandemic-related challenges, and included the following questions: How do you, as a social worker, respond to the challenges faced by service clients during the pandemic? What action strategies have you taken to respond to your clients' needs under pandemic conditions?

The analysis was structured according to the guidelines of constructivist grounded theory (Charmaz, 2006), separating, sorting and synthesising data by using qualitative coding. This process included several stages. First, all interviews were read from beginning to end and open coding was performed for the units that emerged from each interview. Second, concepts and categories extracted from each interview were examined, whilst consolidating several categories into a theme. This was followed by axial coding, to compare and connect the categories to identify themes across interviews. The analysis continued until no new themes emerged (Green and Thorogood, 2006). Following the categorisation and analysis of the data and emergent themes, a broad understanding is offered about the phenomenon that was studied.

## Research ethics

The study was approved by the Institutional Review Board at the author's university. Throughout all stages of research, meticulous adherence to ethical obligations was maintained. Participation was voluntary and included signing an informed consent form. To protect the



participants' identities and data provided, their identifying information was separated from the reported interview content. All identifying information was removed in the presentation of the findings below.

## Findings

Analysis of the interviews revealed seven strategies adopted by social workers in response to challenges of minority clients, which can be divided into three categories based on their purposes: (i) strategies aimed at providing protection and support; (ii) strategies aimed at bridging language and cultural gaps; and (iii) strategies aimed at promoting policies that strive for social justice.

### Providing protection and support

#### Use of local assets

A central action strategy adopted by social workers to protect and support the minority clients during the pandemic was the use of local community assets. This strategy included recruiting volunteers, residents with knowledge and skills and business owners from the minority communities, who could provide instrumental support, such as food, medications and financial assistance to populations at risk whose conditions worsened during the pandemic. Many of the participants noted a close, egalitarian and non-hierarchical relationship with their clients. They reported that this connection allows clients to turn to welfare services on any issue and helps social workers identify the unique concrete needs of service users and increase client resources using local assets.

My clients feel comfortable contacting me about any subject. We have a close relationship that allows me to understand what their needs are. I realized that many people need assistance with food and medicine, so I organized this together with other social workers in the service. We organised groups of volunteers from the community who were willing to go out to help people at twelve, two, four AM - to bring financial [or] physical help to people with financial difficulties, the elderly, the disabled. We had a whole team of professionals and residents and volunteers who were willing to [...] be part of the emergency team of the municipality (Ranin, family social worker).

Another participant sharpened the need to adopt a flexible and sensitive perspective of the clients' needs in order to provide a solution tailored to diverse needs. She added:

During Ramadan, families had a lot of financial expenses. This is a holiday where festive meals are held every evening, and many families

could not celebrate because they were left without a livelihood. I connected with business owners and asked them to donate generously. In another case, we collected games for special education children who stayed at home because the education system in the country was closed due to the pandemic (Ibrahim, community social worker).

The participants described the strategy of using local assets as an intensive, ongoing activity due to the increase in the number of families treated by public social services who have run into economic hardships due to the pandemic.

There is an influx of people and families who want to register for welfare, to receive material assistance. Most of the help we provide is through our mediation, linking them to people in community, receiving food and voucher. (Miriam, family social worker).

According to many of the participants, social inequality in the labour market is a contributing factor to the increase in families being supported by public welfare services during the pandemic, many of the villagers were employed in casual jobs and are therefore not entitled to unemployment benefits.

### **Raising support from the family clan (hamula)**

Recruiting the family to provide support is another strategy adopted by social workers during the pandemic. Arab society, as described by participants, is a collectivist society in which the individual is part of an extended family that fulfils the needs and desires of the individual. During the pandemic, residents are required to distance themselves socially, a reality that, according to the participants, exacerbated the emotional distress of their clients whose behaviour and activities are centred around the extended family (the clan). In order to provide a culturally sensitive professional response to the needs of clients who are left alone, social workers proactively address family members and enlist them to support clients, whilst maintaining social distance guidelines and replacing face-to-face encounters with online communication.

In Arab society, we go by a clan. Everyone belongs to their clan, which cares for them and supports them. In a pandemic in which morbidity is high, encounters with the family clan are almost non-existent and many elderly or single people turn to us feeling emotionally distressed. As I am familiar with the way things work as a clan, and I understand that family connection is vital, I recruit the family members and encourage them to be in constant contact with these clients, using WhatsApp, for example, and providing them with emotional support to deal with the situation. (Amir, geriatric social worker).

## Raising Arab civil society organisations

Social workers also adopt the action strategy of mobilising Arab civil society organisations to protect and support clients during the pandemic. According to the participants, Arab civil society organisations routinely play a key role in the lives of Arab residents and they provide answers to needs that the state does not provide. Therefore, social workers view them as an important source of assistance, also in coping with the consequences of the pandemic and mobilising them to provide instrumental and emotional support to residents. This strategy, according to the participants, is based on a partnership between clients and social workers in identifying and defining needs as well as jointly initiate online meetings with executives of local organisations or associations where they present the needs of the community and discuss proposed ways to address these needs.

All the problems my clients face in normal circumstances have worsened since the start of the pandemic. Poor families have nothing to eat at home, there is more domestic violence, and more families we were not familiar with are now facing economic and emotional hardship. In conversations I had with service clients, we identified together the needs of the community, and we worked together to locate and recruit organisations and social associations that can be mobilised to help families in need. (Abir, community social worker).

This strategy, as described by several participants, liberates the social workers from intensive direct involvement in the supply of food and medications to the entire community and allows focusing on the needs of populations at risk.

During the pandemic, as directed by the mayor, the entire population [residents in the city] are our customers to whom we need to provide service. I have mobilised organisations and associations to help in this matter so that I can make time to address the burning needs of my clients (Hosen, family social worker).

## Bridging language and cultural gaps

### Using adapted communication channels

An important action strategy adopted by social workers was the use of online communication channels, such as social networks or apps used by community residents to make information and services accessible. This strategy is required, according to some participants, because of the discriminatory policies in the health system in the country towards the Arab population, which is evident in the delay in Arabic-language

information and guidelines on COVID-19. Many residents had difficulty in understanding the guidelines of the Ministry of Health and implementing them and were left confused, uncertain and concerned. The participants emphasised that many residents of the minority community, including those who were not recognised for welfare services before the pandemic, viewed the social workers as an address for accessing information.

There were a lot of requests from clients who found it difficult to understand the guidelines of the Ministry of Health and implement them, who do not know how to get along, what to do [and] how to behave during the pandemic. For example, when to go into self-isolation, what you are required to do, who to turn to in need, what services exist, so we opened a closed Facebook group for residents. We delivered information and let people ask questions (Janan, family social worker).

The strategy of using online communication channels was also employed in the process of realising rights. The social workers set up a call centre hotline in Arabic that was designed to provide a response to the growing number of residents from minority communities whose economic situation has worsened during the pandemic.

We have set up a hotline for residents who are interested in submitting applications for unemployment benefits, income security and unpaid leave. We explained the rights, what forms they need to fill out and how to contact the National Insurance Institute or the Employment Bureau (Yara, family social worker).

## Mobilisation of local leadership

Mobilising local leadership was identified as another strategy used by social workers during the pandemic. According to the participants, Arab society is vulnerable to contagion and morbidity in view of its collectivist nature, which includes the cohabitation of three generations in one building, a reality that endangers the adults in the family, and social religious congregations that are an integral part of routine for Arab residents. Therefore, in order to convey Arabic-language messages to the community that emphasises the importance of maintaining social rules of exclusion during the pandemic, social workers recruited local leadership—the religious and political leaders in a community that have an impact on the residents.

I have 180 adults under my care. They are very worried about getting infected and becoming sick with COVID-19, so I turned to the clergy I know and community leaders, asking them to talk to the residents and deliver information about the danger, the importance of protecting the

community, and that people should minimize gathering and protect mainly the elderly in the community (Manar, geriatric social worker).

In general, the interviewees emphasised the need to mobilise local leadership at the month of Ramadan, during which mass prayers are held in mosques and multi-participant holiday meals are held every evening.

The leaders are valued and respected in our community, are familiar with the families here in the community and know how to talk to them and influence them to follow the rules, so we mobilised them for the cause. It is very important that the community members understand the health risk in gatherings, especially before Ramadan. (Yael, community social worker)

## **Promoting policies that strive for social justice**

### **Social advocacy through a messenger**

In response to health, economic and social inequality and its impact on minority clients during the pandemic, several social workers have adopted a social advocacy strategy through a messenger. This strategy includes phone calls and writing emails to directors of social services at local authorities or professional supervisors at the Ministry of Social Affairs with an explicit request to deliver a warning to decision makers in the local or national government about lacunae in policies and their impact on minority populations, and requesting action to promote social justice. Deficiencies in policies that social workers seek to change include poor access to health facilities and testing centres in Arab communities, lack of access to Arabic-language information, lack of budgets and providing tailored solutions to ensure food security for high-risk populations, and lack of infrastructure and technological equipment, such as Internet connection.

I write emails and make phone calls, with the director of my department and the supervisor, asking that they contact decision makers up there so that they understand the many problems faced by the service clients during the pandemic and act for change (Yara, family social worker).

This strategy, as noted by several participants, also included writing position papers that are submitted to local or national government decision makers to alert them about governmental neglect of the Arab minority COVID-19 during the crisis.

I wrote position papers to provide information to policymakers and alert them to the health dangers in the community due to the lack of services required to meet the many needs of the population. (Ibrahim, community social worker).

## Driving the community from within

Social workers also employed a social action strategy that aims to motivate the community from within through the development of critical awareness, empowerment of the residents and assistance in organising into action groups working together to influence policy makers at the municipal or national level and to promote health equality during the pandemic. Participants, especially community social workers, described this strategy as involving online meetings with residence aimed at developing and strengthening local leadership and accompanying residents to self-organise in order to change policies and promote social justice.

I held Zoom meetings with activists among community residents where we thoroughly examined what the problems are in the community in light of the pandemic, how to change policy, who to contact and what to do. The process is not over, and I continue to accompany them, because I believe that they have the power to act for change (Yasmin, community social worker).

Two participants also indicated that they encourage community residents to use the tactics of confrontation with policy designers in local and national government to promote the health and economic solutions necessary to deal the with the pandemic.

Without struggle there will be no change, so I encourage community activists to confront the decision makers in any way they see fit. The main thing is that change will take place, and they will provide additional resources and services to the community to cope with the pandemic (Abir, community social worker).

## Discussion

The current study, which examined the action strategies adopted by social workers in the public service in response to the challenges faced by ethnic minorities during the COVID-19 pandemic, identified seven action strategies. Social workers in the present study recognised that in order to respond appropriately to the health, social and economic challenges faced by minority clients in the pandemic, they should act effectively in various ways in order to provide the minority groups with protection and support during the pandemic, bridge language and cultural disparities, and promote policies that strive for social justice.

In fact, the findings show that during the pandemic social workers worked to systematically implement AOPs in public welfare services to help minority clients deal with the complex challenges. Anti-oppressive principles in public welfare services as evidenced by previous research findings (Strier and Binyamin, 2014) include, amongst others, adopting

structural views on social problems, developing non-hierarchical working relationships between clients and social workers, cultural, ethnic and class empowerment, forming alliances with clients and developing critical consciousness amongst clients and social workers. The findings indicate that many of the principles formulated were applied by social workers in the present study.

Social workers have adopted a contextual and structural view of the problems faced by the Arab minority group during the pandemic, and have recognised that in order to curb discrimination and reduce the negative impact of structural inequality they need to work towards promoting social justice. Towards this end, they have therefore taken various actions, including social advocacy through a messenger, which includes writing position papers, phone calls or emails to alert policy makers to flawed policies. Along with driving the community from within, which includes empowering the community, developing critical awareness and assisting in the organisation of action groups from amongst the residents who will work to influence policy makers and promote social justice.

Along with these practices, the findings of the present study suggest that social workers have developed more egalitarian, less hierarchical working relationships with service clients and that they view them as partners in a wide range of areas. These include partnerships in identifying and defining needs or examining needs that need to be met, whether through the strategy of using local assets or in recruiting civil society organisations in the Arab sector. These findings reinforce the position of [Thompson \(2016\)](#) who argues that anti-discriminatory social work is required for the development of sensitivity to the existence of discrimination and oppression, as well as the need to address the three main imperatives of justice, equality and participation. The findings of the present study also extend this understanding to the context of social work practices during a pandemic and emphasise that social workers must work in partnership with their clients to respond to the needs of the population during a pandemic and to promote social justice.

Social workers, as evidenced by the findings, work to implement practices that are sensitive to the needs and culture of the clients that take into account contexts such as language and norms tailored to the needs of the clients. These include the use of tailored communication channels, encouraging a call for support from the family tribe (clan) and mobilising local leadership to convey messages in a culture-sensitive way. The findings emphasise that social workers understand that language and culture must be accessible when professional interventions are made during the pandemic to provide solutions tailored to service clients' needs.

The adoption of these strategies, as the study revealed, suggests that social workers have the competencies and skills to successfully address the challenges they face during the pandemic. Social workers guided by morality and values not only respond to the needs of the population but

also seek creative ways to help them and to protect the most vulnerable in society. The ways to achieve these goals, according to the findings, include the adoption of anti-oppressive actions on different fronts on a micro- to macro-continuum that involves both the provision of services and involvement in policy design processes to promote social justice.

Certain limitations of the study should be recognised. First, this study was carried out at one time point that was considered the first wave of the pandemic in Israel (May–July 2020). Second, this study, like many qualitative studies, sampled a limited number of interviewees. However, despite the methodological limitations, this in-depth study provides insights into an important topic that has not yet been explored. This is the first study that focuses on the action strategies of social workers working with minority clients in a pandemic. The study gathered rich information on the subject that allows in-depth understanding and identification of action strategies required for the functioning of social workers. The study also provides insights into expanding theoretical knowledge about interventions with minority clients in crisis.

## **Conclusions and implications for practice**

The deep commitment of social work in the protection of marginalised groups and vulnerable populations in society requires social workers to act to promote the health of minorities during the pandemic, as well as to provide a tailored response to the impact of the pandemic on their quality of life. The question of how social workers should act in practice to assist minority clients is at the centre of the present study. The findings of the study highlight the importance of adopting an anti-oppressive perspective in professional interventions during the pandemic to reduce the harmful effects of structural inequality on the lives of minority clients.

The findings also show that the adoption of structural views on social problems, the development of non-hierarchical working relationships between clients and social workers, and partnerships with clients are required to provide tailored responses to the needs of minority clients and to promote social justice. In addition, the findings of the study emphasise the importance of applying sensitive practices to the needs and culture of clients that take into account contexts such as language and norms tailored to client needs. The results highlight the need for in-depth knowledge of social work in the context of crises, such as pandemics, with the emphasis on assisting different ethnic groups, as well as the importance of developing interventions to improve social coping strategies.

Professional bodies should encourage social workers to act from an anti-oppressive perspective in welfare services during the pandemic,



including policy-making that supports the development of training and education programmes that increase critical awareness of promoting social justice and reducing inequality. Moreover, in order to gain an in-depth perspective of practicing social work with minority populations during the pandemic, it is important and relevant to build on the findings of this study to examine a larger population sample of social workers, over time, with minority clients from different groups, using different methodologies, in additional contexts and regarding different welfare policies.

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