

Social Work in the Time of COVID-19: A Case Study from the Global South

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Abstract

This article explores the experiences of social workers at a non-governmental organisation (NGO) involved in disaster responses to COVID-19 in a rural and resource-challenged region of Cambodia. The views of Khmer and international social workers in the NGO were gathered through an internal auditing process utilising survey and structured conversation methods. Key themes related to the importance of prioritising the safety of staff and clients, effective communication methods, responsiveness of case management systems, public health responses and adapting to emerging needs. To ensure responsiveness to future disaster events consideration should be given in strengthening partnerships, ensuring case management systems are effective for current use but able to be adapted in new circumstances, and that preparation incorporates a focus on diversified funding streams and open communication channels between staff and management. These elements will enable social workers to continue their practice, reassured and with the flexibility required in the post-disaster context.

Keywords: case management, COVID-19, disaster, Global South, social work

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Teaser text

Acknowledging Gabriel García Márquez's well-known novel *Love in the Time of Cholera*, this article explores the challenges of delivering social work services at the time of COVID-19, in the Global South. Staff experiences while working for a small rurally based Non-Governmental Organisation (NGO) in Ek Phnom, Cambodia are presented. A staff survey and structured conversations were used while completing an internal auditing process. This audit was undertaken to assess responses to the challenges of the virus and how to increase safety of staff and people using services. Key themes arising were:

- effective communication methods;
- responsiveness of case management systems;
- public health responses; and
- adapting to emerging needs.

These gathered data resulted in a range of recommendations:

- strengthening partnerships can improve responsiveness to disasters case management systems need to be effective for current use but able to be adaptable to new circumstances;
- disaster preparation should incorporate a focus on diversified funding streams; and
- open communication channels between staff and management are required.

The outcomes of this work are useful for NGO directors, managers and social workers, consideration of recommendations will enable social workers to continue delivering services within a post-disaster context, in the Global South.

Introduction

Delivering effective social work services in communities during a public health disaster is challenging. The COVID-19 pandemic in 2020 presented such a challenge to Children's Future International (CFI), a Non-Governmental Organisation (NGO), in Cambodia. CFI is situated in a rural region outside the city of Battambang, Cambodia. As a social work organisation, its primary focus is on child protection and supporting family cohesion and well-being. With the rapid onset of COVID-19 in early 2020, the organisation was faced with a myriad challenges, as well as opportunities for new learning regarding service delivery, this article focuses on an early period of the disaster between March and June 2020. CFI has a pivotal role in its local community and its positioning as a social work organisation became even more important during this disaster. Strategies included adapting current practice to meet new COVID-19 regulations, working with local authorities, and training them to assess needs and deliver emergency supplies to at-risk families. While Cambodia's level of diagnosed virus cases was low, the societal impact was extremely high as food insecurity, which was a regular feature of life before COVID-19, became exacerbated.

There are few qualified social workers in Cambodia (Fronek *et al.*, 2019). While all of CFI's social workers hold degrees in a range of disciplines, including community development, none hold social work qualifications. CFI is led by two British qualified social workers, both holding Master's degrees from New Zealand and a Khmer Technical Director. The leadership and social work staff at CFI are committed to applying social work theoretical approaches to practice. CFI social workers receive annual training from a licensed trainer in an international intervention modality, *Signs of Safety* (2020), a strength-based approach to practice, and in-house training on an international risk assessment tool, the Child Status Index. Additionally, all social workers receive ongoing professional development to ensure social work approaches are employed appropriately within the context of the local environment. As in most community-based NGOs in Cambodia, social workers' tasks are varied and include child protection, assessment, intervention, family strengthening, prevention of child/family separation and addressing violence against children. In Cambodia, there is a reliance on NGOs for the provision of practical items such as food, shelter and clothing. CFI is committed to reducing service dependency and so actively works to support family and community strengths, independence and self-sufficiency (Henley *et al.*, 2019).

In the Global South, there are significant risks that funding and practice foci be shifted to a presenting public health disaster which then overshadows pressing child protection and other safety concerns (The Alliance for Child Protection in Humanitarian Action, 2020). This may result in pressure on social service staff to focus solely on the presenting health disaster rather than core business. This article explores Khmer and international social worker reflections on their experiences of continuing to deliver social work services after the onset of COVID-19. The role of social work, key factors that contributed to service delivery success, and implications for future practice are considered.

Background

COVID-19 is an infectious disease caused by a newly discovered coronavirus (World Health Organisation, 2020). In March 2020, COVID-19 was identified in Cambodia and many local business and service organisations began to reduce or close their services (Henley *et al.*, 2020). The infection rates of COVID-19 in Cambodia have been low. To date (30 March 2021), only 2,273 people have been diagnosed as being infected, with 1,152 having recovered and 11 recorded deaths, 668,542 people have been tested (Worldometer, 2021). However, the impact of COVID-19 on the local community extends well beyond reported infections.

At the time the virus was detected in Cambodia, CFI employed thirty-eight Khmer (local nationals) and two international staff (from New Zealand). All staff were living and working locally, attending the CFI office daily. Founded in 2009, CFI delivers services to a rural community with high levels of poverty. The organisation aims to prevent human rights abuses and to protect and uphold the dignity of some of Cambodia's most at-risk children. Initially, the vision of the NGO was to provide supplementary education for at-risk children and return children not in education to public schooling. An orphanage was also established, caring, on average, for forty children. Over time, the organisation recognised that with the right support and partnerships, families could be strengthened to look after their children in a way that reduced risks and enhanced well-being. By refocusing efforts and using strength-based social work approaches, all children were safely returned to community living (CFI, 2020).

Since 2016, CFI's social work model has focused on supporting children to safely live within families in the community. As part of two national child protection networks, Family Care First/REaCT and 3PC, the NGO's primary aim is to support children and youth to break the poverty cycle through child protection, community development, educational programmes and community support. Programmes are offered within a community experiencing abject poverty, malnutrition, unsafe migration, exploitive labour practices, physical and sexual abuse and secondary post-traumatic stress disorder (generational) from the Khmer Rouge genocide in the 1970s.

CFI has an established approach to provide services within clearly designed service pathways. It recognises service dependency as a risk and therefore exits families from services when safe to do so (Family Care First/REaCT, 2019). CFI's operations are located within the community, all direct practice is delivered by Khmer nationals. The post-genocide environment in Cambodia presents several challenges for children and their families including poverty, unemployment and a lack of available community services. Families survive on minimal resources and food insecurity is common. Understanding of child protection in Cambodia is nascent, with residential care institutions (RCIs), known to the Global North as orphanages, presenting risks of child and family separation (Fronek *et al.*, 2019). Recent local research, undertaken by CFI as part of a community Harm Prevention campaign, funded by FCF/REaCT (submitted for publishing), suggested local communities view RCIs as positive places for children to grow up. CFI seeks to provide alternative opportunities for at-risk children and families.

The onset of COVID-19 significantly added to the challenges faced by many local families. People suddenly found themselves unemployed and thus further in debt. This exacerbated existing problems as before the advent of COVID-19 many families required loans of both food and

finances to survive. Additionally, significant numbers of Khmer (approximated at 15,000 people) migrated back across the Thai border after COVID-19 became apparent in Thailand (Long, 2020). Consequently, not only did many families lose incomes from remittances but they also had more people to feed and accommodate.

From March 2020, in partnership with local authority staff and following the Royal Cambodian Government's advice, CFI began to deliver community-based training focused on effective handwashing, symptom recognition and physical distancing for community members, while also disseminating personal protective equipment and training local authorities in how to prioritise families of the highest need. CFI adjusted existing services to meet the requirements set out in Government guidelines, such as how to deliver positive parenting, gender and sexuality workshops and alcohol reduction sessions, safely. These programmes need to be reconfigured to ensure families were supported in a way that minimised public health concerns. The following section considers social work practice and disaster preparedness within the local context.

Local context of social work

A combination of many factors, including genocide, conflict and colonisation, have resulted in Cambodia's unique challenges regarding infrastructure, social structures and poverty (Fronek *et al.*, 2019). Cambodia became part of the international commitment to protect the rights of children by ratifying the United Nations Convention on the Rights of the Child in 1992 (Joamets and Muy, 2019). However, there remains a need to eradicate poverty and hunger while endeavouring to achieve a sustainable future that ensures adequate nutrition, food security and physical development (Karpati *et al.*, 2020).

However, many social services continue to be delivered by a multitude of NGOs (Fronek *et al.*, 2019), as these needs are not fully met by the Royal Government. NGOs face many competing challenges such as unequal distribution of services and a social care workforce which, while developing, remains inexperienced and underqualified (Fronek *et al.*, 2019). With approximately 3,000 NGOs currently providing social services, Cambodia is second only to Rwanda in the number of NGOs per capita, with approximately one active NGO for every 10,000 Cambodians (CDC, 2020).

In Cambodia, NGOs have for many years performed important functions, delivering community-based programmes in areas confronted by issues such as poor infrastructure and embryonic health and social systems (UNDP, 2013). Increasingly, in the Global South, consideration is being given to whether NGOs are simply delivering services or in fact creating further dependencies (Sahoo, 2013). This is complicated further

when international donors fund services on a quantitative rather than qualitative basis, seeking discreet measurable outcomes within short periods of time. Increasingly, services are being funded on international 'best practice' approaches, rather than considering local context, values or need (Stanford, 2015). Like many NGOs, much of CFI's work is driven not by creative engagement with the community but by overseas agendas connected with funding (Khieng and Dahles, 2015). These impact on its ability to engage and fulfil a range of civic obligations (Malena *et al.*, 2009). In locally conducted research (submitted for publishing), CFI found the highest perceived risks for the local community did not always align with those of overseas funding agencies.

Social work training is also still in a developmental phase in Cambodia with the first-degree course having commenced in 2008. There are few qualified social workers working in communes or villages, meaning practice is varied (Froněk *et al.*, 2019). Work is underway to strengthen and improve systems, but there remains a need to comprehensively understand and address families' needs (Froněk *et al.*, 2019). The combination of these factors has led to a fractured picture of service delivery (Froněk *et al.*, 2019). Of note is the recently released 'Guidelines on basic competencies for the social workforce in Cambodia' (MOSVY, 2019). These extensive guidelines contain over forty competencies for social workers, presenting a challenge as to how anyone could demonstrate proficiency in such a range of skills.

In terms of practice guidance in Cambodia, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) is responsible for child welfare and represented locally by the Department of Social Affairs, Veterans and Youth Rehabilitation. These agencies offer direction for how services should be provided. Following the outbreak of COVID-19, guidance for practice was disseminated via 'Guidelines on Case Management During Infectious Disease Outbreaks (COVID-19)'. These MOSVY guidelines instructed NGOs on how to ensure children of the highest need were identified and directed how community-based interventions should be delivered. While this document was important for CFI's work, guidance was also sought from [The Alliance for Child Protection in Humanitarian Action \(2020\)](#). This group issued a comprehensive list of child protection risks from COVID-19, including physical and emotional maltreatment, gender-based violence, unaccompanied and separated children and child labour. The following section considers social work in disasters as part of the wider context of CFI's work during the pandemic.

CFI, social work and disasters

Social work has long been a feature of disaster or crisis response (Alston *et al.*, 2019; Hay, 2019). Social workers are taught to consider

situations comprehensively, taking into consideration psychosocial, environmental and social factors (Taubman and Weisz, 2019). In the post-disaster context, social workers may engage with current and new service users, helping them to access resources. They may also undertake complex coordination with relevant agencies and work directly with communities (van Heugten, 2014; Alston *et al.*, 2019). Social workers may also engage in community research, advocate for disadvantaged groups and challenge social policies. Establishing connections between NGOs and government resources are also important while considering the psychosocial impact of those affected (Taubman and Weisz, 2019).

CFI identifies itself as part of the international social work context. To this end, social workers abide by the global definition of social work, placing principles of social justice, human rights and collective responsibility at the centre of the organisation (IFSW, 2018). CFI's experience during the COVID-19 pandemic was related to many aspects of disaster management. For instance, in terms of post-disaster response and recovery, there was a clear expectation within the local community and the local authority that CFI would take a lead role in coordinating activities and supporting communities. Although CFI social workers were willing to be engaged in this manner, many had no prior experience or training to help them navigate these new responsibilities. This was a challenging time both personally and professionally for all staff. The following sections consider the approaches presented in this article.

Methods

Due to the rapidly changing work environment where CFI staff were required to initiate new programmes and work remotely, the leaders of CFI, in consultation with senior staff, decided to undertake an auditing exercise. The purpose of this was to explore some of the immediate consequences of the COVID-19 disaster, on the social workers and other staff. An internal survey was written by the Managing Director, and peer reviewed by the Executive and Technical Directors. Ethical consideration was given to informed consent and voluntary participation. For instance, staff were provided with written information in Khmer about the purpose of the survey and informed that they did not have to participate. To enable confidentiality of responses, an anonymous google form was used for data collection. The survey, which included a majority of qualitative questions, was completed by thirty-three staff, including nine social work staff. The gathered data were analysed by the Data Analysis and Reports Officer who employed a thematic approach (Lietz and Zayas, 2010). The results were disseminated via email and then discussed with the staff group as a whole. Following the survey and discussion, social work staff were also invited to engage in a structured

conversation led by one of the Khmer authors. All of the social workers chose to participate in this structured conversation that explored in more depth aspects of the survey results such as changes to their practice, communication, and concerns about the evolving situation. This series of ‘open questions’ were designed to elicit further information about their experiences of working in the COVID-19 environment. While this was an organisational audit, the resulting reflections were identified to be of considerable value, not just for CFI staff, but potentially for other NGOs in the Global South. It is acknowledged that there are limitations in an internal audit as survey and interview questions can be biased and not subject to the usual rigours of academic research. That said, the survey questions were written and checked by more than one senior staff member, then translated to Khmer. Conversations were semi-structured in nature and so participants were able to have some influence on the direction of the conversation. The strength of the conversational approach was that staff were able to speak in their own language with a trusted colleague about a shared experience and offer their opinions about their experience of working in the context of the pandemic. This core narrative approach (Burck, 2005) elicited several common themes that are discussed below. The following section draws on findings from the survey and structured conversations and details what occurred within the organisation following the onset of the pandemic. The experiences of working in a COVID-19 environment from the perspective of the international managers, the two primary authors, are detailed separately.

Findings

Safety

From 23 March 2020, all CFI staff were directed to work remotely from the office as a high infection rate was expected in densely populated Cambodian communes. This resulted in clear impacts summarised by one social worker in the survey as: ‘I miss all my colleagues!’. They were, however, able to continue to make their own assessment as to the safety of visiting high-risk families in the community.

The survey results indicated that staff were committed to continuing to be as responsive as possible to the local community during the initial stages of the COVID-19 disaster. Concerns during this time primarily related to their own and their clients’ safety, as illustrated by one social worker: ‘I worry that I myself and other staff, plus other families get infected by COVID-19’. Government guidelines directed social workers to quickly assess community needs in the event of a disaster, potentially exposing CFI staff to infection (MOSVY, 2019). CFI’s policies and adaptations supported safety within this context, which resulted in practice

changes. As per CFI guidance, the social workers would call ahead to check the health and well-being of families, wore disposable face masks and observed good hand hygiene. During the structured conversation, a social worker commented about the new rules ‘Prevention yourself as staff when go to community such as using masks, alcohol, gel and gloves’.

The survey results showed that over a third of participants thought that an advantage of working remotely was being able to ensure their own families were safe. As one social worker remarked in the structured conversation: ‘I was able to take accountability of my tasks and take care of my family and my crops’. Despite their concerns, social workers continued to be flexible and responsive in their practice approaches. For instance, one social worker described that they would ‘call to the families or children to follow their situation in order to find their needs such as health care, food support, study and security’. Safety is a primary consideration in any setting, but in the context of a highly infectious virus, it was even more important that CFI provided an environment where staff felt they were able to focus on their own family’s safety, while providing community support.

Case management

CFI’s case management approach aims to reduce incidences of child and family separation and service dependency (FCF/REaCT, 2019; Henley *et al.*, 2019), this is especially challenging when working in a disaster context. A clear service pathway begins with regular intake meetings to consider referrals and ensure that the NGO only works with families with the highest need. Children are only allocated essential interventions, a clear plan for exit is made at the point of entry, and the level of intervention is reduced alongside risk, reducing risks of dependency (Save The Children, n/d). Further to the case management pathway, the social workers’ interventions are based on Save The Children’s Steps To Protect approach (Henley *et al.*, 2021, in press). Social workers also utilise a strength-based intervention approach based on Signs of Safety (2020). These approaches are used to give families a voice which is particularly important in a hierarchical society where poor uneducated families are frequently voiceless, and decisions are made for them by hierarchical powers.

The social workers noted in the structured conversation that established case management and organisational structures were beneficial during the COVID-19 disaster. For example, regular fortnightly intake and exit meetings continued online. Practicing within the recognised guidelines and structure provided stability as one social worker highlighted ‘the manager sets the schedule for members of the team to

work on different days and we share our work plan through google calendar'. Several social workers reflected on the importance of basing practice approaches on established guidance which provided reassurance their work was safe.

School closures, resulting from COVID-19 meant children were often not being seen outside of their family unit. This increased the risk of families using their children as labour, for trafficking and entry to RCIs (MOSVY, 2020); therefore, children of the highest risk still needed to be visited in the community. One social worker explained: 'If there is an urgent case we still follow directly face to face and follow COVID-19 prevention'. There were also concerns regarding education as 'The children cannot learn or absorb the lesson'. This continuation of face-to-face visits followed CFI protocol in which children of the highest risk needed to still be seen in person (MOSVY, 2020; The Alliance for Child Protection in Humanitarian Action, 2020). This accounted for nearly half of the social workers' current caseloads. The maintenance of some degree of routine enabled staff to continue to deliver quality services despite presenting challenges. One social worker was optimistic about the new working arrangements and commented: 'Staff are working well as normal even though there is COVID-19 disease'. The social workers were therefore able to remain responsive to the disaster situation.

The challenges described above resulted in staff having some unmet needs themselves as illustrated in this direct statement 'What I need from CFI is more motivation'. This was useful for CFI's leadership to hear and they promptly responded by increasing online contact with staff. Some social workers, however, felt comfortable with the new working from home arrangements, for example: 'I think we are already doing great and I appreciate that we have weekly meetings on Google Meets to follow up on our work! Great to speak with everyone!'

Communication

Comprehensive communication in times of disasters is essential. In communities where most people are not connected to the Internet, nor have access to television, public health messages need to be delivered in alternative ways. The social workers emphasised the importance of 'communicating well with families and local authorities'. Online access to the CFI electronic case management tool, Open-Source Case-management and Record-keeping system (CIF, 2020), was noted by over three quarters of staff in the survey as the most challenging aspect of working from home (access to home-based Wi-Fi is challenging). In response to this CFI bought staff modems and allocated additional funds for connectivity, thereby directly responding to staff concerns about inadequate

communication: 'Working from home we spend much money for the Internet, sometime can't contact family if we work directly with them, they feel worried about the COVID-19'. Despite attempts to resolve, many challenges remained regarding connectivity: 'The Internet is really slow, when I need some documents, sometimes I have to come to CFI, late to respond and reply, disturbing family members'. This led to some practice challenges, as described by this social worker: 'I have difficulty such as following children at home because some children don't have a phone and it's hard to motivate children to learn through online learning and individual counselling'.

Some families began receiving telephone contact so that social workers could deliver intensive face to face services to those presenting with being at-risk. One social worker detailed what the discussion might cover and what different approaches were employed: 'facebook because sometimes calls get through the phone then invite children or families through messenger video calls to join training. For example, invite students to join youth participation event or some families to join rice support group day'. The social workers expressed pride in being able to keep children safe during this time, but remained worried about other families. They also reflected that it was much harder to maintain relationships with people they only contacted by phone, but demonstrated commitment in continuing: 'We continue to make relationship or communication between families and staff'.

Public health response

As per the guidance from MOSVY, CFI's response to the disaster began with training staff in relation to effective hand washing, symptoms of COVID-19 and how to keep themselves and community members safe. This was emphasised as important during the structured conversation with one social worker indicating that 'Staff and families wash with soap before joining each training'.

The social workers delivered in-person sessions to specified numbers of community members at a time. These were not only families working with CFI as the NGO recognised the need for wider public health messages. This work instilled the need for physical distancing and meeting the disaster requirement of establishing an action plan, resulting in a robust public health response (MOSVY, 2019). Sessions included the distribution of government posters funded by USAID and UNICEF, distribution of soap, along with question-and-answer sessions. These sessions were delivered quickly before COVID-19 could spread, although some social workers were concerned this may not have been enough as 'children and families did not know/get information very clearly'. Staff felt challenged to get the balance right between health and child

protection and often spent longer than usual identifying risk and need once initial training about COVID-19 had occurred: ‘We feel more confident to deliver more attention on COVID-19 prevention as families and children know how to prevent or protect themselves’. Social workers also noted in the structured conversation extremely challenging aspects of delivering these services in such an evolving challenging environment: ‘We do less work on other works, like government form, usual training to the families and children, fun activities with children, double works on training (because less than 10 people joining), and sometimes we have to do the same work several times’. To encourage effectiveness, work was undertaken in partnership with village chiefs and the Commune Council for Women and Children (CCWC) services, two key support networks within local communities and CFI was supported by Family Care First/REaCT and 3PC ([The Alliance for Child Protection in Humanitarian Action, 2020](#)).

Social workers highlighted that working directly with local authorities during a disaster such as COVID-19 increased the effectiveness of keeping children safe and having established relationships was vital for ensuring child safety. For example, ‘Working with the local authority, they inform us when there is an issue. We also ask them for help if we cannot do it right away’. Working in partnership with local authorities was therefore important as it; demonstrated approval at a local level, transferred some skills to local authorities who had better access to more people; and ensured all parties were aware that decision-making powers rest with families and local authorities, not with CFI. There was a risk of community trust and collaboration breaking down and of community members abusing their positions of power ([MOSVY, 2020](#)). CFI’s existing partnership with local authorities meant these risks were able to be recognised and somewhat reduced.

New needs and responses

A significant challenge of COVID-19 in Cambodia was the large numbers of people migrating back from Thailand. These families, most of whom migrated unsafely (without required legal paperwork and visas), returned with little by way of resources, to family members already struggling financially. When asked specifically what they were worried about regarding COVID-19, one social worker responded: ‘The families and children still migrate in the county because of financial, even though they know about the disease’.

Several steps were taken by social workers to support these families. CFI secured unrestricted activity funding from two overseas donors, which allowed for consultation to discover what the community saw as important. Not wanting to risk further dependency, a basic prioritisation

tool was created and local authorities were taught how to identify families of the highest need. After two rounds of emergency supplies were delivered, CFI and the CCWC jointly delivered safe migration workshops in an attempt to reduce migration risks. Income generation packages and small business workshops were also delivered. All of this work was designed to reduce risks while not creating dependencies and as highlighted by one social worker, to 'Work with families to build capacity'. Connecting clients with needed resources within a conflict area are seen as critical (MOSVY, 2019).

Positive parenting workshops and alcohol support groups, which had stopped at the beginning of COVID-19 featured as recommencing responses several months after the onset of the pandemic. Established groups were split into smaller cohorts and interventions run in locations with room for physical distancing. Social workers identified challenges of not being able to complete effective community follow-up work. The most significant concern was families attending virus safety education but not putting learning into place in their local community: 'Afraid that families or children only come to join training but do not follow COVID prevention as practice at home or in the community'. Despite this concern the social workers hoped for a 'snowballing' effect with '.. families and children sharing COVID-19 prevention to neighbour or community'.

International staff perspectives

As CFI social workers began working remotely, the two international directors returned to their home country. This presented additional challenges, such as ensuring processes and systems remained effective, communication with the team and funders and securing ongoing and new funding. The directors were concerned that funding sources may become unstable and so this became the immediate focus at the onset of the disaster. The executive group were unaware how many staff were also concerned about this and in hindsight immediate communication about the financial position of CFI would have been highly beneficial. As the social workers expressed: 'Because of COVID, I heard some NGO/company had to reduce some staff or cut down their staff salary' and 'CFI is broke'.

The overseas directors enrolled in online training to learn to effectively manage services virtually. Effective communication was emphasised in the training, and this was certainly an area of some challenge with social work staff identifying miscommunication as a particular concern. This led the directors to focus on regular communication including daily working-from-home tips led by the human resources team. Weekly management reports were completed and discussed at regular

management meetings along with direct discussions on morale and health. This provided an opportunity for candid discussions with all staff regarding how they were feeling about continuing to deliver services.

An effective team culture had been developing over some time at CFI, meaning conversations were able to be open and constructive. A CFI 'tagline' was added to social media posts: 'stay safe, stay healthy and stay connected to your loved ones', this important message was repeated throughout CFI's social media. Internal relationships were managed by increasing contact and ensuring formal supports such as supervision remained in place. Social work supervision occurred mainly via online meeting rooms as these established relationships continued to provide stability. Of note was the need for strong established relationships, which supported critical changes in approach and had implications for practice. These are considered below.

Discussion

COVID-19 infections were not the disaster in Cambodia at this time, it was rather the collapse of tourism which significantly contributed to the increase in poverty and hardship for many local families. It also affected many Cambodians based in nearby Thailand who chose to return to their extended families in Cambodia. CFI social workers started working in an educative way regarding COVID-19, but this approach soon needed to be changed. This indicated the need to be flexible in identifying the most pressing challenges and responding to them, for example, food insecurity. The social workers provided support to a significant proportion of the local population through the provision of emergency food and economic stimulus packages to generate income and promote self-sufficiency. Even storage of food is a challenge in an environment where families do not have fridges.

CFI modified traditional case management approaches to ensure the community remained safe, as exemplified by introducing telephone communication and working with returned migrants, thereby supporting a change to safe migration approaches (MOSVY, 2019). Although funding was a significant concern, it did not collapse as feared. One of the important reasons for this was the existence of CFI having diverse funding streams which meant not being reliant on only one means of resourcing. Rather, the organisation continued to access smaller sums from private, corporate and formal grant funding both nationally and internationally. In a disaster, funding can easily become redirected leaving children with increased vulnerability and CFI was determined to prevent this occurring in their local community ([The Alliance for Child Protection in Humanitarian Action, 2020](#)). Some local partners, who were reliant on singular funding approaches, such as social enterprises based on tourism,

or corporate-giving programmes reliant on strong economies, have not fared as well, placing staff and stakeholders in difficult positions.

CFI remained mindful of maintaining a focus on their core business responsibilities, despite some work becoming redirected. This was vital in ensuring that children remained safe. Retaining a focus on priority work is important despite the challenges of the post-disaster environment and displays the flexibility required of community-based social workers (Alston *et al.*, 2019; MOSVY, 2019). CFI social workers learned and implemented new skills and approaches, shifting some attention to public health education, learning and using new technologies.

Overall CFI has, so far, weathered the storm of COVID-19. The lessons learnt have placed the NGO in a strong position and provided opportunities to work with funders and local authorities in a variety of ways which strengthened relationships. As noted, the health impact of COVID-19 in Cambodia has, to date, been low. However, a longer-term financial impact is expected, further damaging impoverished communities. Over time, the impact of this financial impact may shape additional changes to the services delivered by social workers such as requiring greater emphasis on economic stimulus and well-being. While COVID-19 had a significant impact on CFI's social work practice, adapting has resulted in positive changes in practice and allowed for significant learning. Based on the experiences of the social workers, the following recommendations are offered:

Partnership

Partnership during a disaster is essential for success. Partnership with local authorities ensures alignment and cohesion with community responses and national frameworks. It also provides a platform for challenging inequitable distribution of goods and services and unsuitable political decisions (Hay, 2019). Having established patterns of partnership means that changes to working patterns and approaches are able to be implemented more easily. Internal communication and strong leadership are key to a coherent partnership approach throughout a disaster.

Practice

Social work practice approaches require consideration in a disaster situation. Following established guidance but allowing for adaptations can reduce workers concern. This enables social workers to be able to assess and identify the impact on individuals and communities in the event of a crisis and do so in a way that allows case management approaches to be reviewed and changed where needed. Developing strong case

management pathways before a disaster ensures these can be easily adapted when required. In turn ensuring these consistent, reliable practices are maintained allows good service decisions to continue to be made. Reliability and familiarity are critically important in the face of managing the unpredictability of a disaster. That said, managers should remain open to improvements so that localised responses that can build better communities remain at the fore (Alston *et al.*, 2019).

Preparation

Preparation for unanticipated disaster events should be undertaken. A diversified funding stream means NGOs are not reliant on single sources which can become compromised during a disaster (van Heugten, 2014). Critically, reviewing online coverage as part of preparation is required to ensure effective communication can be more likely immediately following a disaster event. Senior staff should communicate early and clearly about an organisation's financial and operational status as this can reduce stress for social workers.

Conclusion

This article has presented reflections from social work staff at CFI in Cambodia during the early stages of the COVID-19 disaster. Consideration was given to social work responses to the pandemic, implications for practice and recommendations in terms of preparedness for future disaster events. Key findings established the need to maintain a flexible but familiar approach to social work practice once the true impact of the disaster became apparent, and the importance of strong and ongoing communication internally and externally to the organisation.

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