

# **China Country Report on the Role of Social Work during the COVID-19 Pandemic**

By:

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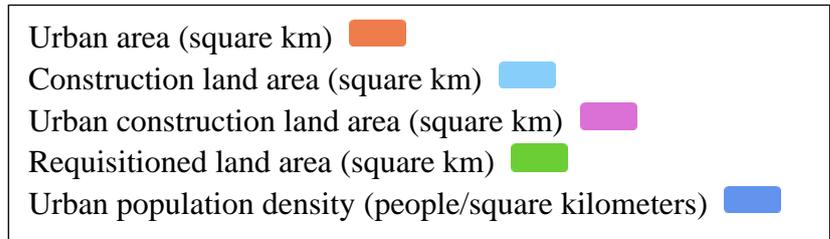
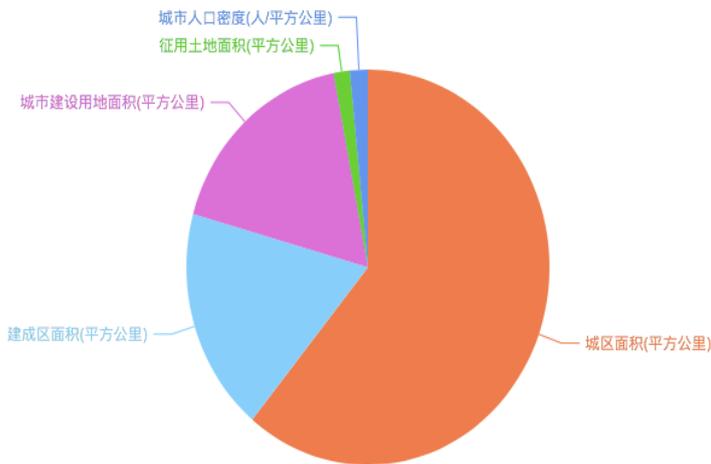
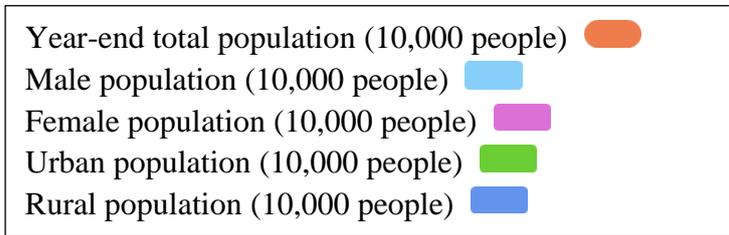
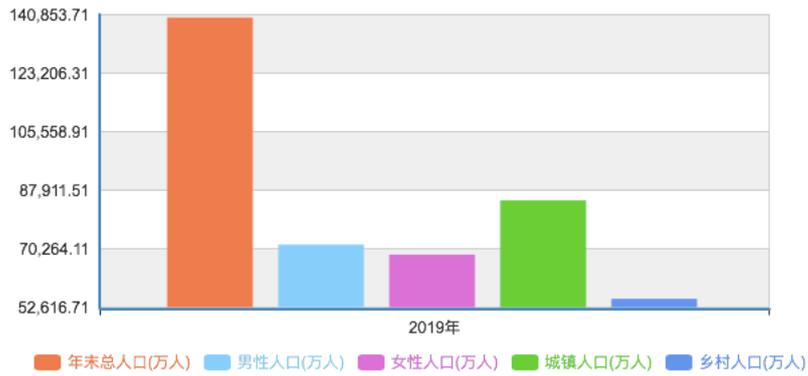
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## **1. Country Context: Facts and Figures**

### **Population and population density**

As of December 31, 2019, the total population of China was 1,405 million as calculated by the National Bureau of Statistics (including populations of Hong Kong Special Administrative Region, Macau Special Administrative Region, Taiwan Province and overseas Chinese). According to the report of the National Bureau of Statistics in 2018, the urban population density is 2,546.17 people per square kilometer.



## **Number of infected cases and time period**

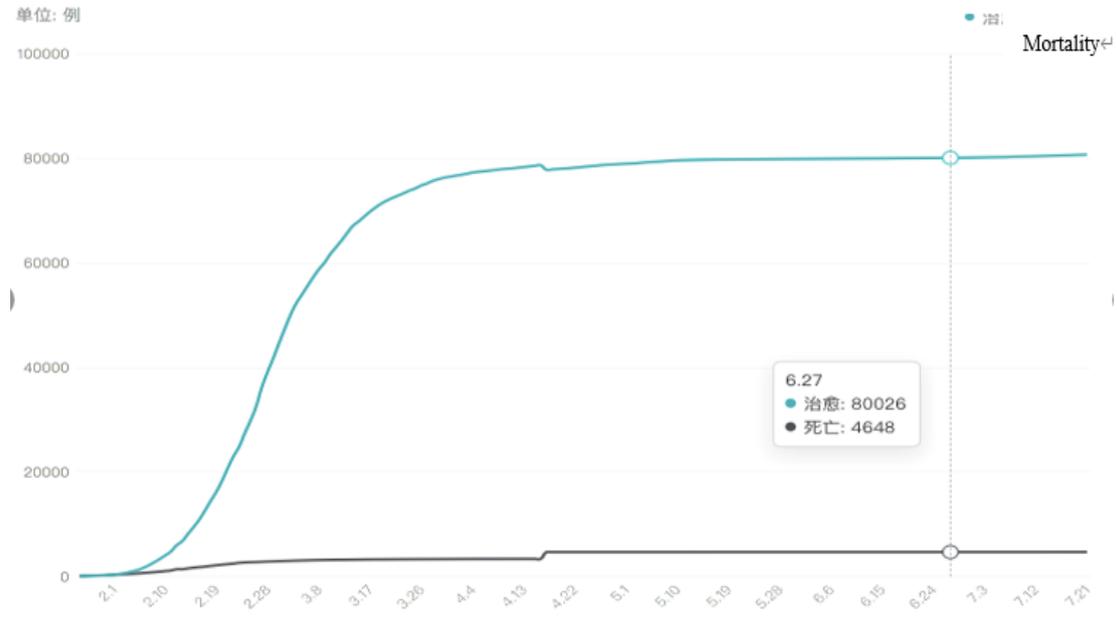
By midnight on 21 July 2020, a total of 83,707 confirmed cases of COVID-19 had been reported, and a total of 78,840 cured cases had been discharged from hospitals, according to the statistics by the National Health Commission of the People's Republic of China. A total of 2,519 confirmed cases had been reported in Hong Kong, Macao, and Taiwan. Specifically, there were 2,018 cases in Hong Kong Special Administrative Region (1,324 cases discharged), 46 cases in Macau Special Administrative Region (46 cases discharged), and 455 cases in Taiwan (440 cases discharged) (1).

According to the report on the epidemiological characteristics of COVID-19 patients in China released by the Chinese Center for Disease Control and Prevention on February 19, 2020, most patients were 30-79 years of age (N = 44,672). The proportion of the group aged 30-79 years among all confirmed cases was 89.8% in Wuhan City, 88.6% in Hubei Province (including Wuhan), and 86.6% in the whole country (including Hubei). The patients over 60 years old accounted for 44.1% of all cases in Wuhan, 35.1% in Hubei (including Wuhan), and 31.2% in the whole country (including Hubei). The ratio of men to women in confirmed COVID-19 cases was 0.99:1 in Wuhan, 1.04:1 in Hubei, and 1.06:1 in the whole country. Of all the patients, 22.0% were farmers or workers, 74.7% were residents of Hubei Province, and 81.0% were mild/moderate cases.

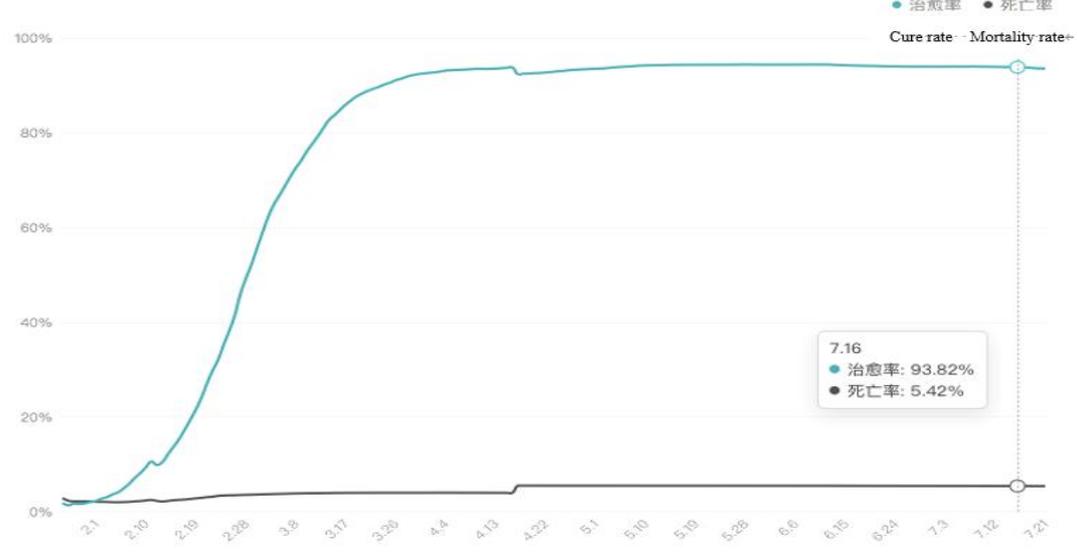
### **Number of deaths (by age groups, gender and region)**

According to the statistics by the Chinese Center for Disease Control and Prevention, a total of 1,023 deaths were reported out of 44,672 confirmed cases. The crude case fatality rate was 2.3%, and the fatality rate density was 0.015/10 person-days. That is, the average risk of death for a patient was 0.015 during 10 days of observation. The crude case fatality rate for those who were 80 years of age or above was 14.8% which is the highest among all age groups of patients. Regarding the crude case fatality rates in different gender groups, it was 2.8% for men and 1.7% for women. Dividing the patients of COVID-19 into different groups by profession, the retirees were found to have the highest crude case fatality rate (5.1%). The crude case fatality rate in Hubei Province (2.9%) was 7.3 times higher than other provinces (0.4%). Compared with the crude case fatality rate among patients without comorbidities (0.9), the rate was much higher for patients with comorbidities. Specifically, the crude case fatality rate was 10.5% for patients with cardiovascular disease, 7.3% for diabetics, 6.3% for patients with chronic respiratory diseases, 6.0% for hypertensive patients, and 5.6% for cancer patients. Of all the confirmed cases, severe cases accounted for 13.8%, and critically ill patients accounted for 4.7%. The crude case fatality rate among critically ill patients was 2.3%, and the fatality rate density was 0.325, suggesting that the average risk of death for a critically ill patient was 0.325 during 10 days of observation.

全国 累计治愈/死亡 趋势 National trend of cumulative cases of cure/mortality



全国 治愈率/死亡率 趋势 National trend of cure/mortality rate



国内各地区疫情统计汇总 <sup>?</sup> Summary sheet for COVID-19 cases in different regions of China<sup>↵</sup>

7:00-10:00为更新高峰，数据若滞后敬请谅解

疫情地区	新增 <sup>↕</sup>	现有 <sup>↕</sup>	累计 <sup>↕</sup>	治愈 <sup>↕</sup>	死亡 <sup>↕</sup>
▼ 北京 Beijing <sup>↵</sup>	待公布	87	929	833	9
▼ 内蒙古 Inner Mongolia <sup>↵</sup>	待公布	9	250	240	1
台湾 Taiwan <sup>↵</sup>	待公布	8	455	440	7
▼ 四川 Sichuan <sup>↵</sup>	待公布	7	603	593	3
▼ 山东 Shandong <sup>↵</sup>	待公布	6	798	785	7
▼ 天津 Tianjin <sup>↵</sup>	待公布	5	203	195	3
▼ 辽宁 Liaoning <sup>↵</sup>	待公布	5	164	157	2
▼ 陕西 Shaanxi <sup>↵</sup>	待公布	3	322	316	3
▼ 浙江 Zhejiang <sup>↵</sup>	待公布	2	1270	1267	1
▼ 福建 Fujian <sup>↵</sup>	待公布	2	364	361	1
▼ 江苏 Jiangsu <sup>↵</sup>	待公布	1	655	654	0
▼ 重庆 Chongqing <sup>↵</sup>	待公布	1	583	576	6
▼ 河北 Hebei <sup>↵</sup>	待公布	1	349	342	6
▼ 广西 Guangxi <sup>↵</sup>	待公布	1	255	252	2
▼ 山西 Shanxi <sup>↵</sup>	待公布	1	201	200	0

**Number of deaths in specific settings, such as care homes for older people and residential care for children (if known and applicable)**

According to the announcement issued by Wuhan Civil Affairs Bureau, as of 19 February, there had been 12 confirmed cases in Wuhan Social Welfare Institute, including 11 elders (including 1 death) and 1 employee; and 19 suspected cases, including 7 elders and 12 employees. All the confirmed and suspected patients had been sent to isolation venues, mobile cabin hospitals, and designated hospitals for classified

treatment by that time. As Wuhan Social Welfare Institute is located opposite to the epicentre of the COVID-19 outbreak (South China Seafood Market), it was difficult to prevent and control the spread of virus, and the risk of infection was high for people in the Institute. At the time of the outbreak, there were a total of 656 people in the Institute, including 458 service users (80 self-care elders, 56 device-aided elders, and 322 nursing-cared elders), 190 employees, 21 property personnel, and 8 caregivers.

In the Wuhan Children's Welfare Institute, the services that were originally provided by more than 360 people in three shifts were sustained by only 190 staff who were on duty 24 hours a day during the 50-day lockdown. All the 313 orphans in the Institute were taken care of even better than usual. Up to March 12, 2020, none of the employees and children was infected with the virus, and all kept safe and healthy.

## **Comments**

(1) The description and exploratory analysis of epidemiological characteristics of confirmed cases of COVID-19 in China revealed that most of them were those with mild symptoms or general pneumonia, and the overall crude case fatality rate was low. The overwhelming majority of the deaths occurred in patients aged 60 years and older, who were simultaneously suffering from underlying diseases such as hypertension, cardiovascular diseases, and diabetes.

(2) In most of the cases with medical staff being infected, mild symptoms or general pneumonia (85.4%) were found to be the major clinical manifestations, and the fatality rate among them was lower than the national average. The gap may be attributed to age related factors. The medical staff at work were generally under 60 years old, in contrast to the fact that most deaths occurred in patients over 60 years of age. Moreover, since governments learnt the lesson from the outbreak in Wuhan, abundant provisions of personal protective equipment were provided for medical staff.

## **2. State and other societal measures addressing social consequences of coronavirus**

### **The extent of isolation**

*Phase 1: Immediate response to the outbreak (from December 27, 2019 to January 19, 2020)*

On finding cases of pneumonia of unknown cause in Wuhan, Hubei Province, China first reported the situation to the public on 31 December 2019, when the Wuhan Municipal Health Commission released a Report referred to below. Immediate actions were taken to conduct etiological and epidemiological investigations and stop the spread of the virus. China also took the timely initiative to inform the World Health Organization, the United States, and other countries of the pandemic situation and the genome sequence of the novel coronavirus. Local community transmission and clusters

of cases emerged in Wuhan, and confirmed cases that were linked to Wuhan outbreak began to appear in other areas. A full range of measures for pandemic prevention and control were quickly started by the Chinese government.

On 27 December 2019, the first few cases of pneumonia of unknown cause were detected and reported in Jiangnan District of Wuhan, Hubei Province. On 31 December, the Wuhan Municipal Health Commission released the *Report on the Current Situation of Pneumonia in Wuhan* on its official website, in which 27 cases were reported. The public were reminded to avoid staying in public places that were shutdown, unventilated, or crowded, and wear masks when going out. On 13 January 2020, the National Health Commission instructed and directed Hubei Province and Wuhan City to further strengthen the control measures, including body temperature monitoring at ports and stations and restriction of crowd gathering.

*Phase 2: Preliminary control of the pandemic spread (from 20 January to 20 February 2020)*

With the rapid increase of the newly diagnosed cases nationwide, the situation for pandemic prevention and control was extremely critical. All transportation channels for entering and leaving Wuhan were shut down, which was vital to effectively curbing the spread of virus. The State Council successively established the joint prevention and

control mechanism and the working mechanism for resuming work and production. The nation-wide resources and efforts were concentrated to support Hubei Province and Wuhan City to fight the pandemic. Responses to public health emergencies were activated across the country. The most comprehensive, rigorous, and thorough measures of national pandemic prevention and control were formally launched, and the spread of the pandemic was controlled preliminarily.

On 23 January, the airport and railway stations of Wuhan were temporarily closed. The Ministry of Transport issued an emergency notice that the road and waterway passenger transportations to Wuhan were suspended. The National Health Commission and other 5 departments jointly issued the “Notice on Strictly Preventing Pneumonia of New Coronavirus Infection Transmitted Through Transportation”. On 25 January, the National Health Commission issued six public prevention guidelines, including the general guideline and five guidelines for specific settings:

- *General Guidelines for Prevention of COVID-19*
- *Guidelines for Prevention of COVID-19 for People with Experience of Living and Traveling in Pandemic Areas*
- *Guidelines for Prevention of COVID-19 for Families*
- *Guidelines for Prevention of COVID-19 in Public Places*
- *Guidelines for Prevention of COVID-19 in Public Transportation*

- *Guidelines for Home Medical Observation of Close Contacts of COVID-19 Cases*

Thus, tourism, families, public spaces, public transportation, and home observations were covered. On 26 January, the General Office of the State Council issued a notice, deciding to extend the 2020 Spring Festival holiday and postpone the opening of colleges and universities, primary and secondary schools, and kindergartens.

During the period of pandemic prevention and control, most entertainment facilities and public places were closed, including restaurants, hotels, playgrounds, shopping malls, and movie theatres. People were required to wear masks outside, and follow the instructions and arrangements of the personnel from relevant departments (e.g., departments of health, social services, and community administration). Those who violated the regulations would be subject to fines or criminal detention of varying degrees.

The operating units of hotels, restaurants, cultural and entertainment venues, shopping malls, supermarkets, and public transportation stations where the densities of people were high, and the management units of public transportation such as subways and buses were obliged to increase the frequency of cleaning and disinfection in the transportation venues and vehicles, alongside keeping a record of the work undertaken, and maintain good ventilation in the venues. The scale and density of the flow of people

was to be controlled in a scientific and reasonable manner. Body temperature detection was to be carried out at the entrance of those places, if conditions permitted. Those who refused to take a body temperature test and who had abnormal temperature were not allowed to enter these places. For those with abnormal temperature, it was necessary to assist and guide them to seek treatment at the fever clinics of nearby medical institutions. Those who did not wear a mask would be refused entry as well. For those who had entered public places or other crowded places, the operating or management units had the responsibility of reminding people and educating them about the rules for pandemic prevention and control.

The construction units were to strengthen the management of prevention and control in the personnel's living areas, ensuring the full implementation of registration policies and other measures of pandemic prevention and control. The operating and management units of public places and other crowded places were to provide necessary protective equipment, and require employees to wear masks and keep self-protection during working hours.

All public gathering activities and cultural activities were prohibited, and all public places were closed during the period of pandemic prevention and control. Any form of group gathering was forbidden, including in catering service and family banquet service

businesses. The public entertainment venues, including chess rooms, Internet cafes, KTV, and bath centres, were not allowed to operate.

*Phase 3: Significant decrease of new local cases (from 21 February to 17 March 2020)*

The rapid rise of cases in Hubei Province and Wuhan City was significantly contained, and the pandemic situation in other regions kept stable in general. In mid-March, the number of daily new cases was controlled to single digits, which was a sign of the significant achievement in pandemic prevention and control in the early stages. Based on the judgment of the current situation, the Central Committee of the Communist Party of China made an important decision to coordinate pandemic prevention and control with economic and social development, and resume work and production within enterprises in an orderly manner.

**State measures to address social problems and needs**

Grounded in China's national governance system, the state measures in response to the COVID-19 pandemic were taken at the following three levels.

(1) *Measures taken at the central government level.* The Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council was established to take charge of coordination among multiple ministries and commissions that aimed to address the COVID-19 pandemic. Initiated by the

National Health Commission, the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council involved 32 ministries and commissions such as the National Development and Reform Commission, the Ministry of Industry and Information Technology, the General Administration of Customs, the Ministry of Transport, and the Ministry of Civil Affairs. It carried out important tasks as follows: (a) including the novel coronavirus-infected pneumonia into the notifiable infectious diseases management system; (b) establishing and strengthening the daily reporting system for pandemic surveillance; (c) directing the regions with severe outbreak to develop and improve the technical plans related to diagnosis and treatment of COVID-19, emergency surveillance, epidemiological investigation and management and specimen collection and testing; (d) promulgating a series of working guidelines and operational directives for various population groups affected by the pandemic; (e) conducting scientific research on the novel coronavirus prevention and control; and (f) strengthening the international exchange and cooperation in COVID-19 pandemic prevention and control.

The medical resources and health professionals across the nation were mobilized to provide full support for the COVID-19 treatment in Hubei province, especially in Wuhan city, which suffered the worst COVID-19 outbreak in China. From 24 January to 8 March 2020, a total of 346 national medical teams, 42,600 medical workers, and over 900 public health professionals were assembled to support

Hubei province for the control and treatment of COVID-19. Nineteen other provinces were called upon to support 16 prefecture-level cities in Hubei province except Wuhan city. Each province was responsible for the provision of assistance for one or two designated cities in Hubei province. Although other provinces faced the arduous tasks of pandemic prevention and control during the COVID-19 outbreak, they mobilized their best medical resources to support Wuhan city and other regions of Hubei province.

(2) *Measures taken at local government level.* Similar working mechanisms and platforms were established in every province and city across the nation like COVID-19 Pandemic Prevention and Control Command of Hubei Province and COVID-19 Pandemic Prevention and Control Command of Wuhan City. They were utilized to organize and coordinate the tasks of pandemic prevention and control in local areas such as institutional quarantine, supply raising, patient treatment, living income guarantee, and community prevention and control. In particular, the local governments closely monitored the availability and affordability of food and other necessities to ensure that all residents' basic needs could be met during the COVID-19 pandemic.

(3) *Measures taken at the community level.* Every community in both urban and rural areas established a steering group for COVID-19 pandemic prevention and control and implemented such tasks as thorough inspection, personal quarantine,

treatment referral, and living guarantee in every household according to the COVID-19 pandemic prevention and control principles and requirements formulated by the central and local governments, that is, early detection, early reporting, early quarantine, and early treatment. On 3 March 2020, the COVID-19 pandemic steering group of the central government issued a *Notice of Full Implementation of Care Measures for Frontline Community Workers from Urban and Rural Areas in the COVID-19 Pandemic Prevention and Control*. This notice required the local governments to provide the frontline community workers with additional wage subsidies, occupational safety and health protection, reasonable workload and efficient service models, necessary physical examination and psychological counselling, sufficient support for their family members, and formal recognition for their contributions.

On 16 April 2020, the Ministry of Civil Affairs and the National Health Commission jointly published a *Guideline for the Provision of Precise and Elaborate Community Prevention and Control Services*. Unlike the above notice that focused on the visible and invisible support for the frontline community workers, this guideline offered precise and elaborate prevention and control measures for the community as a whole response mechanism, such as resident mobilization, health education, information delivery, epidemiological investigation and management, and community services. It was applied to differentiate the low-risk, moderate-risk, and high-risk regions as well as the

communities with zero cases, with confirmed cases, and with cases involving community spread, to put forth concrete strategies for community prevention and control, community services, and resident participation in a precise and elaborate manner, to clarify the specific tasks of application of information technologies to the three areas, respectively, and to direct the local authorities to further improve the community prevention and control mechanisms that integrated emergency responses with routinized procedures.

### **Status of social welfare services, authorities and professionals in media**

During the COVID-19 pandemic, anti-pandemic efforts made by Wuhan city and other cities across the nation were covered extensively by China's state-run media and other social media. Particularly, a great deal of media coverage was given to the hard work and persistence of frontline medical workers and community workers. In particular, social workers became an important part of the community worker group. In the early stage of the COVID-19 outbreak, the media reported that a child with cerebral palsy in Honggan prefecture of Hubei province died because his father was under quarantine and could not provide effective care for him. Several nursing homes in Wuhan city were also found to have cross-infection between older residents and nursing staff. To address these emerging issues, the Ministry of Civil Affairs and local Bureaus of Civic Affairs took prompt actions to facilitate the establishment of quick access to medical care and treatment referral for patients from nursing homes. In addition, they

required nursing homes and child welfare homes to take more rigid shutdown measures and isolation policies. In the meantime, the China Association for Social Work Education also promptly organized professional experts to write social work service guidelines for the aforementioned population groups.

### **Comments**

After the outbreak of COVID-19, relying on the solid comprehensive national strength, the whole nation took immediate actions to carry out a full range of movements of human resource assembling, material supply guarantee, stepping-up technology advancement, and social resource mobilization, which fully supported Wuhan city and other cities of Hubei province to combat the pandemic. Within the shortest time period, the greatest efforts were made to stop the spread of COVID-19. However, while protecting the interests of the whole nation and the majority groups, there were indeed some vulnerable minority groups in some regions who did not receive timely attention and special care arrangements at the beginning of the pandemic.

### **3. Social services response**

#### **The mode of operation of social services**

During the most severe period of the pandemic, according to the nation's unified arrangements, a great deal of effort was made to enhance the health management for crucial population groups like older adults, children, pregnant women, students, and medical staff as well as to reinforce the management of special

areas such as medical agencies, communities, office spaces, shopping malls and supermarkets, passenger transportation stations, transportation vehicles, day care centres and kindergartens, primary and middle schools, colleges and universities, elder care facilities, welfare institutions, mental health facilities, and homeless aid stations. These kinds of measures effectively stopped the spread of COVID-19 among the general population as well as the vulnerable groups like elders, children, patients, and students. Take Wuhan Children's Welfare Institute as an example. After it was shut down for almost 50 days, the 313 orphaned children received good-quality care and none of the staff and the children got infected with COVID-19 due to the 24-hour, face-to-face services offered by the 190 staff. The prevention and control measures as well as the service delivery methods employed in special places like nursing homes, day care centres, schools, and hospitals were basically similar to those utilized by Wuhan Children's Welfare Institute.

**Guidelines for social services from responsible authorities in relation to working with service users in need for immediate intervention**

The Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council at the central government level as well as the ministry and bureaus of civic affairs in charge of social services published a series of pertinent notices and pandemic prevention and control guidelines for the general population and

the vulnerable groups such as children, elders, mentally ill persons, COVID-19 patients, and persons suffering hardship in life.

(1) For the General Population and Community Prevention and Control:

- *Notice on Enhancing the Community Prevention and Control of the COVID-19 Pandemic* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 5 of 2020, on 26 January 2020).
- *Notice on Printing and Distributing the Guiding Principles for the COVID-19 Pandemic Emergency Psychological Crisis Intervention* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 8 of 2020, on 26 January 2020).
- *Notice on Printing and Distributing the Guidelines for the Protection of Population Groups with Different Risks of COVID-19 Infection and for the Utilization of Masks to Prevent against the COVID-19 Infection* (Issued by the Steering Group of COVID-19 Pandemic Prevention and Control and Stamped by Chinese Center for Disease Control and Prevention, on 30 January 2020).
- *Notice on Printing and Distributing the Guidelines for the Health Protection against the COVID-19 Infection in Public Spaces* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 15 of 2020, on 30 January 2020).

- *Notice on Printing and Distributing the Technical Guidelines for the Selection and Utilization of Masks to Prevent against the COVID-19 Infection among Different Population Groups* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 20 of 2020, on February 2020).
- *Notice on Printing and Distributing the Guidelines for the Health Protection against the COVID-19 Infection in Shopping Malls and Supermarkets During the Pandemic* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 60 of 2020, on 14 February 2020).
- *Guideline for the Provision of Precise and Elaborate Community Prevention and Control Services* (Issued by the Ministry of Civil Affairs, Notice No. 38 of 2020, on 16 April 2020).

(2) Relief and Protection of Pregnant Women and Children:

- *Notice on Well Completing the Tasks of COVID-19 Pandemic Prevention and Control for Children and Pregnant Women* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 17 of 2020, on 2 February 2020).
- *Notice on Strengthening the Disease Treatment and Safe Delivery for Pregnant Women During the Period of COVID-19 Pandemic Prevention and*

*Control* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 25 of 2020, on 8 February 2020).

- *Notice on Well Completing the Tasks of Child Relief and Protection Due to the Absence of Guardians Caused by the COVID-19 Pandemic* (Issued by the Ministry of Civil Affairs, Notice No. 19 of 2020, on 11 February 2020).
- *Notice of the General Offices of the Ministry of Civil Affairs and the Ministry of Education on Relevant Tasks of Coordinating and Propelling the Process of Preventing and Controlling the COVID-19 Pandemic, of Returning to Work and School, and of Restarting the Production in the Field of Child Welfare* (Jointly Issued by the Ministry of Civil Affairs and the Ministry of Education, Notice No. 14 of 2020, on 30 March 2020).

(3) Protection and Care of Older Adults:

- *Notice on Well Completing the Tasks of COVID-19 Pandemic Prevention and Control for Older Adults* (Issued by Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 11 of 2020, on 28 January 2020).
- *Notice of the General Office of the Ministry of Civil Affairs on Printing and Distributing the Guidelines for the COVID-19 Pandemic Prevention and Control in Elder Care Facilities* (2nd Ed.) (Issued by the Ministry of Civil Affairs, Notice No. 18 of 2020, on 7 February 2020).

- *Notice on Printing and Distributing the Medical Care Guidelines for Older Adults from Elder Care Facilities During the Period of COVID-19 Pandemic Prevention and Control* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 65 of 2020, on 15 February 2020).
- *Notice on Taking Further Action to Well Complete the Tasks of COVID-19 Pandemic Prevention and Control in the Institutions Integrating Medical Care and Senior Services* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 67 of 2020, on 17 February 2020).
- *Notice on Enhancing Care and Services for Older Adults Suffering Special Hardship During the Period of COVID-19 Pandemic Prevention and Control* (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 7 of 2020, on 6 March 2020).
- *Directives of the General Office of the Ministry of Civil Affairs on Well Completing the Tasks of COVID-19 Pandemic Prevention and Control and of Restoration of Service Orders in Elder Care Facilities in a Precise Manner According to Different Districts and Levels* (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 6 of 2020, on 5 March 2020).

(4) Treatment for the Mentally Ill Patients:

- *Notice on Strengthening the Treatment and Management for Patients with Severe Mental Disorders During the COVID-19 Pandemic* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 70 of 2020, on 17 February 2020).

(5) Living Guarantee for Population Groups Suffering Hardship in Life:

- *Notice of the Ministry of Civil Affairs on Implementing the Tasks Assigned by the Central Government Regarding the Basic Living Guarantee for Persons Suffering Hardship in Life Due to COVID-19 Pandemic* (Issued by the Ministry of Civil Affairs, Notice No. 41 of 2020, on 20 March 2020).

(6) Care for Medical Staff and Their Families:

- *Notice on Well Completing the Tasks of Caring for Older Family Members of the Frontline Medical Staff Participating in the COVID-19 Pandemic Prevention and Control* (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 73 of 2020, on 21 February 2020).
- *Notice of the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council on Focusing on the Frontline of COVID-19 War and Implementing the Measures to Protect and Care for Medical Staff* (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 10 of 2020, on 12 March 2020).

(7) Psychological Counseling for COVID-19 Patients, Quarantined Persons, and Their Families:

- *Notice on Printing and Distributing the Psychological Counseling and Social Work Service Protocols for COVID-19 Patients, Quarantined Persons, and Their Family Members* (Stamped by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 39 of 2020, on 7 April 2020).

(8) Burial of the Patients Dying from COVID-19:

- *Notice of the General Office of the Ministry of Civil Affairs on Printing and Distributing the Guidelines for the Disposal of Bodies of Decreased Persons Infected with COVID-19 and for Pandemic Prevention and Control in Burial and Funeral Service Facilities* (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 2 of 2020, on 3 February 2020).

**Using social media (Tencent Meeting or WeChat groups) to carry out online services and team communication**

As guided and organized by the China Association for Social Work Education, the following online work has been carried out by social work academics and students:

(1) Recording social work service guidelines for different groups of service users, as well as online courses of social work topics in relevance with the COVID-19. 13 series have been broadcast in live and recorded formats. The total length of these courses is nearly 120 hours, and had participation among more than 80,000 people.

(2) Establishing 14 work groups to carry out social work services and research on pandemic prevention and control in an orderly and planned manner. These included: the “4+1” online community service team in Beihu Street, Jiangnan District in Wuhan City, the COVID-19 prevention and control service team in Huanggang City, Hubei Province, the “1+4 government-community linkage” COVID-19 community prevention team in Heilongjiang Province, and the professional services support team in Shaanxi Province.

(3) Mobilizing 60 senior teachers from social work colleges across the country to carry out online supervision services for social workers in Wuhan.

(4) Conducting international community services. The targets of these services extended from Chinese students in South Korea and Japan, and then moved to the international community in Chongqing City, and ultimately reached out to overseas Chinese residing in the United States, Germany, Italy, Britain among other countries.

### **Highlights of social work services during COVID-19**

The social work services during the COVID-19 not only paid attention to the protection of ordinary people, but also focused on the needs of vulnerable groups. Social workers concerned about the special difficulties and problems of vulnerable groups affected by the COVID-19, such as children, older people, pregnant women, mental health patients, COVID-19 patients, people in quarantine, and medical staff and their families. They undertook the following tasks in this regard.

1) Children: Particular attention was paid to those children who were living at home. Social workers would visit them and assess if there was any kinship care provided. If not, these children would be sent to temporary shelters held by local governments.

(2) Older people: Focus was placed on the issues of medical treatment and prevention from the COVID-19 for the older people living in care facilities and in the community. Psychological support was provided to the older people when they were locked down in aged-care facilities; while home-living assistance (e.g. tele-health, grocery delivery) was made accessible during most of the time for lockdown.

(3) People living on social security benefits: Applications for temporary social assistance from the state and distribution of donation from charities were implemented by social workers to safeguard the basic living standards of people with financial difficulties.

(4) Medical staff and their families: Social workers concerned about the well-being of medical staff in terms of their personal protective equipment, rotation of rest, and the care of their children or seniors when they had to be in quarantine. Social workers not only facilitated the donation of personal protective equipment for medical staff, but also mobilized volunteers to look after their children when needed.

(5) COVID-19 patients (and their families) and other quarantined people: social workers provided psychological support to those people admitted to hospital or in quarantine, referring people at high risk of mental health issues to psychologists, linking people with financial difficulties to state social assistance, and conducting public education to eliminate discrimination.

## **Comments**

With the development of the COVID-19 situation, national-level prevention and control policies, as well as attention and service guidelines for different groups

of people, have undergone changes. At the early stage of the pandemic, the state first paid attention to the general public's protection. As the pandemic changed and developed, the problems and needs of different vulnerable groups were gradually exposed, and as this occurred, the protection and services for these vulnerable groups were constantly improved.

#### **4. Social work response**

The groups most affected as defined by social workers were:

- (1) COVID-19 patients, front-line medical staff, quarantine personnel and their families.
- (2) Vulnerable groups such as children, adolescents, older people, and disabled people.
- (3) Front-line community workers, volunteers and their families involved in community prevention and control.
- (4) Social workers and their families in severely affected areas.

#### **Innovative and alternative approaches to communities, service users and their needs**

- (1) Service provision: the provision of direct services to solve problems and satisfy people's needs.

- Targets: including medical staff, COVID-19 patients and their families, community members, community workers and volunteers.
- Setting up social work service teams: 14 regional teams in Hubei Province, Heilongjiang Province and Shaanxi Province carried out social work services and research on pandemic prevention and control.
- Roles: These included service provider, resources mobilizer and policy advocacy roles.

(2) Social work professional education—provision of professional service guidelines and professional training

- One service guideline (two editions in Chinese; electronic version has been published and they will be officially published by the East China Science and Technology Press).
- 7+N online social work courses including crisis intervention methods, medical social work, community work, volunteer service organization and management.
- Service guidelines, online service models in community, and grief counselling have been published in electronic versions; personal and family work methods; community reconstruction and livelihood development.
- Main purpose: to provide professional guidance to front-line staff.

- Online courses such as medical social work, crisis intervention, grief counselling have been provided in Chinese.

(3) Social work action research: Nine research projects with one million yuan for professional knowledge production.

(4) Publicity:

- Exchange within the profession: using public accounts from WeChat for communication
- External public education: using comics to introduce the work delivered by social workers

(5) International exchanges and alliances: social workers actively exported their experiences in prevention and control of the COVID 19, such as publishing articles on the website of the International Association of Schools of Social Work. Meanwhile, they also provided supportive services to foreigners living in China or Chinese people living abroad.

### **Main obstacles to the approaches of supporting communities and service users**

(1) The learning, mastering and use of social media by some service users, such as those older people or children without access to smartphones or internet.

(2) Multi-disciplinary and inter-professional cooperation: cooperation among medical staff, psychologist, volunteers, government civil servants and social workers was not easily coordinated across the country.

(3) Smart phones and network signals are not very good in some areas. Sometimes social workers had to rely on landlines of telephone for communication.

### **Critical evaluation of state measures**

The time of the outbreak of the COVID-19 in China was the traditional Spring Festival holiday, with dense population and high mobility. The Chinese government used its strong mobilization capabilities and institutional advantages to quickly implement large-scale public health response measures across the country, and build joint prevention and control, group prevention and group control through ultra-conventional social isolation and relatively flexible social control measures that could be adapted by local governments. The prevention and control system effectively blocked the chain of virus transmission through non-pharmaceutical means and maintained the basic defence line of the community.

However, at the early stage of the outbreak, in terms of the classified, categorical, and dynamic precision prevention and control of the COVID-19, there were indeed inadequate measures in human services and health management for key groups (e.g.

older people, children, pregnant women, students, medical staff, disabled people), as well as in the management and control of special places (e.g. office spaces, shopping malls, supermarkets, passenger terminals, transportation vehicles, nurseries, primary and secondary schools, colleges and universities, and older people's care institutions, welfare homes, mental health care institutions, and relief stations). However, with the increase of experiences in pandemic prevention and control and media reports, these aspects of work have received rapid attention and improvement.

### **The role of the national associations of social workers in supporting practitioners during the COVID-19**

In collaboration with the China Social Work Federation, and the China Social Work Academic Society, the China Association for Social Work Education led the mobilization of social work colleges, professional associations and social organizations. It played the leading roles in professional leadership, professional education, and the provision of professional services during the COVID-19. These included:

- (1) Giving full play to the professional leadership of social work in pandemic prevention and control

The China Association of Social Work Education organized the compilation of the *Practical Guidelines for Social Work Participation in the Prevention and Control of the COVID-19* (the first edition was published online in Chinese) to guide social work agencies and social workers in participating in pandemic prevention and control work, guiding social work professional standards to respond to social needs, providing services to communities affected by the outbreak, and offering professional service guidelines for community workers in pandemic prevention and control. In order to meet the teaching needs of social work during the COVID-19, the China Association of Social Work Education (2020) published the *National Social Work Online Course Resources Index* (First Edition). In cooperation with the MSW Teaching Committee and the China Social Work Academic Society, the China Association of Social Work Education jointly issued the *Guiding Opinions on Doing a Good Job in Online Teaching of Social Work during the Period of Pandemic Prevention and Control* to achieve the goal of “no suspension of teaching with the suspension of classes; no suspension of learning with the suspension of classes”.

(2) Giving full play to the function of professional education and organizing the production and launch of the “Social Work Online Course for the Work of Pandemic Prevention and Control”.

(3) Conducting demonstration services and provide experiences for reference

As the pandemic prevention and control work progressed, 14 work teams were gradually organized and developed. These working teams were set up to carry out social work services and research on pandemic prevention and control in an orderly and planned manner. The pandemic prevention and control work was differentiated in that responses had to cater for the specific needs of different areas and groups. There were different service needs in Wuhan, other Hubei Province areas and other areas across the country.

## **Comments**

### (1) Professional foresight

After more than 30 years of professional reconstruction and practical accumulation, China's social work has foreseen some social service needs and problems that may occur during a health pandemic. These include : the needs of crisis intervention for individuals, families or medical staff affected by the COVID-19, and different groups (especially those vulnerable ones) being treated discriminately in medical treatment, information retrieval, resource acquisition, social support networks, social connection, financial and material security because of their social status. In addition, there were other needs identified in the 'new normal' period, such as the grief and family recovery of the bereaved, community reconstruction, employment and livelihoods of vulnerable groups among other things.

## (2) Professional Effectiveness

With the development of the COVID-19 outbreak, the China Association for Social Work Education quickly built a work platform and established a command center to provide professional service demonstrations, professional service guidelines, professional training, practical research and action research, professional influence dissemination, international exchanges and cooperation and other aspects which could greatly reflect the professional effectiveness of social work in responding to major public health emergencies.

## **5. Concluding comments**

The COVID-19 is the most widespread global pandemic that human beings have encountered in this century. It is a serious crisis and a severe test for the world. People's safety and health are facing major threats. This is a war between humanity and the virus. In the face of the previously unknown, sudden, and menacing pandemic of the COVID-19, the Chinese government has put people's lives and health as the top priority by greatly leveraging the institutional advantages of centralized decision-making by central government, rapid local implementation, and comprehensive implementation by the community. The Chinese government has adopted the most comprehensive, strict and thorough prevention and control measures which have effectively and quickly

blocked the spread of the coronavirus. However, it must be noted that at the beginning of the outbreak, due to the lack of understanding of the coronavirus and public health crisis, some social governance measures may not be accurate enough and social care and services for certain groups may not be in place, as viewed from the perspective of social work. These problems did exist before, but they have been or are being gradually improved as more is learnt about COVID-19.

After more than 30 years of construction and development of social work in China, professional foresight, professional effectiveness, and social influence have been greatly improved. In the public health crisis of the COVID-19, the social work professional forces headed by the China Association of Social Work Education have demonstrated its indispensable value and role in further exerting its timely response to social problems, active participating in social events, and caring for vulnerable groups.

Editorial Note:

1. The government of the People's Republic of China lays claim to all these territories as part of its jurisdiction.

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