What a researcher in social sciences – social work – can contribute with in infection control

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Social sciences

A social science is **any branch of academic study or science that deals with human behaviour in its social and cultural aspects**.

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Children, young people and families in Social Work
Intervention and implementation
Power-critical and global studies in social work
Social work, health and ill health
Social exclusion and control
Violence and mental illness in a life cycle perspective
Welfare in change

Research networks

Migration and Social Work (MIOS)
Normality, care, rights and power
Social Work in change: Organization, professionalization and knowledge formatio...

- An ongoing social change work, which purposefully and with rational methods can prevent, limit, master, counteract and overcome the social problems in Swedish society (Harald Sweder 1983. Socialt arbete –en tankeram)
- "Social work is a profession in which trained professionals are devoted to helping vulnerable people and communities work through challenges they face in everyday life. Social workers practice in a wide variety of settings, united in their commitment to advocating for and improving the lives of individuals, families, groups and societies" (Univ Buffalo)
- Strukturproblem/bristproblem
- Folkhälsovetenskap och strukturinriktat socialt arbete mkt lika

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- To have a perspective of action/social change – not only academic investigations of the questions
- A life course perspective on social circumstances = SDG´s
- Social justice at the core & empowerment & empathy
- Theory & practice - a practical profession
- BcS Social Work (Socionomprogrammet) – 1500 in the system. 200 / semester
- International master in socia work and human rights + MSW swedish
- Research & practice

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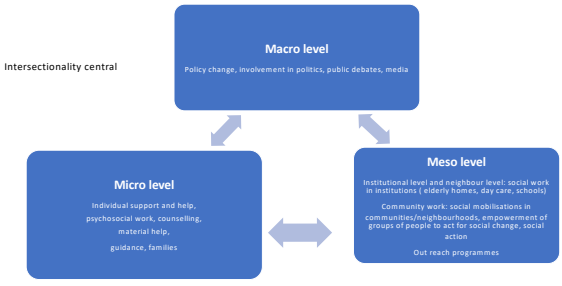
Constant reflection on associations between the three levels.

Intersectionality central



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A few examples on areas

- Individuals and families (IFO)
- Elderly health care (äldrevård)
- Disability (funktionshinder)
- Addiction substance abuse
- Social psychiatry
- Housing services
- Migration
- + more

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Some data on social problems and covid

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Households with children

The social gradient in health (education, income, status).The gap is widening

Fewer and fewer households with children in Sweden cannot afford basic consumption, such as rent, food and local travel.

Overrepresented among the most economically vulnerable are single parents, especially women, and those born abroad

The corona pandemic has negatively affected the finances of households with children's, especially among single parent households

The proportion of single parent households with children who received social allowance increased during the Covid 19 pandemic

In 2021: 6,1% had social allowance. In female single households with children the rate was 14.1% (Statistic Sweden)

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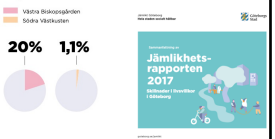
Housing, living conditions - overcrowding

- In 2019, the percentage of children who lived with a low economic standard was 20 percent in Sweden
- Among children born outside Europe, it was approximately three times as common compared to children born in Sweden
- Higher rates of overcrowding among immigrants
- Several generations live together
- Risk factor for corona

Geografical difference in inequality in extrem overcrowning in Gothenburg
Ojämlik skillnad i extrem trångboddhet



Folkhälsomyndigheten. Låg ekonomisk standard, barn [Internet]. Stockholm: Folkhälsomyndigheten; 2022 [citerad 2020-09-26] Hämtad från: https://www.folkhalsomyndigheten.se/fn-ekonomisk-utsatthet-barn

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Example: Covid-19 mortality migrants in Sweden

- Register-based cohort data Stockholm.
- Found higher mortality rates among migrants

Results

- Middle East RR = 3.2 (2.6-3.8) Africa RR 3.0 = (2.2-4.3) than native Swedes.
- Especially high mortality risks from COVID-19 were found among persons born in Somalia, Lebanon, Syria, Turkey, Iran, and Iraq.

Conclusion

- Socioeconomic status, number of working-age household members, and neighborhood population density attenuated up to half of the increased COVID-19 mortality risks among the foreign-born.
- Disadvantaged socioeconomic and living conditions may increase infection rates in migrants and contribute to their higher risk of COVID-19 mortality.

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Migrants, undocumented migrants - how to reach them with information?

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Recommendations

Ensure all migrants, irrespective of legal status, are

- 1. included in local and national COVID-19 responses that **guarantee access to** basic services, including healthcare, housing, food, water, sanitation and hygiene services, psychosocial support, education, emergency support and protection services.
- 2..... **access to timely, accurate and reliable information on COVID-19** (and any future pandemics) in a language they understand and through accessible dissemination channels. This information should include prevention measures, when and where to access testing, treatment, vaccines and other relevant supports.
- 3. ....**be included in COVID-19 testing, treatment and vaccination policies and roll-out strategies** and have equal access to testing, treatment and vaccines.
- 4. ..... who have **lost their livelihoods and are unable to meet their basic needs are included in pandemic-related socio-economic support (now and in the future).**
- 5. ... adapt existing laws and policies to ensure inclusive access to basic services and complement any policy changes with operational guidelines and awareness **training for frontline responder**s to ensure entitlements in law are realized in practice

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How to reach vulnerable groups in society with health information?

Social works role?

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Social work organisation

- Approximately 40 000 social workers (socionomer) in Sweden.
- Municipalities main employer
- Each municipality is responsible for ensuring that this is taken care of and that all people living in the municipality receive the help and support that is needed.
- In the new Social service law prevention is highlighted

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Should social work be part of public health strategies in times of pandemics?
IFSW: "..social workers in all settings are engaged in health work and physical and mental resilience can make a major difference to all service users lives"

- Differing opinions..
- No, social workers knows to little about health issues (except mental illness and abuse). With the exception of medical social workers.
- Social worker don't have "the mandate" from the client to talk about health, illness and disease = ethical standpoint.
- Yes, social workers have contact with poor people long before they may be sick, they can suggest help seeking/ to enhance trust in health messages
- They can be gate keepers to health professionals
- They can work in multi-disciplinary out reach teams. Is common abroad, why not here
- Preventive work in new law (En ny socialtjänstlag (SOU 2020:47)

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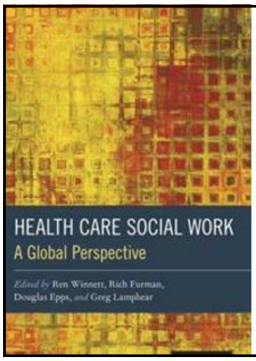

How?

- Common in other countrys
- Multi-diciplinary out- reach teams – health professionals, social workers, psychology
- Including also trusted people from the communities such as churches, mosques, civil society organisation
- Meet the person in his/her environment may create better opportunities for trust and respectful meetings that may increase knowledge, attitudes and practice (KAP)

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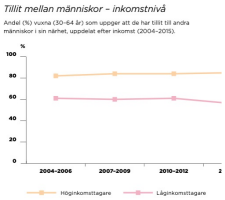

Social worker may have access to to communities but..

Belifs and trust

- Who do they trust? Who are you?
- Why should they comply, do they believe in FHM desciprion of illness?
- Previous experiences of health care campaigns?
- Distrust in the biomedical health care system
- Belief system, and indigenous knowledge. How high is vaccinations rates in their home lands? Alternative medicine?

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Social worker may have access to to communities but..

Resources to comply with Folkhälsomyndighetens recommendations

- What resources do they have to comply to recommendations when their social situation is difficult?

Poor, live in overcrowding flats.

Have low paid jobs with unsecure strategies for protection.
Jobs they still need to go to despite fear of covid.
Must use public transport
How to alleviate that situation? Politics.

Problem

" We are not part of society..." – "and social services the least we want contact with"

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Alternative ways to reach vulnerable groups:

civil society organisations churches and mosques

For many immigrants, undocumented people and poor Swedes they often feel more trust in the civil societys actors that the Swedish institutions

NGO, churches, mosques

Food and clothing, daily nececities

Level of help seeking low, low health literacy and fear of police (UM)

Vaccinations not prime task in their daily life. And who dare to come to the clinic? Constant struggel with own trauma more in focus.

Housing? Some that cant comply to rules and regulations in Soc Services, hence they ask for help in here. Many don't want anything with "the system" to do.

The right to social support § 11 and the right to health and 12

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To be continued…

- Thanks for the attention

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