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The Influence of Covid-19 on Polish Social Workers and Their Relations with the Local Community

ABSTRACT: It has been nearly a year since the world, Europe and Poland were influenced by the COVID-19 outbreak. In legal terms, European Union countries are obliged to protect individuals, communities and societies. Social workers, social services and volunteers play a significant role in the field of social support. The new hazards caused by the pandemic demand new approaches, techniques and forms of social work, which should come from the values and regulations in helping during pandemics and disasters. They find their beginnings in the history of social work done in the past amid similar circumstances. This will be recalled in the following article.

KEYWORDS: disasters, pandemic, COVID-19, social work with victims of pandemia and families.

Covid-19 Pandemic, diseases, disasters and Social Work – some introductory remarks

The history of social work intervention in disasters and their aftermath includes many cases of active practice of helpers and volunteers. But it seems that the first or one of the first analyses in the field was a monograph by J. Byron Deacon entitled **DISASTERS and the American Red Cross in Disaster**

Relief published in the *Social Work Series* in 1918. In this handbook of helping through social work processes, we receive a complete analysis dealing with disasters at sea, coal mine disasters, floods, fires, tornadoes. Each case is a very well documented analysis of social work with the best known tragic events like the San Francisco and Salem fires, the Ohio River and Galveston floods, the Omaha tornado, the Cherry coal mine fire, and starting from the sinking of the steamship Titanic. As J. Byron Deacon stated:

But it is not a matter of common knowledge that, within a score of years, disasters – some of them not so well remembered because they happened when the mind of the public was preoccupied – have cost thousands of lives, have affected by personal injury or destruction of property no fewer than a million and a half persons, and have laid waste property valued at over one billion dollars; or the expectation, based on past experience, is that each year no less than a half dozen such catastrophes will occur in the United States. (Deacon, 1918, p. 7)

What was fortunate about such disasters was that they rarely occurred and struck the same population twice in a generation. This changes if we think about diseases. They attack the human population many times and on a global scale. Historically the most famous disease pandemic humans experienced was the black bubonic plague in the period between 1347 and 1351 AC that killed about 225 million people. The next outbreak, that killed about 300 mln. people in the world, was the smallpox of 1520–1979. Later, in the 18th century, six cholera outbreaks claimed the lives of one million people. The most famous outbreak at the beginning of the 20th century (1918–1919) was the Spanish Flu, which took about 40–50 million people lives. In 1957 was a noted outbreak of Asian Flu, which took 1.1 million people's lives. Ten years later almost the same number was lost to the Hong Kong Flu. Because of HIV/AIDS starting from 1981 up to the present, 25–35 million people have died worldwide. Contemporarily, starting from 2009, a Pandora's Box was opened with the Swine Flu and MERS, SARS and Covid-19 diseases. In each century there were one or more pandemics or pandemic disease periods.

Daphne S. Cain defined disasters in 2015 as follows:

Disasters can be defined as „events that disable community social functioning” (Soliman & Rogge, 2002, p. 2). There are natural disasters (tornados, hurricanes, earthquakes, fires, and floods), human-initiated disasters that are intentionally caused (war, terrorism, shootings). And, while there is extensive research into natural and human-initiated disasters, there is limited research specific to social work responses to such things as terrorism (Sweifach, LaPorte, & Linzer,

2010). At the same time, there are many barriers to social work interventions during and subsequent to disasters. These include a lack of disaster/crisis training and preparedness among workers, a lack of adequate training in cultural competence, and contextual challenges including the characteristics and location of the incident(s) and the scale of destruction (Davis, 2013; Legerski, Vernberg, & Noland, 2012). (Cain, 2015, p. 76 in: Corcoran, Roberts, 2015, p. 76)

At first, helpers and professional social workers were not trained to work with victims of pandemics and other kinds of disaster. They experienced many situations during pandemics and/or disasters that built their social work skills. And looking at the Covid-19 pandemic, this kind of natural disaster changes nothing or almost nothing. Social Workers still need knowledge of the matter of problem and should remember methods of social work and how to treat their clients and their family system. The presented principles of pandemic and other disasters were prepared in the beginning of such kind of social work and they are still valid.

Principles of pandemic and other disasters social work

We should begin with the general conclusion that the social consequences of disaster are a grief and sudden disorganization of the standard and normal life of an individual, a family or a neighbourhood and finally a community, due to death (especially pandemic), injury, shock, disease (in the case of Covid-19), or the destruction of dwellings, business places; and that it is the object of disaster relief to help those affected to regain their normal (standard) way of living as promptly and completely as possible.

But whatever the disaster (contemporarily speaking of the Covid-19 pandemic in the whole world) and whether the consequence be loss of life, serious physical injury (today's complications resulting from Covid-19), or damage to property, its effect is registered in individual and family life and their welfare.

J. Byron Deacon pointed out some main principles to help victims of all kinds of disasters and pandemic illnesses. In the first point of a set of principles following it the family is the main subject of the process of social work intervention and the other forms of helping victims.

The Author in 1918 clearly pointed out those principles as follows:

The welfare of an individual and that of the community are both bound up with the welfare of the family.

The first principle of disaster and relief is that the family must be the unit of treatment. Whether the disaster victims number a few score or several score thousands they must be dealt with family by family.

Another principle is that each family must be treated according to its peculiar circumstances and needs.

A study of the administration of relief after many disasters of various kinds leaves one in no doubt that success depends primarily upon individualizing the plans and treatment of the affected families.

The Author divides operations after all kinds of disasters into two periods:

1. The period of emergency relief
2. The period of rehabilitation

It is the province of emergency relief to provide for immediate, common needs. The promptness and completeness with which they are met are the sole tests of efficiency. The province of rehabilitation is to help each family meet the needs peculiar to it and return to its normal manner of life. Its efficiency is tested by the degree to which it succeeds in accomplishing these results." (Deacon, 1918, p. 168)

Continuing its description of helping individuals and social groups as family, a neighbourhood and finally the communities Deacon observed that:

It was argued that all should be treated alike; discrimination or invidious distinction should not be made; no one had a sufficient competence, but everyone needed all that could be given; to grant a less amount to some because they had economized and saved a little, and a larger amount to others because they had saved nothing, was, on the one hand, to tax thrift, and on the other to put a premium upon indolence or waste. It can not be too strongly emphasized, then, that it is not the province of disaster relief to employ its funds in restoring losses and compensating for death or personal injury. (Deacon, 1918, p. 172)

(...) Apart from the impossibility of compensating losses from any relief fund which has ever been raised or is likely to be raised, the fact remains that this is not the best or usually even a very good way of relieving need and helping families to recover from disaster. Former possessions may be replaced without touching the most obvious needs; cash compensation for the death of a wage-earner may or may not safeguard the future economic life of the beneficiary family. (Deacon, 1918, p. 173)

Deacon paid special attention to the methods of treatment that should be performed by social workers during such a process of helping. The Author notes that:

Disaster relief workers should entertain a profound distrust of „short cut“ policies, such as the all too prevalent one of partitioning relief funds among families in accordance with the provisions of a prearranged, arbitrary fiscal schedule which allots so many dollars per so many dependents of such and such an age and degree of relationship to the deceased or injured member of the family group. Such a procedure is an inversion of proper policy in that it forces the curves and angles of individuality into the straight lines of a rigid relief formula and fits the families to the aid rather than the aid to the families. Naturally plans for financial assistance of families must relate not only to requirements but to the size of available funds. (Deacon, 1918, p. 174)

In the next passage Deacon points out how the process of helping both for individuals and the families should be executed:

Should this sum exceed the fund available for rehabilitation purposes, revision downward need not take the form of a horizontal cut all along the line, but rather those families should be cut most who need least. This is a procedure in harmony with both the principle of adjusting to need and the principle of individualized treatment. When a disaster relief committee essays to help the victims of calamity, it assumes a responsibility which is not discharged merely by grants of money or supplies, no matter how liberal these may be. It is responsible for conserving and promoting the welfare of the families whose fortunes for the time depend in some degree upon its discretion, vision, foresight, and kindly ministrations. (Deacon, 1918, pp. 175–176)

Reading this handbook by Deacon, we find a description of helpers and professional social workers, still current, which characterizes the main points of their process of helping and their own experience:

It is hardly possible to conceive of a successful administration of disaster relief without the active participation in responsible positions of men and women of good sense, sound judgment, and experience in dealing helpfully with people whose lives have become disorganized. Those possessing the last qualification are most likely to be found among the executives and field workers of social welfare agencies, whose daily experience is in almost exactly the sort of work which confronts a disaster relief committee. Many persons without special training and experience in relief work, in their zeal to give practical expression to their sympathy for the afflicted, will volunteer their services to the committee. Knowing that there is a tremendous volume of work to do, they will naturally feel aggrieved in their proffer of service is rejected. Some, if not given opportunities to serve under the central organization, will set to work independently, and in all probability will prove to be one more affliction to the unfortu-

nate families and an added obstacle to coordinated action. If there are enough experienced workers on hand to assure prompt and full attention to all needs, the executive officers should not hesitate tactfully to refuse to enlist the inexperienced, or, better, to find work for them in places where they will not deal directly with the disorganized families. (Deacon, 1918, pp. 181–182)

In the next passage Deacon presents his opinion about recruiting and the methods of training volunteers under the direction of professional social workers. We find there the characters that each helper should represent even without possessing the capital – experience:

When it is necessary to use those without previous experience, they should be chosen with the greatest discrimination. The qualities particularly to be sought are readiness for self-obliterating service, good judgment, poise, tact, initiative, a capacity to work with others and to work under direction. Experience has shown that volunteers work to best advantage under the guidance of trained workers. Whenever possible, persons who are accustomed to training and directing volunteers should be called upon to take charge of this phase of disaster relief organization. If great care is exercised in their selection, and patience and skill in their supervision, volunteers will respond to the challenge of the work with a promptness and a substantial record of accomplishment which will materially lighten the burdens of the trained staff. (Deacon, 1918, p. 184)

J. Byron Deacon recalls the procedure of helping families who have experienced disease and how and by whom it should be carried out. A diagnosis was then and still is very important during the process of helping all needed individuals and groups. The description is still very good to read, learn and perform and brings the tradition of the past to real contemporary times of Covid–19 pandemic, so it is worthwhile to reassume the whole process of social work recalling the words of this handbook (Deacon, 1918, p. 184):

To help families whose lives have been disorganized through calamity, it is necessary to know certain things about their circumstances and needs. Just as it is necessary for a physician to diagnose the disease before treating the patient, or for a lawyer to inform himself of the essential facts of the case before counselling his client, the relief worker finds it necessary to possess himself of information which will throw light upon the nature and extent of each family's need, in order to make a wise use of the funds and other helpful at his command. Facts about the present and the previous income of the family, and the relation between these and the necessary living expenses; about the work it depended upon for a living, the physical condition of its members, the amount and kind

of loss it sustained in the disaster, its remaining resources in savings, property, insurance; about the ability and inclination of relatives, church, or lodge to aid; about the family's capacity for self-reliance and self-help, its plans and hopes for the future, must be established by careful inquiry. Such inquiry should be undertaken by experienced social workers. The process includes friendly interviews with members of the family and with others, such as priest or pastor, physician, school teachers, relatives, former employers, acquainted with its record of successes and failures, its elements of strength and weakness. Experience has shown that full information from varied sources enlarges the opportunity for making money aid and friendly service helpful. It is unnecessary to say that attention to urgent needs must not be delayed until such inquiries have been completed. Temporary aid sufficient to meet immediate needs must be provided once. During the emergency period, only such inquiry should be attempted as will give assurance that the relief given is actually meeting present needs. Without investigation, however, it is impossible to adjust the relief and service provided to the particular circumstances and requirements of individual families. Only by investigation can the principle of treating families according to their distinctive needs be realized, and no one who accepts this principle can reasonably object to inquiry or social diagnosis. Since the object of the money aid and the ministrations of the disaster committee is to tide families over a crisis and help them back on the road to normal life, care should be taken not to do things for a family which it can and should do for itself. It should be remembered that most, if not all, of the families struck by disaster were previously self-reliant and self-supporting. A lax, rule-of-thumb policy on the part of the relief administration may do irreparable injury by encouraging dependence upon sources of support which have no relation to the efforts of the family in its own behalf, thus subtly weakening the spirit of sturdy independence without which the family does indeed face disaster. A veteran of disaster relief has wisely said that it is not the giver but the recipient of relief who is the senior partner in the enterprise of effecting a recovery from calamity. As far as possible families should be set to repairing their own fortunes; only so is the force of self-interest utilized, and hope and ambition kindled. What the relief committee can do for the victims of disaster is very little compared with what they can and must do for themselves. The insight which reveals to the social worker what not to try to do is no less important than his more positive ministrations. (Deacon, 2018, pp. 184–185)

And last but not least, that in the process of helping people we should always remember that the process should stop whenever the individuals and the family regain its natural forces:

It is a disservice to do the thinking and planning for families who are capable of doing this for themselves. Rehabilitation relief helps people to do things for

themselves; it cooperates, opens opportunities, places useful resources at their disposal; but after all the determining factor, the senior partner, is the family itself. (Deacon, 1918, pp. 188)

COVID-19 pandemic in Poland – social work and practitioners' point of view

The arrival of the COVID-19 pandemic in Poland caused confusion in many public sector institutions. While some of them were able to exist and operate continuously thanks to rapid reorganisation of their work, others found it impossible to carry on, mainly because they were created to work in direct contact with people. Doctors and nurses, police officers, probation officers and social workers among others deal with people's problems every day. The nature of their work demands direct contact with people – patients, probationers, and social welfare clients. This became the biggest challenge for all parties operating within these sectors.

The situation required that social workers think of new ways of being effective. It prompted creativity and the necessity of going beyond previous arrangements and regulations. The old structures very often turned out to be inefficient. To make matters worse, especially at the very beginning, social workers felt a kind of loneliness and lack of inspiration, as the institutions with which they cooperated had to deal with their own problems in facing the administrative slowdown.

The chaos which grew from day by day as people became aware of the human-to-human transmission of the virus caused misinformation and an initial lack of clarity as to the best course of action. People were affected by panic and anxiety. Social workers, like many others, worried about being infected and did not know how to react properly. On the one hand, they knew that in order to do their jobs correctly and efficiently, they had to be in direct physical contact with people in need; on the other hand, they had responsibilities to protect their own families and co-workers. After a few weeks, however, it was realised that joint action could make the whole situation at work much more comfortable.

In many institutions, the creation of several teams working in shifts helped to increase the feeling of safety. This special allocation of social workers made possible the avoidance of direct contact, and made people feel they were receiving some measure of protection – thereby fulfilling, at last, the initial expectations of workers as mentioned above. Another advantage of this organisational change was to make social workers feel less beleaguered

and overwhelmed by the numerous cases they had never experienced before. This gave social workers some time to learn new solutions and explore new possibilities. To cope with the majority of problems, telephones and online networks became the only possible way for people who were used to working face to face to contact their clients.

The number of contacts increased rapidly as many children, teenagers, elderly people, single parents and disabled people suddenly lost the everyday support which had been provided by various institutions such as schools, neighbourhoods, hospitals or even work places. In answer to these challenges, social workers realised that the infrastructure and resources of their own institutions were insufficient and started using their own mobile phones and devices. Social workers acted in many offline situations too, in the first place visiting elderly people who were unable to use modern technology and supporting them in their daily routines, for example by doing shopping or dealing with administrative matters. Not long after the commencement of these relatively new activities by social workers, it turned out that the number of social workers was in fact too small to help everybody in need. Many local governments started organising teams of volunteers who supported not only the local community but also social workers and their activities.

At that moment, people were focused on the news and any information on the direction of the global pandemic which they had been experiencing for some time. Social media played a great role as it became possible to learn new solutions and problem-solving skills from other social workers across Poland. Many inspirations on how to cope with a particular situation were provided by the opinions of people who worked sometimes on the other side of the country. As there has always been a feeling of understanding and cooperation among members of the profession, social workers were able to discuss issues with one another online and share contacts. This further reinforced the feeling of solidarity mentioned above, and helped create an atmosphere of team spirit. Nevertheless, the whole situation caused many social service workers to experience fear and anxiety. Despite the help and support obtained from others via social media, the amount of disturbing information increased from day to day, causing symptoms of insomnia and stress. Social workers were responsible not only for their clients at work, for whom they were very often the only ones the clients were able to turn to for help, but also for their own families: parents, partners, and children.

As the pandemic spread around the country, Polish social workers faced an increasing number of challenges and came to realise how overwhelmed health and welfare system were becoming. In any region of Poland, public

sector workers were conscious of fear and uncertainty. Social workers were compelled to make local governments aware of the fact that communities were in need of social as well as medical support. On the one hand, social workers had to call for more attention to sections of society which were in jeopardy; but on the other hand, they continuously required more protection for themselves. The feeling of being safe and supported was vitally important for both social workers and their clients.

After the few months of uncertainty mentioned above, Poland entered official lockdown, which made everybody feel at once safer and frustrated. Although the new regulations allowed social workers to think in terms of safety, their work became even slower and more complicated, as they were used to cooperating closely with such institutions such as pharmacies, canteens, local clinics and many more, which then were forced to limit their activities. This was a correct step as local governments did their best to prevent social workers among others from contracting the virus and transmitting it further. Although at the very beginning social services were considered by some authorities as non-essential, over time more and more people realised that without them, the functioning of local communities would become much more complicated. People became aware that the social system could fill the gap in cooperation between different local institutions. Keeping social services open allowed many people to understand what an important role they play in society as a whole. Before the outbreak there was a general belief that the welfare system in Poland was extremely ineffective and inefficient. Opinions on social workers were very often negative and people tended to think that the whole system was some kind of money-consuming institution. Paradoxically, the pandemic partly overturned this view and caused people to think in terms of safety and responsibility where welfare systems seem to be among the most important. Even some local opponents were finally better able to understand the value of social work. Thanks to these small changes, social work and social services have been recognised as one among many essential services.

Gaining more trust, social workers in regions with reliable internet connections and telephone services answered numerous calls from different people and institutions to investigate cases of family violence or abuse. It was a time of building a new kind of relationship between social workers and the local communities for which they work.

The results of the changes described above were surprisingly positive, although in some cases they created opportunity for fraud. Social workers noticed that working with their clients during the pandemic made relations closer and even clients who being visited at the appointed time had not been

not willing to cooperate before, in the new reality became much more open. Unfortunately, however, in some cases social workers were given misleading information, the aim of which was to persuade them to give some financial support. That was an especially common situation in the case of people contacting social services for the first time. Another cause of concern was the problem of domestic violence. Social workers found it hard to learn any relevant information about such problems if they occurred. Even in situations where they were aware of violence, it was hard to talk to the victims directly or to check on perpetrators with telephone calls. Luckily these cases were small in number.

Social workers very often had to make choices they had never been forced to make before. For example, it became necessary to choose which clients would get reduced access to home nursing. That was especially difficult in the case of elderly. As the number of nurses was shrinking (because of the growing fear they felt and because some of them contracted the virus), social workers had to make very stressful decisions. Afterwards, they had to explain the reasons for their actions to complaining family members. The demand for counselling grew rapidly too, as many people simply got lost in the completely new situation. Ethical dilemmas, underequipped services, and very difficult individual decisions created a new atmosphere of work. Before essential supplies were made widely available, in some welfare centres masks were made by the workers themselves and the same was expected of the communities in which the workers operated. It was not uncommon for social workers to have to instruct people on hygiene and rules of safety. Innovations came day by day. Nearly every two weeks, there were new challenges to which social workers had to respond. Changes in behaviour and the welfare system itself occurred at an unprecedented rate. These changes forced the whole system to reinvent itself. Nearly every action was undertaken in at least a slightly different way. In many cases social workers and local societies were reminded that the profession was set up to meet new challenges.

Social workers across the country had to struggle with many challenges connected with inadequate resources and face collapsing health and welfare systems. In some cases social workers were asked to help when one family member contracted the virus and the others were worried about living together. Maintenance of physical distance was impossible and social workers were unable to change this situation. Sometimes people in need signalled that they were not able to cope with simple daily routines as they were disabled and needed support, while other members of their family living nearby had symptoms of COVID-19. Social workers also had to be aware of situations

that might threaten their own safety and security. These ethical dilemmas were present nearly all the time. Fortunately, employers, policymakers, and local politicians understood the level of risk and social workers were not forced to undertake unnecessary risks.

It became obvious that the dilemmas social workers had to deal with went much further than personal contact and risk. Many of them throughout the country took various actions and played a significant role in preventing the virus from spreading. This was especially difficult as the work was very often done with minimal resources and, as already mentioned above, without practice or guidance policies. By the end of the second quarter of the year, local governments in many towns and cities had already brought to people's wider attention the realities of practice in local welfare systems. Since that time, a number of effective partnerships have come into being.

Nevertheless, ethical dilemmas remain. It is important to point out that the social work carried out before the pandemic started was a completely different set of actions in comparison to those undertaken from the beginning of 2020. Ethical principles had to be applied in a new way in completely unexpected circumstances, searching for a new model of responding to the needs of the whole community.

Some part of any society will always require supervision by local institutions in order to exist within the community. Lack of such supervision may mean that individuals or even groups will find themselves in problems. The dilemma which social workers faced was to know what level of tension or even domestic violence was present in the families they knew. Telephone conversations were not enough to discover what the real problems were. The situation became even more difficult in cases where children were present. Another difficulty was to distinguish between individuals in need and individuals at risk.

From the sociological point of view, the change in the whole system that occurred in the first part of 2020, beyond the actions taken by social workers themselves, seems worth analysing. It usually takes months or even years to impose new regulations or arrangements that might ultimately improve institutional efficiency. These usually meet some resistance from the staff involved. In the case of COVID-19, a number of changes in organisations, actions and individual behaviours took place almost immediately, and there was little time for any doubts or even discussions. The changes occurred, of course, in response to the new situation, but it seems that they will remain with us even when circumstances return to the previous state.

The whole situation multiplied the number of social problems, which were under control of many institutions and organisations before the breakout.

Closing Remarks

The virus has also changed relations between people and institutions. This new reality demands the rebuilding of services and in some cases the way in which the welfare system operates. In the past the whole system was based on face-to-face contact. Personal contact took place on a daily basis and was regarded as most effective. It should be pointed out that the clients of social work very often want to hide something, or at least not comment. Experienced social workers are able to obtain relevant information even from the people who are not willing to cooperate. The pandemic made personal contact impossible in many cases, and in the same way the effectiveness of assistance decreased. To make matters worse, actions or conversations that used to take a few minutes, after the implementation of new regulations, sometimes now last for more than an hour. The existing demands are increasing, the number of people in trouble is growing and new solutions are needed to answer the entire need. This might oblige social workers to prioritise their clients or even deny support to some of them, as the resources of the whole system are limited. Although the welfare system in Poland had already experienced different kinds of crisis, like the great flood of 1997, the pandemic has shown that some parts of the system were unprepared for what happened in early 2020. This can be seen in both the personal and organisational dimension. Workers lost their jobs and people were forced to choose between looking after family members or earning money. This was problematic for social workers whose job is to emotionally support individuals and families who are constantly afraid and very lonely. Some of them did not even want to talk and closed themselves off.

The social work profession will undoubtedly have many challenges in the future. The pandemic may have given a lesson to the system, pointing out the weak elements and inspiring new ideas and solutions. It has taught that organising local communities in such a way that they are able to support their members can be a key point in facing similar disasters. Building awareness of the importance of local communities is the beginning. Realising the essential role of the local community as the factor which connects individuals, families and institutions would seem to be essential.

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In conclusion, the need for social diagnosis and a proper analysis of its results have become an obligation not only for the Polish social worker but also for central and local government officials as well as NGO activists and local leaders. Interdisciplinary and cross-sectoral cooperation aimed at addressing current social problems has strongly benefited from the recent possibilities and opportunities—especially in the domain of law. However, the process has been delayed due to historical difficulties and the vested interests of particular institutions generally classified within the category of social services. For the purposes of the reorganisation of the welfare system in Poland, it is necessary to address social problems at the lowest level of local communities and in line with the cross-sectoral approach (Grewiński, Karwacki 2010). The most important task facing Poland is to prepare solutions for similar disasters in the future. There is an urgent need for integrated cooperation on the part of institutions representing all ten areas of social work. There is no alternative to the cross-sectoral cooperation of all social support providers in the process of solving social problems, in the scope of social assistance as well as—at a more general level—all social phenomena and issues. Sectoral division constitutes a threat of seemingly addressed social problems to social units and groups as well as local communities. Further, it remains necessary to justify, reorganise and empower social service sector staff so that they will be able to work effectively with people struggling in problem situations.

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