

Working for social transformation in times of crisis: how can we take care of social service professionals?

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In recent times, our social services have been working under intense pressure. The strain has often been unbearable, both for professionals and for managers, although the public focus has mostly been on healthcare personnel.

Its consequences have been manifested in many ways: depression, loss of purpose, a desire to leave the profession... Despite great effort, it has no doubt proved impossible to do all the work that one would have wished, beyond the limitations imposed by the management of the Covid-19 pandemic.

We must realise that the strain on mental health does not only affect a part of the population, or that professionals who deal directly with users' health are immune to mental health problems. In this respect, the term "skin professions" is a good metaphor to illustrate this point. These are professions in which it is necessary to be sensitive to the emotional state of others in order to give them proper support.

The more dedicated and committed a professional is, the more frustrated and powerless they can feel in impossible situations. This might seem paradoxical, but it is not; this frustration is likely to affect both their emotional state and their work performance. This is not a criticism but rather a description of a phenomenon that has manifested itself more clearly in the current disruptive conditions.

If social services and care services in general were already starved of resources, these shortfalls have now been fully exposed, leading professionals and those who manage these teams to adopt a short-term approach that entails dealing with urgent situations. This means that without even realising it, they stop focusing on how their work contributes to social transformation in a broader sense.

The situation of social emergency, reinforced by how the Covid-19 pandemic has been managed, has led social services to devote their own scarce resources (teleworking, work leave, excessively trimmed workforces...) to working out how to deploy the scarce resources of the system.

This pressure makes it very difficult to envisage new transformative, community-centred projects, new ways of organizing work, of thinking together as a team. Yet these reflections would enable us to take advantage of these circumstances in order to transform social services, in order to overcome the shortcomings that the current system is creating.

Among many other effects, this situation questions the fundamentals of how we conceive social services, how we organize ourselves and how we take care of professionals, since we

know that the quality of the service and its scope largely depends on the emotional state of its frontline professionals.

Our research shows us how at critical times such as this, professional health is crucial for the transformation of services and their relationship with users.

When we talk about taking care of professionals, we do not mean that they are sick, but rather that in order for social work to be transformative, professionals must be able to transform the way in which they organize themselves, take the initiative and manage themselves.

Therefore, a strategic and existential dilemma is presented regarding the approach adopted by social services and their management: a) the resolution of problems and the filling of structural gaps or b) social transformation through the users of services. It is clear that depending on which option is chosen, the care of professionals will be also approached in one way or the other.

There will always be emergency situations that require a short-term fix, and the same goes for professionals; when they experience unease as individuals or as a group, they will need help in addressing this unease.

At this juncture it must be pointed out that **the unease derived from the conditions in which the task is carried out is not an individualized unease, but rather it is a singularized symptom in one or more members of the team and an emerging symptom of group dynamics in a specific internal and external context.** Therefore, the way in which this unease is addressed cannot be left to the individual initiative of each person (through coaching, therapies, etc.), since that which originates in a social context must also be addressed collectively.

It should be borne in mind that we are discussing professionals who use their emotional, relational and psycho-social abilities to do their work. As such, they may find it difficult to differentiate between the person and the role. This aspect makes their task more complex and generates anxiety, which means that spaces of support and supervision, etc. will be required.

If at the same time we wish to take advantage of this crisis in order to rethink social services with a horizon of social transformation, then we might also imagine new projects aimed at (re)generating commitment and hope. Accordingly, we would envisage an approach to care that takes into account the transformative capacity of teams of professionals themselves, in order for them to model the possibility of transformation of users, also understood as members who have an impact on their own social systems.

In this respect, it is crucial for the approach to the care of professionals to be consistent with the care that one wishes to provide to users. That is why this may be a good time —even if it does not seem so— to (re)think the organizational spaces that foster the leadership capacity of professionals, that help them to reflect and be creative, with the internal authority necessary to defend their work, to empathize with users —with sufficient distance— and to work collaboratively both internally and externally.