The Conditions of Resilience: Families, Social Services and Social Workers Facing the COVID-19 Pandemic

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Abstract

This article draws on empirical evidence from a study that explored the impact of the COVID-19 crisis on families and social services. During the first wave of the pandemic, an online survey was administered to Italian social workers. The aim was to give voice to the perspective of frontline professionals, analysing the transformation of families' needs, and practices activated by social services to respond to emerging issues. Our study reveals the dynamic interplay of individual characteristics, family networks, and measures deployed by policies and social services to cope with the crisis. Through common themes that emerged from the analysis, this article shows how resilience of professionals and informal social networks can be enhanced before and after severe stressors arise, as well as the influence of organizational and structural conditions that can foster or hinder resilient responses. Social work can be strategic to anticipate critical developments, as well as to be prepared in fostering adaptive transformations, involving people and institutions in a process of collective learning. The pandemic has shown the effectiveness of more flexible and creative practices: the challenge is now to co-construct cultural and structural changes that allow incorporating them into new routines of social work practices, and to orient the renewal of welfare models and social interventions.

Keywords: COVID-19 family needs, organizational resilience.

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[1] The article is the result of the joint research and reflection of the two authors; however, in order to attribute authorship to the parts, Luigi Gui is the author of paragraphs 1, 2, 3, and 4 Mara Sanfelici is the author of paragraphs 2, 5, 6, and 7.

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1. Introduction

This article draws on empirical evidence from a study that explored the impact of the pandemic on families and social services in Italy, and their way to cope with this disruptive event.

During the first wave, the National Council and the National Foundation of Social Workers administered an online survey to all the Italian social workers. The aim was to give voice to the perspective of frontline professionals, analyzing the transformation of families' social needs, and practices activated by social services to respond to emerging issues. In particular, this contribution presents the analysis of qualitative data gathered through open questions, discussing and comparing the results relative to three areas of intervention: social services for the elderly, services for people with disabilities, and mental health social services.

The analysis offers a clear picture of challenges and coping strategies of individuals, communities and organizations, showing the complex interactions of variables that can hamper or foster the conditions for a resilient response to the unprecedented challenges imposed by the pandemic.

2. Background: the concepts of disruption and resilience in a health crisis

The disruptive impact of the COVID-19 pandemic worldwide has introduced unprecedented challenges. Millions of people have been affected by the infection, with damage to their physical and psychological health. In different stages of the sanitary crisis, the extreme and unforeseen rapidity of the virus spread overwhelmed the health infrastructures in charge of disease prevention and treatment (Sanfelici, 2020a). The conditions of vulnerability to a dangerous infection have triggered experiences of fear, uncertainty and anxiety in the entire population.

The measures to contain the contagion have suddenly imposed a rapid adaptation of individual and collective behaviors, with consequences on social interactions in our everyday life. All that we could take for granted in ordinary conditions in the pre-pandemic stage - how to share time and spaces, and how to interact with each other - had to be adapted to the new rules that imposed physical distancing, changing the characteristics of the settings and the scenes of our everyday lives, and challenging some of the underlying assumptions and cultural norms that guide our social interactions.

Similarly to what happens when an illness breaks into a person's life, the pandemic crisis resulted in the sudden suspension or interruption of routines,

with a strong impact on individuals, their family networks, the communities involved and the institutions responsible for organizing public life.

In the sociology of health literature, the concept of "biographical disruption" is used to describe "the disruption of taken-for-granted assumptions and behaviours", the patterns and routines that structure one's daily life as a consequence of an illness in the life of a person (Bury, 1982: 169). This condition requires a mobilization of material, cognitive and emotional resources, in order to cope with the consequences caused by the disruption. Coping mechanisms support the attempt to restore a state of "normality" in everyday activities and relationships, and are useful in maintaining a sense of value and meaning in life, despite the effects of the event that caused the disruption (Bury, 1991). In addition to the coping mechanisms, related to how a person stands in making sense of the event, strategies come into play, namely what people do, their mental and material actions, the bringing into play of resources and sources of support found in their social context, necessary to mitigate the consequences of the critical event.

In the case of a disease, in addition to the consequences for the physical body and on people's experiences, often follows a reduction in the possibility of having social relationships, at least in the ordinary ways, consequent to impediments of the physical body, at the psychological level, or due to reactions in the social context. In reference to the latter, Corposanto (2020) uses the concept of "sonetness" to refer to the perceived damage of the disease on social relationships and suggests how similar processes can be identified in how people respond to the effects of the pandemic.

In the COVID-19 crisis, thousands of people experienced the suspension of routines linked to the onset of the disease, while the whole population faced the sudden interruption of many of the social activities, and the suspension of behaviors and habits that build the ways and the meanings of interpersonal relationships. Most of the public places dedicated to sociality - restaurants, parks, recreational centers, schools, offices - have become a source of risk and object of restrictions and limitations to contain the spread of the virus. The places dedicated to cure and care, from hospitals to old age homes, have been a source of greater exposure to infection. The measures needed to limit the spread of the virus have also affected the ways in which family members interact: even visiting one's own parent has become a source of dilemmas.

The pandemic has thus inevitably reduced our ability and possibility to be involved in social relationships, and, although digital media have mitigated the impact, physical distancing has imposed "an absence of real sociality that rightfully becomes part of the damage caused by the pandemic" (Corposanto, 2020: 6). Both at an individual and collective level, it is a matter of making sense of a "new normality", finding new resources and strategies to deal with it,

seeking a balance between difficult trade-offs, between potential negative consequences for physical, social and psychological components of health, between the virus and the sonetness (Corposanto, 2020), to maintain social relationships without becoming infected. Seeking this balance involves the ability to overcome individual and collective traumas, and to implement resilient actions and practices.

The term "resilience" has become increasingly popular in the literature and across disciplinary fields. In the social sciences, the adoption of this concept aims to focus on the resources of individuals, families and societies, highlighting their capacity for adaptation in response to negative events, rather than focusing exclusively on deficits or fragilities on which to intervene (Mela, 2014). The term is often discussed together with that of "vulnerability" (Wisner et al., 2004), to refer to the importance of preventive actions for the reduction of risks related to potentially harmful events, both at the individual level and at the socio-environmental one.

The disaster literature, while referring to different definitions, emphasizes two components underlying resilient responses. The "processual dimension" of resilience identifies it as an ability or capacity for dynamic self-transformation that occurs in a process, following an adverse event involving individuals, communities, or organizations.

According to the Department for International Development, resilience in context of disasters is "the ability of countries, communities and households to manage change, by maintaining or transforming living standards in the face of shocks or stresses - such as earthquakes, drought or violent conflict - without compromising their long-term prospects" (Department for International Development, 2011: 6).

However, the focus on capacities should not lead to overlooking the structural factors and inherent characteristics of wider systems that can foster or hinder the resilience of families, communities and institutions.

The possibility to cope, recover and grow are dependent on the resources available and the strengths that are nurtured before a negative event occurs. According to Ungar, resilience is best understood not only as an individual's ability to withstand adversity, but in relation to the possibility to access the resources for people's well-being and the capacity of their communities and governments to provide them with what they need, in ways that are meaningful for them (Ungar, 2011). This condition is closely related to the ability of the social context to make the necessary resources available.

From this perspective, individual resilience is intertwined with the coping capacity of others, and within a context of a multi-layered "social resilience" (Henley, 2010: 296). Individual successful coping strategies depend on the resources a community has; among these resources are those conveyed both by

informal social support, and the formal social services and infrastructures, such as those of child welfare, education and health care.

During a pandemic, the social consequences are not the same for everyone, and the capacities for resilient responses differ. The analysis presented in this paper focuses on how pre-existing conditions of social risks and vulnerabilities, and their interaction with resources and strategies of individuals, communities and organizations led to different responses to the crisis. Paragraph 4 will highlight the impact of the pandemic on households, showing their difficulties and coping capacities. Paragraph 5 will describe the effects of the crisis on social service organizations, and the different ways they responded to the health emergency. In paragraph 6 we are going to highlight how the COVID-19 pandemic, as a dramatic disruptive event, has brought into view the importance of professionals' and service users' everyday interactions that shape what social work is, as well as the chances to transform social work practice.

The overall discussion will shed light on the dynamic interplay of individual characteristics, family networks, and measures deployed by policies and social services to cope with the crisis. Through common themes that emerged from our study, we are going to show how formal social services and informal social supports can foster resilience before and after severe stressors arise. In particular, we are concerned with how services can be designed to enhance the capacity of individuals, families and communities to recover, sustain, and grow from adversity.

3. Method

The key research question that guided our study was: What has been the impact of the pandemic on the life of Italian families and social work agencies, from the perspective of frontline professionals?

During April 2020 an online questionnaire was sent to all the Italian social workers, members of the National Council of Social Workers, that is all the registered professionals in Italy. Out of 16.615 frontline social workers[1] that participated to the survey, 2.333 were working in services for the elderly (Sanfelici, 2020b), 1.100 in mental health services (Favali, Rosina, 2020) and 2.104 in services to support people with disabilities (Briani et al., 2021). For the completion of the questionnaire each respondent was rewarded with 2 continuing education credits. The questionnaire included closed-end questions and four open-ended questions; it was pretested with a group of 15 social workers and modified on the basis of their comments.

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[1] A detailed description of the caharacteristics of the sample can be found in Sanfelici (2020b).

The open-ended questions asked: Which challenges are you encountering during this pandemic? Which service users' emerging social needs are you observing? Which practices are being adopted to respond to this emergency?

All the texts were analyzed following the steps of thematic analysis, as detailed by Braun and Clarke (2006). The data were coded by three groups of researchers and co-researchers in relation to how participants answered the research questions listed above. The themes were identified "within the explicit or surface meanings of the data, and the analysis [was] not looking for anything beyond what a participant has said or what [had] been written" (Braun, Clarke, 2006: 84). A theme was not determined based on a quantifiable measure, but rather "whether it capture[d] something important in relation to the overall research question" (Braun, Clarke, 2006: 82). The texts were read in full and initial ideas were noted. Then, initial codes were generated, reviewed and collated with similar codes into potential sub-themes; broader themes were refined by collating similar sub-themes.

The study gained ethical approval of the National Council of Social Workers. Any information that could identify participants or the research sites has been changed. Our respondents and the co-researchers, involved in the process of data analysis, as social workers experts in a particular field of practice, shared their time to contribute to this research throughout the pandemic, despite the unprecedented pressures on their personal and professional lives.

4. Individuals and families struggling and coping during the pandemic

The voices of the respondents to our survey offer a clear picture of the condition experienced by the population impacted by the health crisis, and reveal more clearly the vulnerabilities, already in place or latent in the pre-pandemic stage. Elderly people, people with disabilities, psychologically fragile people, people who were alone or, on the contrary, forced to live in difficult cohabitations, people who were already poor or that suddenly lost their income (Caritas Italiana, 2020), or their job, experiencing even more precariousness (Berti, Valzania, 2020) had less resources to face the crisis, being already burdened by the difficult task of composing several fragments and struggles in their everyday lives. Moreover, in this pandemic, the strategies to cope with the trigger event and find a new equilibrium, joining resources and common efforts, have found further obstacles than in other collective crises. It was not one group or one territory to be severely impacted, but the overall population, including those who were supposed to help.

The measures imposed for physical distancing has meant relational isolation for many individuals also. The new condition led to limit within the

homes of people those social processes foundational for the construction of personal and social identities, which in 'normal times' are also built through living and interacting in public spaces, and different social arenas outside the house. The pandemic has led to close within the perimeter walls of everyone's homes the varied composition of habits, routines, relationships and rules of which normality is made up. Using the Goffman's perspective, we could state that many people have suddenly found themselves deprived of physical "limelights", of stages where the construction of identities processes take place (Goffman, 1956).

One of the themes on which the descriptions of the interviewees seem to converge is the disruption of family rituals and routines (Sanfelici, 2020b: 169), that support the construction of identities and socialization within frameworks of shared meanings (Goffman, 1967). Stuck in their homes, people had to stop seeing their friends and relatives, sharing time and activities with them. People whose social networks were already limited and, before the pandemic could count mainly on recreational centers or day-centers to stay connected with others, found themselves suddenly more alone and vulnerable.

Family rituals include traditions developed to celebrate culturally defined occasions and anniversaries as well as daily interaction patterns, such as meals rituals (Fiese, 1992). Not only these events had to be suspended, but even meeting a family member to provide comfort during their stay at the hospital was no longer possible. Many people could not say the last words and see their parents and relatives at the end of their lives. Even funerals had to be suspended or limited to close relatives.

Digital technologies represented for many the main chance to continue to live in the relational world. The online environment can be seen as a stage in a virtual space, where it is still possible to participate in a process of collective sense making and belonging. However, our respondents have highlighted how thousands of people, and particularly those already excluded by the digital divide before the pandemic, found themselves even more isolated, with less tools and strategies to cope with such challenges.

Another recurring theme in the respondents' descriptions is the impact of the crisis on the mental health of people, not only because of the fear and the total uncertainty with respect to the effect of the infection and the risk for physical health, but also as a consequence of the measures introduced to limit the contagion. Severe restrictions to movement and social relationships during the first wave of the pandemic led several people to feel that their psychological vulnerability was intensifying, with the perception of living a sort of "house arrest" (Favali, Rosina, 2020: 122). Not knowing for sure for how long and how to manage this period, this time was perceived as empty and undefined by many. This experience often found no relief, but acceleration, in the domestic

'confinement'. From the words of the interviewees, it is apparent how much anxiety and conflicts within primary relationships have been amplified, bouncing back and forth within the domestic walls. On the other hand, in this condition, every possibility of interaction and interlocution with the outside world has offered benefits.

The main request of people with weaker social ties was not to feel "abandoned" (Briani et al., 2021), and doubly alone in recomposing their capabilities to cope with this event (Sen, 1982). First, it was important to be supported in reducing the risk of an unsustainable soliloquy, a source of anxiety more than sense making. Second, people were asking not to be alone also as members of families, when living together was forced and the perception of loneliness was heightened because of no emotional or material support, no empathic listening, and no recognition channeled through primary social networks.

The lack of possibilities of sharing one's own narration of concerns and solutions sought, a "social discourse" (Malaguti, 2005: 42) on the individual and collective effort to cope, progressively has eroded resilience; as much as, on the contrary, being part of shared symbolic and relational spaces, when these spaces were safe and healthy, imagining and reinventing together new routines, has nourished it.

The elderly population has been among those who have most heavily suffered from the impact of the pandemic. This group counts the highest number of deaths and the most severe consequences of the infection on their physical body. Several of the professionals that participated in our survey, just one month after the start of the pandemic, knew about the death of dozens of people. "Disorientation" and "isolation" were the recurrent respondents' words to describe the condition of elderly and their caregivers during the lockdown.

The disruption of the routines within which older people knew they could reproduce their daily existence led to severe physical and emotional distress. The stay-at-home rule imposed on them, as well as their caregivers, has meant a sudden reduction of possibilities, not only for communication and social interaction, but also for concrete support. The social workers indicated as one of the issues their difficulty in accessing services and information needed to take advantage of the aid provided by public services, and for the maintenance of their physical and mental wellbeing. On the one hand, the older generations, more markedly than other age groups, have experienced the consequences of the digital divide and the unequal access to information needed to tackle the health emergency. Moreover, those who had already rarefied relational networks have seen their isolation worsen. An alarm in this sense, launched by social workers in the territorial social services, was concerned with the risk of not being able to reach the more fragile people not already known by the social

agencies, and with not enough information or tools to search for a contact (Sanfelici, 2020b). Not being able to move from home and to communicate, if not with a land phone, exacerbated the condition of social exclusion and isolation of those who were already with scarce resources and social networks to convey them, increasing their level of vulnerability.

The answers to the questionnaire show how the impact of the pandemic differed in relation to the characteristics of the networks and accessible resources. Social support, shared values and instrumental support for daily tasks like child care, public services and food distribution combine to create social capital that predicts recovery after a disaster (Ungar, 2011). The pandemic heavily impacted also on this source of social capital, both on infrastructures and informal resources. People with social networks, characterized by ties with less possibilities of channeling material and immaterial resources, suddenly found themselves even more "distant" and "disconnected". The respondents explained how several family members in their role of caregivers had to suddenly reorganize their daily routine, when external support for material help and assistance was no longer available. In several territories, services and day centers, that in the pre-pandemic stage were able to mitigate conditions of social isolation and provide assistance, were suspended or closed. Several domestic workers employed, sometimes irregularly, by Italian families to help people with disabilities, were asked to stay home because of the threat of the contagion, while others left their job, sometimes for the fear of being infected, or because they were infected (Caritas Italiana, 2020). The task became even more burdensome for families caring for people with cognitive impairment or behavioral disorders, who found it extremely difficult to adapt to restrictive rules for the prevention of the contagion, and who were more exposed to the impact of such measures on the disruption of daily routines and its consequences on physical and mental health.

As in ordinary time, also during the emergency, most of the Italian families have been the main care providers for people in need at home. The strength of family's ties, when present and strong enough, have been a fundamental resource to cope with the pandemic.

5. Factors promoting and hindering resilience in the social service organizations

This section is aimed to shed light on the condition of social service agencies at the moment of the outbreak, and their way to react and respond to the rapid transformations triggered by the crisis, considering the social

environment in which they interacted, and the main features of the Italian welfare system.

Process-oriented studies highlight "the dynamic nature of resilience as an interaction between the organization and the environment" (Williams et al. 2017: 20). From this perspective, resilience of an organization is the ability to effectively respond to crises, not only after adverse events, but before, during, and after as well (Alliger et al., 2015; Williams et al., 2017). Preparation is essential, as well as the capacity to adapt and transform in relation to the emerging challenges; in these processes, capabilities within the organizations and the resources available in the environment make the difference in promoting or hindering resilient responses.

During the pandemic, the first condition that became apparent was the unpreparedness of the agencies to face a health emergency. Half of our respondents indicated that they had insufficient personal protective equipment (PPE) available to protect themselves and the service users (Sanfelici, 2020c). As a consequence, in the majority of social work agencies, remote working became a solution, to limit the possibility of being infected and infect the others; only one out of four of our respondents continued to work always in presence, for the type of activities they were involved in, for example those working in residential settings; 44% of the professionals declared to have alternated days in presence and days working from home, while all the others worked from home only.

If the lack of preparation was a common condition in social service agencies, the answers to our questionnaire offer instead a very articulated picture of the ways in which these organizations acted in the response stage. More specifically, it is possible to recognize two different approaches, with some agencies more able to see the unexpected faster than others, and to promptly react to it, while others in the position of "waiting and seeing".

Some participants described an intense activity for planning new interventions and ways of responding, negotiated and supported by the managerial and the political levels. Others instead explained that their organization was "stuck" and they were invited to stay at home, on vacation or on lay-off, as if the management was waiting for this disruptive event to pass. Some reported how the attention to sanitary issues was prevalent in their own organization, neglecting other components of individual and community wellbeing. Others highlighted the importance of feeling part and sharing their skills and expertise in multi-professional teams, in which their role and a 'social perspective' seemed to be valued. Some agencies were unprepared, but immediately reactive in adapting and increasing services; in other territories, several services were closed, and the social workers highlighted the ethical dilemmas experienced when they were asked to define priorities among people

in need. While some respondents described a good coordination of resources, through task forces and teams dedicated to the emergency management, many others highlighted poor coordination skills within their organization, running the risk not to value all the resources made available by formal and informal networks.

These two approaches seemed to lead to consequences also in the way of positioning social work in social service agencies. In some of the responses, it emerges that social workers were not involved in the steering committee for the emergency management, with an organizational mandate mainly focused on the activation of services. On the other hand, other professionals described their active participation in the analysis of emerging needs and the definition of services to efficiently respond to the crisis, or at least the possibility of formulating proposals to the decision-makers.

This variability is not surprising, knowing the pre-existing features of the Italian welfare system, that at the moment of the pandemic outbreak was already showing several flaws (Sanfelici, 2020a): lack of national standards for social rights, high fragmentation of existing social benefits, high variability of the quantity and the quality of social services among territories, predominance of monetary transfers over services to support families, and insufficient financial consistency, particularly at the municipality level, that is responsible for the management of social services.

All these critical issues, already impacting on the quality of social work practice before the outbreak, became more apparent during the pandemic. Recurrent themes in our survey are referred to the different responses in different territories, lack of home care services to support families and, in several organizations, a marginal role of social work, not considered as a societal structure involved in the co-construction of community and people wellbeing, but just as a service provider for people at the margins. Nevertheless, in some ways, the forced transformations induced by the pandemic allowed to see the possibility to challenge some of these assumptions, or at least to show their flaws.

Never as before, vulnerability has become a condition experienced by everyone, not only by marginalized people, even if those with more resources had more chances to find their way to cope. This led some social workers and agencies to start recognizing the strategic importance of interventions with the overall community.

Generally, more improvisatory ways of interventions seemed to allow more prompt responses to families' needs, not subject to long procedures. The new public health measures seemed to have reduced, at least in some organizations, the usual bureaucratic complexities to access social services, authorizing the use of digital tools for services activation and applications.

Moreover, the rules for physical distancing imposed the interruption of those encounters that require physical movements toward physical places, like going to social services to ask for help, changing the settings and the conditions of the relationships between social workers and services users. The former, no matter what was their agency's view of social work, had to create new ways of reaching people in need, when the offices were closed to the public, and when a large number of people found themselves suddenly in forced isolation. Those assumptions and rules which, in the pre-pandemic welfare system, had kept social workers in the position of waiting for people to come and ask (Fargion, 2013), became more apparently unsuitable. Social workers realized maybe more clearly that they had to move first, in the direction of people, also experimenting new ways of performing social work. As the suspension of a "normal" relationality for all became apparent, an additional effort was put into play by those agencies and professionals keener to innovation, to reach and "reconnect" people at risk of isolation.

The next paragraph analyses more deeply how the lockdown created the conditions for many professionals to be more creative and to experiment, combining outreach services and digital tools.

6.   Transforming social work practice to tackle a health crisis

As other studies have found (Ferguson et al., 2021), improvisation is a recurrent theme in the descriptions of our respondents. Physical distancing from people suddenly challenged the ordinary ways of doing social work, and many of the organizational routines and rules could not apply any more.

Among social workers two different kinds of immediate reactions can be recognized: some workers described a condition in which they felt stuck, experiencing feelings of fear and the necessity to take care of their own health. They were wondering if their work was essential at that stage, or if it was better for everyone to postpone some of their activities later, particularly those who were experiencing this challenge alone, feeling not protected by their own organization. Other explained how, despite their fear, they found the strengths for going on and helping each other, while working in teams that seemed to get more united in the common effort to face these unprecedented challenges, and to help people in need.

For some social workers it was difficult to imagine new strategies, and they underlined how ordinary tools and ways of doing social work could not work in a health emergency, substantially leading to suspend activities. Other respondents highlighted the need to commit themselves even more on the field, making their action "more concrete", also taking on tasks that in ordinary times

were attributed to other professionals: for example, providing material help to the elderly in residential settings when needed, or distributing food to whom suddenly lost the possibility to buy it. The majority of the participants described their continuous effort to adapt practices and interventions, allowing them not to shirk their professional mandate to protect and safeguard those with fewer resources and often less voice.

"Being there despite the physical distancing" (Sanfelici, 2020b: 106), to reconnect the link between *oikos* and *agorà* (Bauman, 2000), between domestic privacy and public social life, led to fostering imagination and creativity. Sharing mutual support with service users, providing counselling, the involvement of schools and local communities, bonding and bridging with informal networks, volunteers, organization of the Third Sector and the Civil Protection became the core activities. Some professionals described new plans introduced to ensure the monitoring and support of lonely people, offering a point of reference useful to provide information and reassurance.

A frequently reported theme was the necessity to help people in making sense of the new situation. Trying to find ways to build a "new kind of normality" meant activating processes of collective sense-making to cope with the disruption in the everyday lives of both professionals and service users. In the majority of the answers is apparent the effort of the social workers to promote relationality, maximizing opportunities to continue having options, choices and relationships.

Digital tools became an unexpected ally in all these efforts. Lack of skills and specific training in digital social work were evident from the answers, but also the desire to experiment, innovate and find new ways to stay connected, mitigating the feelings of anxiety and suffering, due to forced isolation in a situation of total uncertainty. Virtual interviews with individuals and groups have been described as particularly effective with more isolated targets of people who needed daily stimuli and feedback, for example in mental health services (Favali, Rosina, 2020), or services for older people (Sanfelici, 2020b). In some cases, digital tools have been used to build participation and share solutions, experiences, points of view, and good practices with service users. Group chats in which both people and professionals shared thoughts, doubts, and suggestions, Facebook pages created for people and family members who could not access day care centers, whose activity had been suddenly suspended are some examples of innovative practices. Virtual mutual-aid groups allowed exchanges also between generations to encourage mutual storytelling, for example between older people in residential settings and students. Communication through digital tools has also been fundamental to inform about prevention rules, available aids, ways to access services, and information about people's rights during the pandemic.

In residential settings, one of the main efforts was to facilitate daily contacts and communications among family members forced to stay apart, through the use of tablets and smartphones, that allowed them to interact with each other. For those caregivers who did not have this possibility, the professionals tried to organize visits, allowing residents and caregivers to see each other through the windows. A series of activities were reorganized to "mark the time" within the facilities: discussing together the news in the morning, the moment for a coffee break, the possibility to maintain habits, like having their hair well fixed for Sunday with the help of the workers as hairdressers (Sanfelici, 2020d).

Social workers experimented with the possibility of reaching people in their homes by meeting them in a new way, mixing new formulas of "virtual home visits", with new boundaries between institutional and domestic places. Through the screens of a cell phone or a tablet, new stages were set up, where identities could still be represented and new forms of support and protection could be reconfigured (Gui, 2020a: 43).

Almost unanimous was the opinion of the respondents on the positive effects of using digital technologies to mediate communications between institutions and professionals: sharing useful information, exchanging good practices contributed to strengthen the sense of being part and belonging to professional or interprofessional communities.

Workplaces and teamwork became for many a fundamental source for collective sense-making within the organizations, and it was clear how the professionals' resilience reflected the resilience of their overall team, as they were intertwined (Ungar, 2011). Other studies have demonstrated how social resilience of teams prevents long term trauma following periods of difficulties, providing a place in which adversities are transformed into personal and collective growth (Ungar, 2011: 1745). These digital experiences were often described as a "discovery", "something unthinkable until recently".

For some professionals, the crisis constituted an opportunity to reflect on the limits of an "emergency approach" to social work, as if the crisis had somehow made it possible to stop, gaining time to reflect and being more aware about the importance of nurturing relationships, that cure "even at distance" (Sanfelici, 2020b), working more on prevention than in a reactive way. Often there was no explicit organizational mandate, professionals simply used their own personal tools, but the agencies seemed to be keener to allow creativity and go beyond standardized rules, since these rules could not apply any more.

7. Windows of opportunity for the future of social work and the welfare system

As stated by several scholars, social work in the context of collective crises (Di Rosa, 2012; Gui, 2016; Sanfelici, Mordeglia, 2020) should play a strategic role in service coordination, communication among institutions, analyzing the emerging needs and resources to tackle the crisis and to inform the response. Involvement of communities should be crucial: the more services reflect processes of reciprocity with people who help to define which responses are needed, the more likely they are to be used. Services that are likely to produce resilience and sustainable wellbeing are those with an evidence base, where evidence reflects local knowledge, practice-based evidence, and evidence-based practice (Ungar, 2011). The role of participatory action research can be strategic in all the stages of the crisis management to inform decision making and actually involve people in the construction of analyses and responses. Moreover, the social work mission, in ordinary and emergency times, is to value and promote relationality, social proximity and shorten social distance.

Our findings confirm the crucial contribution of social work during a crisis induced by a pandemic, both at the micro level and within organizations and communities. A common topic among the majority of our respondents was the effort to cope with the most difficult trade-off imposed by the pandemic: on the one hand, the necessity to comply with the measures to prevent the infection, on the other the fundamental task to mitigate the "social damage" (Corposanto, 2020) caused by the pandemic. Their attempt has been to build "proximity at a distance", trying to counteract the negative effects of physical distancing, through "a relationship that heals", even if not in presence sharing physical spaces.

Similarly to what Ferguson et al. (2021) found, it was through improvisation that social workers remade a relational practice possible, and found innovative ways to achieve closeness in the context of physical distancing. Overall, the descriptions of most of the respondents are able to highlight their key role in order to listen, give voice and respond to the complexity of people's needs, nurture ties, activate networks of solidarity, co-construct meanings in a daily life, overwhelmed by personal and collective challenges.

However, it is just as apparent how other processes within the welfare system do not seem to proceed in the same direction. Two different ways of doing social work and positioning it within the social service organizations, and in the wider social context, have become more evident. The first, shaped in a welfare model of the last century, is built as a system to respond to "individual demands", based on pre-defined and standardized procedures for the supply of

goods and services. These procedures assumes the initiatives of the citizens who move toward the social services to declare and demonstrate their need for help; service users are assumed as able to comply with these procedures, to send their e-mails to the right address, to correctly fill in all the format required to access services, and to ask the right questions to the right offices in the varied and kaleidoscopic panorama of fragmented local and national welfare system (Costa, 2009; Colozzi, 2012; Ascoli, 2020). In this model, social workers are more likely to be thought of as one of the bureaucrats who are asked to execute what is required to answer to service users, assess if their demands are appropriate, and provide information on the correct ways to apply and comply.

The second model is a way of doing social work in which professionals move on their own initiative, proactively, going toward people and being recognized by them as professionals that are a point of reference in the communities in which they interact. These professionals are involved in a continuous, dynamic and interactive process of co-construction of meanings, assessment of needs and mobilization of resources, producing a collective social capital that fosters the idea of active participation and shared responsibilities for the community wellbeing. Not only and not so much a social work that provides predefined solutions, but a profession that contributes to find strategies to face problems in a process of "plural coping" (Folgheraiter, 2007), striving to set up those relational contexts that allow for valuing and empowering individual and collective capacities (Gui, 2020b: 183).

In the era of the COVID-19 pandemic, different social work practices have represented the litmus paper of both the potential for innovation in the welfare structures and related social policies, and the risk of a position of stalemate, when professionals are forced or choose to close themselves within the more consolidated perimeters of standardized welfare procedures, often in a marginal position or in the shadow of health, administrative or social security services and professionals. From this perspective, the social work intervention is just for those labeled as "fragile", "at the margin", risking to create paths for those assumed not capable of overcoming challenges by themselves, and to intervene when the social damage is already in place.

During the pandemic, maybe more than before, it was possible to see in a clearer way the possibility to turn in another direction, that seems to be more coherent with the professional mandate: to proactively act, in order to reach the emerging needs, before they turn into acute problems, being in and within the communities, promoting the spaces that allow proximity, as a way to foster a sense of collective belonging. Strategic actions have been recognized in the effort to catalyze and promote "hybrid" systems of help (Bertin, Pantalone, 2018), which call for the involvement of different actors and compose different strategies that are not predefined, but co-responsibly constructed, with

individuals, families, and associated groups. This requires that the services and the professionals themselves are capable of adaptation, open to be changed in the interaction with people, and re-design intervention and services, as a condition to include and foster participation in an authentic way, promoting the voices of people to ask for the necessary structural and cultural changes.

Crises can open "windows of opportunity" for adaptation processes (Tyre, Orlikowski, 1994), but do not automatically lead to learning and overall changes. We can list a series of lessons learned, but fail to translate this knowledge into new organizational and professional practice and, most of all, live unchanged the factors that shape societal structures that create discrimination, and social policies that do not really tackle it.

Social workers have an impact on the use of new knowledge and solutions, while working at the intersection of micro, meso and macro levels. Nevertheless, empowering the capacity to withstand a collective crisis and building resilience is not just the result of social support provided by families and professionals to link people to one another, but also the consequence of resilient organizations and coordinated services that set the stage for capacity building (Ungar, 2011). Structural conditions are crucial: services must be in place, delivered in an efficient way, and for the right targets, particularly those more oppressed. At the same time, the processes within the organizations are crucial: not only formal structures and clear responsibilities for quick decision making are needed, but also openness and freedom for flexible and creative actions to face the unexpected.

Resilient organizations are able to respond not only to the past with reactive actions, or to current issues, in a defensive way, but also to the future with anticipatory actions (Duchek, 2020). Moreover, transformation requires social learning, that leads to longer-term changes in "the individual and collective cognitive capacities (i.e., cultural transformations); in the social interactions among social actors within and across all levels of social-ecological governance (i.e., social transformations); and in the interactions between social actors and their living environment (i.e., ecological transformations)" (Imperiale, Vanclay, 2021: 6).

Social work, if understood as a structure to foster social resilience, can be strategic to anticipate critical developments, as well as be prepared in fostering adaptive transformation in the response and recovery stage, involving people and institutions in a process of collective learning and transformation.

The pandemic has shown the effectiveness of more flexible and creative practices. The challenge is now to co-construct cultural and structural changes that allow incorporating them into new routines of social work practices, and to orient the renewal of welfare models and social interventions.

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