

Transference to a Social Work Platform 2.0 in the COVID-19 Pandemic

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Abstract

The aim of this research is to identify and analyze the problems that determine the transference to the social work platform 2.0 due to such a global challenge as the COVID-19 coronavirus infection pandemic. The model transformation of the social work in the context of the global life cycle makes adjustments to the large-scale social functioning of a person, changing the value strategies of mass pathogenic behavior. The retrospective approach was carried out in order to characterize the changes paradigms of assistance in their unity and dynamics, contradictions and dynamic possibilities, to substantiate the relevance of the new development of social work. The reasons and clinical features of the transition to the social work platform 2.0 are outlined in the context of transitive processes (uncertainty, variability, multiple diversity), that are exacerbated by the COVID-19.

Key-words: Pandemic of Coronavirus Infection COVID-19, Health of Vulnerable Populations in a Social Context, Social Work, Platform 2.0, Digitalization, Clinical Vector.

1. Introduction

The nature of social interaction is changing, the volume of digitalization is increasing and the need to transform the vector of social work development is objectively increasing in modern conditions, characterized by new life challenges, primarily a pandemic against the background of the spread of the new COVID-19 infection. It should be emphasized that this is facilitated by both factors of the evolutionary paradigmatic change in social work and environmental historical factors that significantly change the models of helping those in need, and the sociopathogenic platform itself, which has been formed over several centuries.

2. Methods

Tectonic forces towards the platform of social work in modern society are determined by such factors as globalization, the emergence of mass groups of the population in need of social services, which are the elderly and the disabled, as well as the design of technological assistance to those in need that meets modern trends. Such assistance is carried out with the preservation of traditional methods "face to face" (offline format) and the use of digital tools that allow it to be organized online, or a mixed format (offline / online) is used. At the same time, we observed the practice of interaction with clients on the basis of NBICS technologies is beginning to be generated, allowing to provide support to a person based on his biopsychosocial-cognitive problems, which undoubtedly becomes a unique source of the new theoretical and methodological concepts and the design in their new context of social practice work on the 2.0 platform.

Undoubtedly, the development of a new paradigm of technological assistance in organizing and monitoring the process of resolving the person problems allows social work to be carried out throughout the entire life cycle: from the early stages of development to the processes of late age, involuntal and palliative. In this context, global social work covers the space of the entire globe, despite the difference in cultures, economies, and political systems. It intervenes not only in "traditional" social problems, but also in such areas as ecology. Recently, it has been an active agent, counteracting the spread of the pandemic caused by the COVID-19 coronavirus infection in the corps of other "helping professions".

3. Results

The current situation of the platform transition 1.0 to 2.0 requires comprehension both from the level of national approaches, in discourses of the historical originality of development, and from civilizational ones, which make it possible to observe the processes of changing the formed paradigms of assistance in their unity and dynamics, contradictions and patterns, in the logic of transversality processes. It allows us to observe not only the reasons, but also the trends of the platform transformation that has emerged today, in essence, the emergence of a new vector in the development of social work.

The coronavirus pandemic modified the structure of government, which entailed a revision of "public health" concepts in traditional discourses of social pathologies, making adjustments both in the logic of state social policy and in the organization of a person in need and his daily life.

The modern society is currently reflected as a space of pathogenic risk despite the geographical diversity and political differences, the socio-cultural characteristics of its life. It is quite reasonable to assert that the COVID-19 pandemic is becoming as significant a factor of civilizational risk as the constantly arising territorial armed conflicts, undemocratic elections in certain countries, the lingering nuclear and environmental threats, which sociologists wrote about at the turn of the past and the present. centuries [1, p. 28; 2].

So, we can come to the conclusion in such conditions, the idea that the geopolitical paradigm is replaced by the concept of “biopolitics” and starts to acquire the status of a leading factor of political influence on the modern world order. Today it is becoming more and more obvious that in various states of the world, population management based on "biopolitics of power" in the reality we are experiencing is not some abstract philosophical concept, but a necessary social technology to resolve human problems in a difficult life situation caused by a pandemic as the first and the second waves.

The social work platform 1.0 in the historical perspective had different versions, which were transformed depending on the socio-economic and socio-cultural conditions. It seems necessary to dwell on the general trends of its formation in various countries.

4. Discussion

It is a common knowledge that social work in the status of professional activity to assist a person in difficult life situations begins to take shape at the beginning of the twentieth century. However, its early forms, mechanisms of human support in situations of individual and social crisis began to be determined much earlier: if we talk about Western civilization, then even in ancient times, when mechanisms of social interchange between various social communities and groups were formed [3].

It was then that the main contradictions in social community between the groups of "collective stability" (subjects of assistance), implementing the policy of philanthropy, and the groups of "social dependency", which, due to their age, biopsychosocial characteristics, and social deprivation, represented the "subculture of the disadvantaged" according O. Lewis [4].

The “subculture of the disadvantaged” (objects of assistance) as a community has been historically reproduced over the centuries, acquiring systemic characteristics such as “helplessness, dependence, lack of involvement, marginality” [5]. The content of these concepts was determined by the socio-economic and socio-political conditions of a particular era. Social institutions of assistance,

performing the functions of support, integration, control had various forms of organization: state, public, confessional.

The process of social work modernization from its early forms to professional ones was carried out not so much as a linear process, where the process of institutionalization was conducted from simple forms of assistance to the more complex ones, but as a stochastic process. Such process was characterized by the combination of convergence and divergence. Thus, the aid modernization was transformed in various historical epochs from spontaneous support to orderly, from spontaneous actions of generic and state actions of assistance to individuals and social groups to assistance to social communities enshrined on the basis of legislative acts of the state and the church, from philanthropic activities of individuals and organizations to administrative activities of state structures.

In such context, it should be noted that before the beginning of the formalization professional stage of social work practice, the ruling elites and institutions influenced the processes of aid models modernization. It were they who were delegated the aid functions, as well as supervision and control over its implementation. For example, control over professional beggars on the basis of labor assistance was carried out in workhouses in England [6], in the “Charité atelier” in France, in the “Juntas de Caridad” in Spain [7], in the restraining and spinning houses in the Russian Empire, where not only male vagrants, but also women were under control[8].

Changes in the assistance content and mechanisms, in fact, simulated new practices influencing the modernization of the helping activity. This was manifested, for example, in the spontaneous activity of individual people, in particular, the activities of the merchant Buch and the economist Focht in the 18th century in Hamburg, and also of Prince Odoevsky in the 19th century in St. Petersburg [9].

A retrospective analysis shows that historically, modernization impulses and efforts were transformed into the activities of social workers, who represent on the world stage a global network of assistance and support based on professional solidarity between specialists from different countries of the world.

At the beginning of the 21st century, it was possible to observe how the processes of social work modernization were influenced not only by world scientific schools, trends in evidence-based practice, educational models that were constantly being improved, defining new effective competencies for training specialists in many universities around the world. An important role in the modernization process of social work is played by IT technologies, which make it possible to provide assistance to a person from early to late stages of life [10].

The key agent of modernization is the global professional community, which through various mechanisms fulfills the social order of the ruling elites. Along with the state actors of the transition to the platform of social work 2.0, the Church, as non-profit and public organizations are involved in this process, providing assistance to the subjects of the “subculture of the disadvantaged” on the basis of their technological practices, sociocultural codes, value and ethical relations, with the help of mechanisms characteristic of these institutions "Case management".

However, along with the existing endogenous factors of modernization, exogenous factors appear that significantly affect the processes of modernization in general [11] and social work in particular. These factors include the COVID-19 pandemic, which has affected all countries of the world, affecting the daily lifestyle of a person, the economy, the government system, including the assistance practice.

Analysis of the first wave of COVID-19 in 2020 shows the influence of exogenous factors on the permanent modernization process of social work. It is caused by various phenomena and conditions, among which analysts define: the processes of "new norm" and "new deviation"; the development of digital technologies that make it possible to provide assistance to needy customers in a remote access situation; implementation of activities in new conditions, namely: massive epidemics, environmental global catastrophes, which are interdependent with regional and world economic, political, social crises [12].

The processes of the “new norm” both in the most developed countries and in the poorest are implemented from the standpoint of increasing repressive pressure and tightening control, primarily in relation to socially vulnerable groups of the population. However, the “new norms” in the system of social population protection were associated with administrative measures for self-isolation of the most victimized groups of the population, primarily the elderly and people with multimorbid diseases., In most countries of the world, certain programs were created in relation to such persons. It was aimed at solving the problems of food security, social isolation, solving the problems of the digital divide, when the technologies of therapeutic assistance and e-consulting were implemented through IT technologies [13].

As studies show, in many countries, for example, in Japan, digital technologies made it possible to more quickly solve the problems of elderly and old-aged, families and children at risk, more effectively find solutions in interagency interactions, and reduce bureaucratic "ambages" in the public administration system [14].

It can be noted that in the pandemic context, online technologies are becoming a priority in social work, compared to the usual methods used in an offline format. At the same time, there are changes in approaches to the classification of technologies, since instead of analyzing the effectiveness of traditional (individual, group, community), methods of assistance are more often represented in the context of the discourse on digital transformation [15].

At the same time, the active use of digital tools in the provision of assistance has highlighted a number of problems that social workers have not encountered in their practice before. Among such problems, as noted in foreign and domestic studies, the main ones are the following: online social work technologies do not always make it possible to effectively assess the situation of children at risk [16]; the closure of schools makes it impossible to implement nutrition support programs for children from socially vulnerable groups of the population; online social work practice does not allow monitoring and assessing domestic violence, in particular, violence against older people in conditions of a long stay in a limited area; the unpreparedness of meeting mass epidemics led to the fact that in many countries of the world the highest mortality rate among the elderly was recorded in nursing homes, for example, this situation arose in the UK and Sweden [17].

Among the problems determined by the pandemic in the practice of social work, one should mention as important- the provision of appropriate services through traditional channels of assistance to the homeless, who, moreover, found themselves in a situation of impossibility of real self-isolation. In many countries of the world, children in state boarding schools were returned to their relatives, and the institutions ceased to exist. These problems stimulated the search for effective technologies of social work in the context of a pandemic, since the existing traditional methods of helping practices do not allow their productive implementation. This was especially evident in the professional resolution of clinical cases, which is typical for all countries [17].

Another feature that determines the clinical vector of social work modernization is not only the emergence of new problem situations and "nosologies of the traumatic (clinical) case", but also a change in the ideology of care. So, in the context of a pandemic, social pathologies and human needs, conditioned by the concept of a "social contract" between the government and the individual, have undergone significant changes.

The basis of the social contract, when a person agreed with the inevitable "cultural coercion", according to Z. Freud, on the basis of the dominants of consumption and public safety, is being transformed today. The social ecology of the public environment has changed the rules for the functioning of social institutions. Formally ("de jure") institutions of social protection in the mass

consciousness still reflect the “protective mechanisms” of the collective superego, directed against the dominance of “the dominance of bad, socially harmful drives” [18; 19]. However, in practice (“de facto”), these institutions implement the functions of “biology of power”, when the focus is on the risks of a person's biosocial functioning, his sociopathogenic conditions, the clinical vector of overcoming which becomes more priority than maintaining “public order and discipline” [20].

The third feature, which emphasizes the importance of the clinical vector of social work modernization of transition to platform 2.0 in the context of COVID-19, is associated with the idea of a person in need in the current situation of uncertainty, a rapidly changing social space, with an increasingly asserting plurality of life contexts. In these circumstances, the need for case management, clinical orientation of the helping practice increases.

One can observe how social conditions change the ideas about the pathology of society and social neuroses, which were described by Z. Freud. It is noteworthy that E. Fromm noted that Z. Freud's attention was focused on the conflicting nature of the requirements of human nature and society. The cause of this conflict was perceived to be a society that “as a whole may be sick.” “Social neurosis” develops due to the fact that civilization and culture contradict human needs, and on this basis, a collective neurosis develops [21, pp. 25-26].

The modernization of modern social work is developing in a situation where social neurosis is formed in a situation not only of a “sick” society caused by “civilizational tendencies”. For example, in turn, pandemic circumstances “bring” their “share of a destructive state” to the symptomatology of “social neurosis”, organizing all the diversity of social groups into one large conglomeration, which can be considered as a pandemic socially victimized community.

This pandemic socially victimized community, acquiring social neurosis, can have various modifications depending on social, cohort, age factors, “mutating”, like new strains of COVID-19. In particular, for some social groups, the elderly and the aged persons, the basis for social neurosis is formed by the dominant existential problems of life and death, which are aggravated by the accompanying problems of “natural isolation”, complicated by the conditions caused by administrative measures of “self-isolation”, which does not contribute to scenarios of “positive aging”. The French philosopher M. Merleau-Ponty, comprehending the human body as a universe that forms meanings and attitudes towards activity, defined it as a “guide to the world”, a fastening mechanism “of the subject's being” [23]. However, this “fastening mechanism” in certain conditions is a factor of threat and risk of person daily life, a factor in a difficult life situation.

Other social groups, for example, the active part of the population at the stage of professional social functioning, the formation of a professional self, is faced with permanent situations of limited ability or rather inability to realize their career intentions in the circumstances of everyday "industrial uncertainty and variability." It also becomes a strong ground for social neuroses.

Adolescents in a situation of self-isolation are deprived of communication as a leading factor in socialization at this stage of personal development. The nature of social neuroses and aggressive behavior underlies ersatz communication among adolescents who actively use instant messengers in conditions of self-isolation, and they no longer add, but determine the discourses and direction of communication. Limited WhatsApp communications do not provide a full range of emotional verbal communication, where intonation and non-verbal communication have the same meaning as verbal messages between communicators.

5. Conclusion

Platform 1.0 has been shaped for almost two millennia as a pathogenic model of assistance and support, where in the process of its evolution principles, techniques and programs of work with socially vulnerable groups of the population were formed. The "architects" of this platform at different stages of the historical path were the ruling elites, politicians, charity activists, various confessional and public organizations and their leaders, and at the later stages of development - social workers, who gave impetus to the helping professions formation of various directions.

The focus of assistance technologies on the 1.0 platform is always working with the "disadvantaged majority", finding solutions to problems in the logic of "control-fixing" at the level of both administrative measures and group, and subsequently - individual strategies, when the difficult life situation of the client is viewed as manifestation of social illness varieties. Globalization transforms both mass behavior and images of the world, the idea of existing connections, relationships, as well as the essence of "public health" as an aggregate indicator of well-being, freedoms, human rights, the realization of its capabilities and intentions [24, pp. 25-26].

It seems to us that social work today is faced with new challenges, actively modifying the helping platform and moving towards the new version 2.0. Coronavirus infection significantly changes the understanding of a person's problems in difficult life situations, affects the individualization of approaches, the structure of individual case management and the design of managing a problem situation at all levels. All this allows us to assert the importance of the clinical

vector of modernization of the platform of social work 1.0, which determines the strategic context of the platform 2.0.

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