


Covid and social work in Spain and Italy: From initial uncertainty to operational transformation of services

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ENG Abstract: During the pandemic, social services underwent profound transformations, which directly affected both social workers and their clients. They had to adapt quickly, incorporating preventive measures and adjusting working procedures. This article presents the main results of quantitative research carried out in Spain and replicated in Italy during the pandemic. In Spain, a survey was conducted in April 2020 involving 560 officials working in the public and private social services sectors. Between July and October 2020, the survey was replicated in Italy and involved 214 civil servants in the social services sector. The results demonstrate the significance of the factors that influence professionals' evaluation of the measures adopted in their services and work. Those directly related to the vulnerable population were also taken into consideration. The perception of the measures was analysed, as well as the methodological modifications made to the action following the introduction of the measures. It is also considered the effect on the general public. All this highlights how social services, due to this exceptional situation, have undergone and are undergoing significant changes in their functioning and responses to the dynamics and situations they encounter.

Keywords: COVID-19, social services, welfare, crisis, social work

ES Covid y el trabajo social en España e Italia: De la incertidumbre inicial a la transformación operativa de los servicios sociales

Resumen: Durante la pandemia, los servicios sociales sufrieron profundas transformaciones, que afectaron directamente tanto a los/as trabajadores/as sociales como a las personas usuarias. Tuvieron que adaptarse rápidamente, incorporando medidas preventivas y ajustando los procedimientos de trabajo. Este artículo presenta los principales resultados de una investigación cuantitativa desarrollada en España y replicada en Italia durante la pandemia. En la encuesta, realizada entre julio y octubre de ese año en Italia se contó con la participación de 214 funcionarios que trabajaban en los sectores de servicios sociales públicos y privados y con 560 en España en el mes de abril de 2020. Los resultados muestran la relevancia de los factores que hacen que los profesionales valoren las medidas adoptadas tanto en sus servicios como en sus centros. También se tiene en cuenta aquellos que están directamente relacionados con la población vulnerable. Se analiza la percepción de las medidas, así como las modificaciones metodológicas en la actuación tras la introducción de los cambios. También se considera el efecto sobre el público en general. Todo ello, dado que los servicios sociales, a raíz de esta situación excepcional vivida, han sufrido y están experimentando cambios relevantes en su funcionamiento y respuestas a las dinámicas y situaciones que atienden.

Palabras claves: COVID-19, Servicios sociales, bienestar social, crisis, trabajo social

Sumario: Introducción. Contexto de los servicios sociales. COVID y servicios sociales. Trabajadores/as sociales y Covid. Método. Participantes. Instrumento. Estrategia de análisis. Resultados. Discusión y conclusiones. Referencias.

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Introduction

The COVID-19 pandemic placed the world in an unprecedented crisis. All sectors, people, and territories were affected in one way or another. Undoubtedly, the healthcare sector was the hardest hit, but social services (both public and non-public) also underwent a significant transformation and required adaptations and measures, which have had consequences that continue to this day.

In this field, the professional role of the social worker looms large, with a heavy burden of professional duties and a diverse range of sectors and population groups they work with.

COVID-19 forced many professionals working with people to undergo significant adjustments and transformations, driven by lockdowns, fears of contagion, and the limited resources available to them.

The context of social services

The Italian social services system is developed inside a specific normative framework, as follows: at the national level, Law 328/2000 establishes professional social services as one of the basic levels of support. As Benassi, Bertotti, Campanini, & Rossi (2021, p. 14) point out, “the organisational architecture of social work is quite complex in Italy. Although the provision of social services is institutionally recognised as a declination of a subjective social right, the actual provision of social benefits, care services, and other social work services is highly differentiated throughout the country”. Sanfelici (2020) highlights this aspect, arguing that social services are provided by municipalities and are greatly affected by discretion and budgetary constraints, with a significant territorial differentiation, with greater assistance coverage of social and educational services in north-central Italy than in the south. The reality of social services in Spain, in this regard, is quite similar, given the local situation and the responsibilities assumed by the autonomous communities.

During the COVID-19 pandemic, public authorities and decision-makers implemented several measures to support social services, including the establishment of an emergency fund to assist the elderly and vulnerable, as well as the mobilisation of volunteers to provide care and support services.

It is worth noting the “Cura Italia” Decree of March 2020, which included measures to support professionals and businesses most affected by the pandemic, including those in social services. The decree allocated additional resources for home care services and elderly care services. In May 2020, the decree was enacted into law, providing resources for social and healthcare services. It has happened the same in other European countries, such as Portugal and Spain; specifically, in the latter one, through Order SND/295/2020, social services and their workers were declared essential, which allowed them to continue providing these services, albeit subject to the conditions imposed by the state of emergency.

Furthermore, the NextGenerationEU, i.e. the European economic recovery plan established to address the socio-economic impact of the COVID-19 pandemic, was approved both in Italy and in Spain at the beginning of 2021; it includes support and investment in-home care services, services for people with disabilities, vulnerable people, older people, and services for children and youth.

COVID-19 and Social Services

However, despite these measures, COVID-19 highlighted the weaknesses of this system, the need for coordination and resources, and the professional role, which was forced to undergo changes, adjustments, and various pressures. Furthermore, the profiles of the vulnerable population changed as the number of vulnerable and at-risk individuals increased. Many people became unemployed, had reduced working hours, increased family responsibilities and caring for dependents, and some mental health problems worsened.

Already in 2019, a Report on Social Services in Spain (General Council of Social Work, 2019) highlighted the instability and precariousness of the system, characterised by excessive workloads, stress, and over-saturation of professionals, as well as high bureaucratisation and a need for improvements in planning and coordination, among other factors. This scenario made facing a new crisis, such as COVID-19, practically an odyssey for the system.

Hence, it is possible to highlight the difficulties facing the Italian social services system as a result of COVID-19 (Antonini, Berardi & Paolucci, 2020; Sanfelici, Mordegliia & Gui, 2020): increased demand in specific sectors of housing, employment, and healthcare; the suspension of activities and services due to the lockdown; and problems in providing social services due to a lack of human resources and limitations on physical contact.

Developing new ways of working was essential, as well as involving a managerial and organisational re-thinking of the services themselves (Petrobelli & Rotolo, 2019), characterised by a high level of sociability and relationality (Burgalassi, 2007; Morilla-Luchena et al., 2021). To achieve well-being, both individual and collective, it was necessary to operate with greater efficiency and effectiveness. It became essential to make the most of new technologies, especially in terms of speed and innovation, particularly in the realm of well-being. Smart working seems to have realised this opportunity, to the point that companies have introduced this working method to improve the overall well-being of their employees (Petrella, 2020).

The European Social Network (2021) highlighted in its report on COVID and social services in Europe that there had been a lack of human resources in these services, coupled with an increase in workload due to the need to adapt to regulations imposed by governments and the new needs of the populations they had to work with. Furthermore, many palliative and welfare measures were developed in response to the emergency and seriousness of primary needs (food, vouchers for essential supplies, etc.), which prevented the development of interventions focused on other models more in line with the dynamics and essence of social services themselves.

Social Workers and Covid

In this regard, Mascagni (2022) highlights the repercussions for this welfare system resulting from the pandemic. However, social workers have also been personally and professionally affected by this crisis, facing new living and working conditions (Sanfelici, 2020).

A study by the International Federation of Social Workers (IFSW, 2021) reveals that social workers have faced heavier workloads, higher levels of stress, and difficulties in providing virtual services during the pandemic.

Gómez-García et al. (2021) identified risk factors such as work overload, low perceptions of institutional support, and a lack of control. According to the First Global Study on the Impact of COVID-19 on Workers' Health (Infocop, 2020), 40% of participating social workers required some occupational health measure (Peinado & Anderson, 2020).

When the global COVID-19 crisis hit, the research team at XXX (Spain) conducted a study on the impact of COVID-19 on the social services system and its workers. XXX replicated the study in Italy, which is the central focus of this article, providing comparisons between the results found.

The comparative work and analyses have yielded results so far that are of interest because they indicate the impact these results appear to be having on the system, professionals, and users today.

A series of initial hypotheses were outlined, such as: (1) there will be a high level of appreciation for the measures taken at the system and professional levels; (2) professionals will report a high level of awareness of the measures taken; (3) methodological changes will be highly valued; (4) the situation of the vulnerable population has worsened. Furthermore, the reality found in Spain will not differ substantially from that found in Italy.

Method

Participants

In Italy, the participants who filled out a self-administered online questionnaire were 214 social work professionals who have been working in their current organization for an average of 12 years, with an average age of 44. Their socio-occupational characteristics are reflected in the following table (Table 1). The sample is predominantly female, mostly living with a partner (married), and 59% have children (40% have one child and 43.2% have two children). Regarding their professional work, 54.2% work as technicians, 29.9% perform service coordination and management functions, 6.5% are program managers, and the remainder hold other functions (9.3%).

The Spanish sample consisted of 560 professionals who have been working in the field of Social Services for an average of 13 years in the service where they currently work. The social services framework has been approached from a broad perspective, considering public social services and the third sector.

The following table shows the socio-labour characteristics of both samples (Table 1).

Table 1. Sociodemographic characteristics

		Spain (N=560)		Italy (N=214)	
		Frequency	Percentage	Frequency	Percentage
Gender	Female	466	83,4	193	90,2
	Male	93	16,6	21	9,8
Degree	Social Work	410	73		
	Other degrees	150	26.		
Educational Level	Secondary education	12	2,1	3	1,4
	University education	395	70,5	176	82,3
	Master's degree	133	23,8	32	15
	Doctorate	20	3,6	3	1,4
Marital status	Married / common-law partner	287	51,3	122	57,0
	Divorced / Separated	51	9,1	25	11,7
	Single	216	38,6	65	30,4
	Widowed	6	1,1	2	,9
Employment Status: Spain	Full-time worker	491	87,7		
	Part-time worker	59	10,5		
	Volunteer	10	1,8		

		Spain (N=560)		Italy (N=214)	
		Frequency	Percentage	Frequency	Percentage
Employment Status: Italy	Permanent employee			149	69,6
	Employee with a fixed-term contract			34	15,9
	Employee with a continuous contract; project-based			7	3,3
	Temporary / temporary agency; intermittent / on-call contract			1	,5
	Self-employed / self-employed (CIF)			7	3,3
	Cooperative member			4	1,9
	Not currently working			9	4,2
	Other			3	1,4
Type of organization	Concerted	43	7,7		
	Private	134	23,9		
	Public	381	68,0		

Own elaboration.

Instrument

A questionnaire was distributed to social workers in both the public and private sectors throughout Italy and Spain. Fieldwork was conducted from April 1st to April 19th, 2020, in Spain and between July and October in Italy. The questionnaire consisted of five parts: (1) sociodemographic information; (2) evaluation of the impact on social work of the measures adopted during the health emergency caused by COVID-19 (15 items and questions on needs, level of change in the service, and the professional role itself - Likert 1 to 5 - open-ended questions on adjustments in social services, examples of good practices, and the main difficulties encountered as professionals); (3) knowledge of safety measures and information related to the workplace (8 items - categories yes, no, don't know); (4) evaluation of the personal professional situation during the health emergency (12 items, Likert scale 1 to 5); and (5) evaluation of the actions implemented for the safety of vulnerable groups and final reflections on the future of the vulnerable population (18 items, Likert scale 1 to 5).

This instrument is distributed to social services professionals in both Spain and Italy and is practically identical within the framework of joint work as a research network. Nonetheless, adjustments were made to the Italian version, including the inclusion of open-ended questions to reflect its specific context better.

Analysis Strategy

The data were analysed using SPSS 27.0 software, initially performing a factorial analysis to reduce the dimensions of the Likert-type scales. Descriptive and frequency analyses were then performed to provide a basic characterisation of the sample and the study. Comparison of means (Student's t-test and ANOVA) were also performed, as well as correlations, associations, and contingency analyses.

Results

To facilitate the analysis of the results, factor analysis was performed, using varimax rotation, on the sections containing Likert-scale items (Assessment of the impact of COVID-19 on professional development (P2); Assessment of the professional and personal situation due to the lockdown and COVID-19; and Actions implemented to assist the vulnerable population). This factor analysis allowed us to reduce the number of items and work with this information in an aggregated manner. Average scores for the items comprising each of the factors obtained were used (Likert scores ranging from 1 to 5).

The factor analysis validated statistical reliability, revealing many similarities with the study conducted in Spain (cited). Varimax rotation of the sections containing Likert-scale items reduced the number of items in the aggregated information (Assessment of the impact of COVID-19 on professional development -P2-; Assessment of the professional and personal situation due to confinement and COVID-19 -P4-; and Actions implemented to care for the vulnerable population -P5) so that the average score of the items comprising each factor was used.

Table 2. Factorial structure of the questionnaire

Questionnaire dimensions		Spain	Italy	
		Crombach's alpha (internal consistency)	Factors	Crombach's alpha (internal consistency)
Assessment of the impact of COVID-19 on professional development (P2)		,822	1. Degree of preparation and effectiveness of measures implemented (p2-2,p2-3,p2-4, p2-5,p2-6,p2-7,p2-13, p2-15)	,872
		,795	2. Degree of functional impairment due to the State of Alarm (p2-1,p2-11,p2-12, p2-14)	,824
		,722	3. Teleworking Effectiveness (p2-8,p2-9,p2-10)	,847
Professional/personal situation assessment (P4)		,777	1. Feeling overwhelmed by the situation (p4-1,p4-2,p4-4, p4-5,p4-11)	,670
		,740	2. Resources and appropriate measures to address the situation (p4-3, p4-6, p4-7, p4-8, p4-9 , p4-10) (5 ítems- en España 6)	,760
		,726	3. Teleworking (p4-12, p4-13)	,473
Assessment of the degree of adequacy of measures aimed at caring for the vulnerable population (P5)		,947	1. Worsening conditions of vulnerable population with State of Alarm (p5-8, p5-14, p5-15, p5-16, p5-17, p5-18, p5-19, p5-20, p5-21)	,936
		,862	2. Degree of adequacy of measures for the care of vulnerable populations (p5-1, p5-2, p5-7, p5-9, p5-10, p5-11, p5-12, p5-13) The third factor of Spain joins	,911
			3. Effectiveness of collaboration and social-health monitoring measures (p5-3, p5-4, p5-5, p5-6)	No No. It is linked to the adaptation of care measures for vulnerable populations.

Regarding the results, we first present an approximation of the overall data by analysing the mean scores of the different factors obtained, as well as the correlations between them. Table 3 presents the fundamental descriptive values, including the mode data, as it provides relevant information that diverges from the mean score for certain factors.

The mean scores are within discrete average levels, with many scores below the mean of 3 points and with high standard deviations.

Table 3. Basic descriptors of the factors and dimensions (scale 0 to 100)

		Italy				Spain			
		N	Mean	SD	Moda	N	Mean	SD	Moda
Assessing the impact of COVID-19 on professional development	1. Degree of preparation and effectiveness of measures implemented	214	3,18	0,90	3,13	560	2,65	0,84	3
	2. Degree of functional impairment due to State of Alarm	212	2,92	0,62	3	560	2,71	0,77	3
	3. Teleworking Effectiveness	192	2,90	1,21	4	543	2,76	1,26	1
Assessment of professional/ personal situation	1. Feeling overwhelmed by the situation	212	2,93	0,92	3,4	559	3,26	1,02	3
	2. Resources and appropriate measures to address	206	3,31	1,02	4	558	3,24	0,96	4
	3. Teleworking	196	2,87	1,39	1	500	3,17	1,57	4
Assessment of the adequacy of measures for the vulnerable population	1. Worsening conditions of vulnerable population due to pandemic	203	3,67	1,15	5	548	3,94	1,13	5
	2. Degree of adequacy of measures for the care of vulnerable populations	214	3,04	0,84	3	558	2,97	0,90	3

The worsening of the situation for the vulnerable population caused by the pandemic is notable in both Italy ($M = 3.67$, $SD = 1.154$) and Spain ($M = 3.94$, $SD = 1.13$). However, it has one of the highest deviations and a notable mode of 5. Furthermore, despite this consideration, the measures adopted for this population were considered adequate in Italy ($M = 3.04$, $SD = 0.845$) but were rated worse in Spain ($M = 2.97$, $SD = 0.90$).

In the Italian version, these issues analyzed are expanded with the results of the questions on whether they consider there has been a significant change in the methodological approach resulting from COVID-19, where the mean is significantly higher ($M = 3.51$, $SD = 1.154$), and a high average perception of changes in the professional role of the social worker ($M = 3.23$, $SD = 1.286$). This change in professional role was perceived most strongly among younger individuals, with significant differences (as indicated by ANOVA, $F(3, 199) = 4.50$, $p = .004$). Comparisons showed that this change occurred not between the two youngest groups or the two oldest groups but between the extremes. The results were similar for the group up to 34 years old ($M = 3.43$, $SD = 1.17$), for those aged 35 to 46 ($M = 3.55$, $SD = 1.208$), for those aged 47 to 59 ($M = 2.87$, $SD = 1.307$), and for those aged 60 and over ($M = 2.78$, $SD = 1.396$). Regarding the measures implemented, the results show a high rating of their effectiveness, as well as the availability of resources and measures appropriate to the situation in Italy ($M = 3.18$, $SD = 0.9$ and $M = 3.31$, $SD = 1.016$, respectively). In Spain, the preparation and effectiveness of the measures adopted were rated less highly ($M = 2.65$, $SD = 0.84$). However, they were closer to adequate consideration of resources and appropriate measures to address the emergency ($M = 3.24$, $SD = 0.96$).

Other questions, measured on a Likert scale of 1 to 5, referred to the change perceived by these professionals in the needs of the user population during this emergency period, yielding a high score ($M = 4.03$, $SD = 1.009$).

Correlation analyses were performed between the dimensions. The correlation analysis in Italy (Table 4) showed significant correlations between the dimensions assessing aspects related to the measures. A correlation was found between the dimension "assessing the effectiveness and preparation of the measures" and the specific "professional measures adopted" ($r = .575$; $p < .001$), and the dimension measuring the "degree of adequacy of the measures adopted to serve the vulnerable population" ($r = .517$; $p < .001$).

In the Spanish context, correlations occur between multiple dimensions. As in Italy, there is a statistically significant correlation between the dimension of "preparation and effectiveness of the measures adopted" and "appropriate resources and measures to address the situation" ($r = .349$; $p < .001$) and the "degree of adequacy of the measures for the vulnerable population" ($r = .539$; $p < .001$). However, significant correlations were also found between the "effectiveness of teleworking" and "adequate resources and measures to address the situation" ($r = .320$; $p < .001$) and "degree of adequacy of measures for the vulnerable population" ($r = .307$; $p < .001$).

Mean comparison analyses (Student's t-test and ANOVA) were performed for sociodemographic identification variables (age, marital status, having children, etc.), as well as for work-related issues (type of role, job entity, training, community size, etc.). The results show no statistically significant differences in any of the factors or their dimensions based on these variables.

Other issues, measured on a Likert scale of 1 to 5, refer to the change perceived by these professionals in the needs of the user population during this emergency period, obtaining a high score ($M = 4.03$, $SD = 1.009$). Furthermore, they consider that there has been a significant change in the methodological approach resulting from COVID-19 ($M = 3.51$, $SD = 1.154$), which also entails a specific change in the professional role of the social worker ($M = 3.23$, $SD = 1.286$).

The instrument used includes a section focused on professionals' knowledge of the protection and information measures carried out in the centres during the pandemic-related home confinement period. Table 4 shows the percentage of professionals who responded positively (yes) to the different items in both countries.

Table 4. Percentage of affirmative responses to items on knowledge of actions

Questions	Italy	Spain
1. Messages or circulars have been prepared and signs have been placed at the entrance, indicating to visitors that they should not go to these centers unless it is essential and in no case if they have any respiratory symptoms or fever.	94,2%	79,6%
2. Information signs on hand hygiene and respiratory hygiene have been placed at the entrances to the centers, in hallways and common areas.	91,0%	69,8%
3. Training activities have been carried out to educate users and workers on hand and respiratory hygiene.	53,7%	30,4%
4. It has been ensured that all restrooms have soap and paper towels for hand hygiene.	72,5%	64%
5. Dispensers with hydroalcoholic solution for hand hygiene, disposable tissues for respiratory hygiene, and waste containers with pedal-operated lids have been provided.	77,8%	44,5%
6. Measures have been taken to minimize interaction with users and other professionals	89,7%	83,4%
7. Intensified cleaning programs have been implemented in the center, with special attention to areas where the greatest number of people may transit and frequently touched surfaces such as railings and handrails, buttons, door handles, tables.	64,1%	60,9%
8. Workers and users of the center have been informed about the actions being taken to protect them.	88,0%	64,8%

The first items highlight information on health measures related to the virus, such as posting signs on hand hygiene, for example, in Italy. 83-89% of the items also address issues related to protective measures and avoiding interactions between people.

The lowest percentages were found in the development of training activities for health education among users and workers, as well as in intensified cleaning programs at the centres in Italy (64%) and Spain (44.5%), which included providing hand sanitiser dispensers, disposable tissues, and other measures for hand hygiene.

Discussion and conclusion

The results highlight the relevance of the factors associated with the assessments of the measures taken, both for professionals and within the services and centres themselves, as well as those aimed at working and intervening with the vulnerable population. These results also showed a high degree of similarity between the two countries.

The initial hypotheses cannot all be upheld in light of the results obtained. In this regard: 1) high average scores were found in the assessments of the measures taken at the system and professional levels, two relevant dimensions of the factor analysis; 2) professionals report a high level of awareness of the measures taken at a general level, especially regarding hand hygiene, avoiding contagion-related interactions, and healthcare; 3) the questions about changes in the methodological approach and professional role had high averages in Italy, above the scale average; 4) the vulnerable population has seen its situation worsen according to social work professionals, as previously hypothesized, with this factor having the highest average of all those found in both countries; and 5) the latter hypothesis cannot be sustained, given that no statistically significant differences were found in the factors or their dimensions associated with sociodemographic issues or the characterization of professional practice.

The most notable factor is the one that mentions the difficulty generated by the worsening situation of families and users in vulnerable situations. It makes sense given that the COVID-19 pandemic has had a significant impact on the population, poverty and exclusion, and has had repercussions not only in the short term but also in the current times; there are "new profiles" and demands reaching social services closely linked to the crisis experienced during the pandemic. Available official data indicate that poverty in Italy affected 9.8% of the population before the COVID-19 pandemic, but post-pandemic data, according to a report published in 2021 by the Organisation for Economic Cooperation and Development (OECD), increased to 11.7% in 2020. In this sense, as a profession, it is important to understand and become aware, through practice and with a focus on socio-political change and improvement, that there is often a disproportionate

impact on marginalized and vulnerable people and communities when crises or emergencies occur (Harms, Boddy, Hickey, Hay, Alexander, et al., 2020).

Another interesting result was the absence of statistically significant differences in these factors and dimensions due to sociodemographic or occupational variables in either of the two national contexts. This can be attributed to greater consistency in the assessment of these issues. This fact may be due to a greater consensus regarding the appropriateness of the measures, as well as the increased impact on at-risk and vulnerable people across all sociodemographic strata. Professionals may be on the same page, regardless of factors such as education, marital status, position held, or the size of the municipality where they work. The impact has been experienced in a unified and shared manner within the profession, which may explain the lack of significant differences.

This crisis has underscored the importance of state and public services in protecting and caring for citizens. Organizations and social services had to adapt quickly, incorporating preventive measures and adjusting work methods (appointments, use of technology, etc.). Measures were taken in various areas, and as has been confirmed, these factors were highly valued by professionals across all dimensions and factors. Professionals were particularly aware of measures related to health or hygiene (hand hygiene, reducing interactions). On the other hand, training measures and cleaning in centres were less well-known.

All the changes experienced, along with the levels of overload that have also occurred (work overload had a slightly higher average than the arithmetic mean of the scale), can be directed toward new approaches to roles and methodological processes, something already expressed by the professionals themselves who have been affected by COVID-19. Specifically, according to Sanfelici (2020), social workers and other social service professionals can work on community engagement and development at various levels, particularly following the pandemic experience. This crisis, which is not only a health crisis, has created a greater demand for social services in many areas, such as food assistance, financial and employment counselling, care for older people and dependents, emotional and community support, and more. Social workers have had to adapt to this growing demand and find ways to provide services effectively and efficiently. This will favour the strengthening of social networks, which can prevent physical distancing from transforming into social distancing and isolation.

The results of several studies highlight the importance of modifying the job demands of social workers in emergency and crises. A positive work environment, along with reassurance of personal safety during the COVID-19 pandemic, were the main key factors encouraging staff to continue working (Campisi et al., 2022).

Regarding these methodological and professional role changes, lines of action are being developed on various fronts. Much has been said about the incorporation of digital media and teleworking as problem-solving tools during the pandemic and lockdown period (Argüello, 2020), with face-to-face interactions having to be adapted to telephone communications (García Ortiz et al., 2020). Since the pandemic, e-social work has developed rapidly due to the fact that social workers have had to adapt to remote work and technology, and as a result, they are generating dynamics of innovation and improvements in management processes and social services. This also includes adapting practices through innovative solutions to determine which cases can be handled remotely, which require in-person visits, and how to ensure the safety of social workers (Cadell et al., 2022).

The innovations introduced to services during the COVID-19 pandemic underscore the importance of spatial flexibility, social reach, and technological exploitation, presenting opportunities for new development based on the resilience of the system and its professionals (Heinonen and Strandvik, 2020).

The transition from analogue to digital has become a significant impetus for the implementation of various forms of e-welfare and e-social work, which have led to new operating methods, resulting in social services taking on an entirely new face in these emergency conditions. These approaches are more participatory and community-engaged, enabling professionals to address the complexity of client experiences, other key factors, and the perspectives of stakeholders.

All these issues are intertwined with several other necessary professional functions, further highlighted by the pandemic, such as collecting data on needs with particular reference to the most vulnerable individuals and groups, constantly updating the map of the formal and informal social services network, actions to generate social policies and defend rights and the experimentation of innovative solutions to respond to needs.

Authors such as Musa, Yilret, and Datukun (2024) identify several new challenges facing social services in the wake of COVID-19, including insufficient funding, increased workload, and ethical dilemmas in addressing the unique needs of vulnerable populations amid resource constraints and heightened demands.

The results show that, as an essential profession and service, the perception of existing measures and their effectiveness has been positive. However, this has had a negative impact on the levels of vulnerability and the difficulties faced by the population, which necessitates adjusting procedures, innovating processes, and developing engagement systems. As Campanini and Mirri (2022) stated, social services can no longer operate in a "routine" manner without questioning part of the framework of their work. Several authors, such as Ozerdem (2003), argue that significant emergencies and crises, as well as their impact, are often the result of unresolved development challenges but can also offer new opportunities. Within this framework, social services should be less emergency-focused and less residual in their approach, becoming more preventative, working at the community and local levels to design public policies to reduce social inequalities and guarantee citizens' rights.

In conclusion, numerous challenges face social work in social services today, many of which are derived from and/or associated with the pandemic situation and the medium- and long-term consequences of the crisis. It is time to feel challenged by emerging social demands, the challenge of digitalisation, eco-social

visions, anticipating future crises, and caring for people and the environment. It is also time to pay more attention to the well-being of social workers, social service organizations, and existing care providers.

These are times of change and transformation, but also an opportunity to strengthen basic principles and values, as well as the approaches and models of social intervention within the framework of social services.

Finally, we would like to point out some limitations of the study that should be considered when interpreting its findings. First, the study is based on the perceptions of social work professionals, which provides a qualitatively relevant perspective but may also be influenced by subjective or emotional factors derived from the experience of the pandemic itself. Furthermore, the methodology used focused on data collection through a questionnaire, which, while allowing for quantifiable and comparable information, does not always capture the complexity of the processes experienced or the multiple dimensions of the social impact. A mixed approach that qualitatively expands these results is interesting. Incorporating more in-depth qualitative studies, through interviews or focus groups, would enable for a better understanding of the meanings, tensions, and potentialities that have been generated in the daily practice of social work.

Another limitation and future opportunity is to conduct a longitudinal study after the COVID period, allowing for an analysis of the evolution over time of the perceptions, measures, and effects of the pandemic on social services. It would also enable the analysis of sustained changes and lessons learned over time following the pandemic, both in methodological approaches and in the organisation of services.

Likewise, although a comparison between the two countries has been included, the regulatory, structural, or cultural contexts that may influence professionals' assessments have not been explored in depth, given the main objective of this article.

Another area of exploration, in which the team is making progress, is the intersection between technological innovations and ethics and professional practice, particularly regarding the use of digital media, confidentiality, accessibility of services, and relational quality in interventions. It would also be pertinent to analyse the differentiated impacts of the pandemic and the measures adopted further, taking into account the type of population served and the structural characteristics of social services.

Finally, it would be of great interest to advance collaborative and interdisciplinary research that connects social work with other fields, such as public health, social sciences, and the social economy, to design comprehensive and sustainable responses to future crises. This approach would contribute to strengthening the role of social work as a key agent in building community resilience and promoting more equitable and fair development models.

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