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China national report on COVID-19 pandemic and the role of social work

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ABSTRACT

The outbreak of COVID-19 posed an immediate and serious challenge to Chinese society. This article reviews the overall situation of the COVID-19 pandemic in Mainland China, introduces the anti-pandemic intervention process and multi-level measures and regulations implemented by the state, and discusses the crucial responsibilities and roles that China's social workers assumed to help address the great challenges and emerging needs caused by the COVID-19 pandemic. During lockdown, mainly based on an innovative online service platform, social work scholars, educators and practitioners not only provided immediate services and interventions for the general population and vulnerable groups but also offered professional training and service guidance to frontline workers in the fight against COVID-19 through research, education and services. The significant intervention of the social work profession in the public health crisis should be further recognised and promoted in Mainland China.

KEYWORDS

China; COVID-19; pandemic; social work; public health

新型冠状病毒肺炎的爆发给中国社会带来了即时的冲击和艰难的挑战。这篇文章回顾了中国大陆新型冠状病毒肺炎疫情的总体概况，介绍中国政府在疫情防控中所采取的干预流程与多层面的应对措施和管理条例，并讨论中国社会工作者在助力解决由新冠疫情带来的巨大挑战和新型需求中所承担的角色职能。在疫情封锁期间，中国社会工作研究者、教育者和实务工作者主要依托创新性的在线服务平台，通过研究、教学和服务不仅为普通大众和弱势群体提供及时的服务和干预，并且为一线抗疫工作者提供专业训练和服务指导。社会工作专业在公共卫生危机干预中的重要角色应当在中国大陆被进一步认识和倡导。

Introduction

As of 31 December 2019, the National Bureau of Statistics calculated that the total population of China was 1.405 billion (including Hong Kong Special Administrative Region, Macao Special Administrative Region, Taiwan Province and overseas Chinese). According to the 2018 report of the National Bureau of Statistics, China's urban population density is 2,546.17 people per square kilometre. Since the outbreak of the COVID-19 pandemic in Mainland China, the total number of cases and deaths as of midnight 21 July 2020 had increased to

83,707 and 4,634 respectively (Xinhuanet 2020). During the lockdown imposed to control the pandemic, China's social workers have played an important role in prevention and control measures and providing immediate assistance for those experiencing the severe effects of the pandemic. In this report, we briefly describe the overall situation regarding the COVID-19 pandemic in Mainland China and the intervention process and multi-level measures and regulations implemented by the state. We also discuss the crucial roles that social work scholars and practitioners played to help address the significant challenges and emerging needs caused by this public health crisis.

The COVID-19 pandemic in Mainland China

Number of cases

The National Health Commission of the People's Republic of China reported 83,707 confirmed cases of COVID-19 as of midnight 21 July 2020, of whom 78,840 individuals had been cured and discharged from hospital (Xinhuanet 2020). In Hong Kong, Macao and Taiwan 2,519 confirmed cases had been reported, 2,018 in Hong Kong (of which 1,324 cases were discharged), 46 in Macao (46 cases discharged) and 455 cases in Taiwan Province (440 cases discharged) (Xinhuanet 2020).

According to the Chinese Center for Disease Control and Prevention's (China CDC) report of 19 February 2020 on the epidemiological characteristics of COVID-19 patients in China, most patients were aged between 30 and 79 years ($N = 44,672$) – 89.8% of confirmed cases in Wuhan City, 88.6% in Hubei Province (including Wuhan) and 86.6% in the whole country (China CDC 2020a). Patients older than 60 accounted for 44.1% of all cases in Wuhan, 35.1% in Hubei (including Wuhan) and 31.2% in the whole country. The ratio of men to women in confirmed COVID-19 cases was 0.99:1 in Wuhan, 1.04:1 in Hubei, and 1.06:1 in the whole country. Of all patients, 22.0% were farmers or workers, 74.7% were residents of Hubei Province, and 81.0% were mild/moderate cases (China CDC 2020a).

Number of deaths (by age group, gender and region)

According to China CDC (2020a) statistics, 1,023 of the 44,672 confirmed cases were reported to have died. The crude case fatality rate was 2.3%, and the fatality rate density was 0.015/10 person-days. That is, the average risk of death for a patient was 0.015 over a ten day observation period. The crude case fatality rate for those aged 80 years or older was 14.8%, the highest of all age groups. The crude case fatality rate was 2.8% for men and 1.7% for women. Retirees had the highest crude case fatality rate (5.1%). The crude case fatality rate in Hubei Province (2.9%) was 7.3 times higher than in other provinces (0.4%). The crude case fatality rate among patients with comorbidities was much higher than for patients without comorbidities (0.9%). Specifically, the crude case fatality rate was 10.5% for patients with cardiovascular disease, 7.3% for those with diabetics, 6.3% for those with chronic respiratory diseases, 6.0% for those with hypertension, and 5.6% for those with cancer. Of all the confirmed cases, severe cases accounted for 13.8%, and critically ill patients accounted for 4.7%. The crude case fatality rate among critically ill patients was 2.3%, and the fatality rate density was 0.325, suggesting that the average risk of death for a critically ill patient was 0.325 during ten days of observation.

The national trend of cumulative cases of cure/mortality (see Figure 1), the national trend of cure/mortality rate (see Figure 2) and the summary sheet for COVID-19 cases in different regions of China (see Table 1) are presented below.

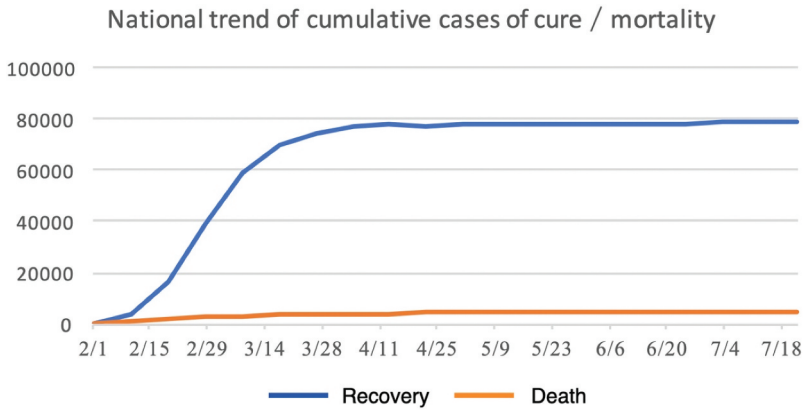


Figure 1.

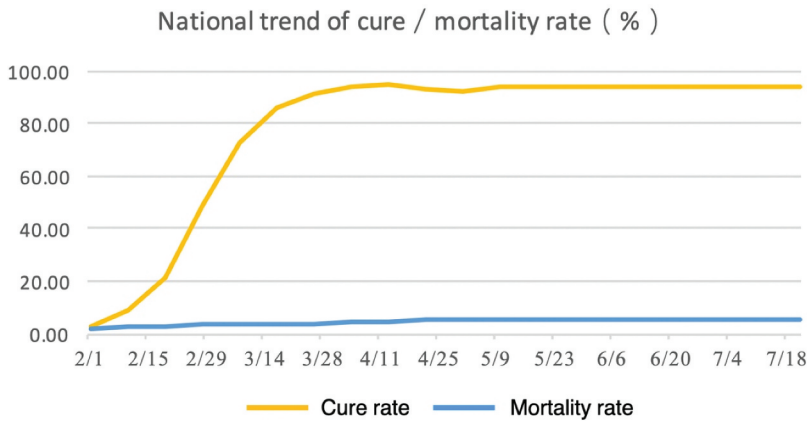


Figure 2.

Table 1. Summary sheet for COVID-19 cases in different regions of China as of 22 July 2020 (NHC 2020a).

Epidemic area	New cases	Current cases	Cumulative cases	Recovery	Death
Beijing	TBA	87	929	833	9
Inner Mongolia	TBA	9	250	240	1
Taiwan	TBA	8	455	440	7
Sichuan	TBA	7	603	593	3
Shandong	TBA	6	798	785	7
Tianjin	TBA	5	203	195	3
Liaoning	TBA	5	164	157	2

(Continued)

Table 1. (Continued).

Epidemic area	New cases	Current cases	Cumulative cases	Recovery	Death
Shaanxi	TBA	3	322	316	3
Zhejiang	TBA	2	1270	1267	1
Fujian	TBA	2	364	361	1
Jiangsu	TBA	1	655	654	0
Chongqing	TBA	1	583	576	6
Hebei	TBA	1	349	342	6
Guangxi	TBA	1	255	252	2
Shanxi	TBA	1	201	200	0

Number of deaths in specific settings, such as care homes for older people and children (if known and applicable)

The Wuhan Civil Affairs Bureau announced that, as of 19 February 2020 cases had been confirmed in Wuhan Social Welfare Institute, 11 elders (including one death) and one employee, and 19 suspected cases, seven elders and 12 employees (China News Service 2020). All patients with either a confirmed or suspected diagnosis had been admitted to isolation venues, mobile cabin hospitals or designated hospitals for classified treatment by that time. As Wuhan Social Welfare Institute is located opposite the epicentre of the COVID-19 outbreak (South China Seafood Market), it was difficult to prevent and control the spread of the virus, and the risk of infection was high for people in the Institute. At the time of the outbreak, 656 people were in the Institute, including 458 service users (80 self-care elders, 56 device-aided elders and 322 nursing-care elders), 190 employees, 21 property personnel and eight caregivers.

In the Wuhan Children's Welfare Institute, the services that were previously provided by more than 360 people working three shifts were maintained by 190 staff only who remained on duty 24 hours a day during the 50-day lockdown (Wuhan Civil Affairs Bureau 2020). All 313 orphans in the Institute received even better care than usual. Up to 12 March 2020, no employee or child had been infected with the virus, and all remained safe and healthy.

In summary, the description and exploratory analysis of the epidemiological characteristics of confirmed cases of COVID-19 in China revealed that most had mild symptoms or general pneumonia, and the overall crude case fatality rate was low. The overwhelming majority of deaths occurred in patients aged 60 years and older, who were simultaneously suffering from underlying diseases such as hypertension, cardiovascular diseases and diabetes.

In most cases of medical staff being infected, mild symptoms or general pneumonia (85.4%) were the major clinical manifestations, and they experienced a lower fatality rate than the national average (Epidemiology Working Group for NCIP Epidemic Response, CDC, PRC 2020). This gap may be attributed to age-related factors; medical staff were generally younger than 60 years, whereas most deaths occurred among patients older than 60. Moreover, since governments had learned lessons from the outbreak in Wuhan, medical staff were provided with adequate personal protective equipment.

Three phases of state intervention in responding to coronavirus

Phase 1: immediate response to the outbreak (from 27 December 2019 to 19 January 2020)

On finding cases of pneumonia of unknown cause in Wuhan, China first reported the situation to the public on 31 December 2019, when the Wuhan Municipal Health Commission released a report referred to below. Immediate action was taken to conduct etiological and epidemiological investigations and stop the spread of the virus. China also took the timely initiative to inform the World Health Organization, the United States, and other countries of the pandemic and the genomic sequence of the virus. Local community transmission and clusters of cases emerged in Wuhan and confirmed cases that were linked to the Wuhan outbreak began to appear in other areas. A full range of measures for pandemic prevention and control was quickly introduced by the Chinese government.

On 27 December 2019, the first cases of pneumonia of unknown cause were detected and reported in Jianghan District of Wuhan. On 31 December, the Wuhan Municipal Health Commission released the “Report on the Current Situation of Pneumonia in Wuhan” on its official website (Wuhan Municipal Health Commission, PRC 2019), reporting 27 cases. The public was advised to avoid visiting public places that were shut down, unventilated, or crowded and to wear masks when going out. On 13 January 2020, the National Health Commission instructed and directed Hubei Province and Wuhan City to further strengthen control measures, including monitoring body temperature at ports and stations and restricting crowd gathering.

Phase 2: preliminary control of the spread of the pandemic (from 20 January to 20 February 2020)

With the rapid nationwide increase of newly-diagnosed cases, pandemic prevention and control were critical. All transportation channels for entering and leaving Wuhan were shut down, which were vital to effectively curb the spread of the virus. The State Council established the joint prevention and control mechanism and the working mechanism for resuming work and production. Nationwide resources and effort were concentrated to support Hubei Province and Wuhan City to fight the pandemic. Responses to public health emergencies were activated across the country. The most comprehensive, rigorous, and thorough measures of national pandemic prevention and control were formally launched, and the spread of the pandemic was initially controlled.

On 23 January, Wuhan airport and railway stations were temporarily closed. The Ministry of Transport issued an emergency notice suspending road and waterway passenger transportation to Wuhan. The National Health Commission and five other departments jointly issued a “Notice on Strictly Preventing Pneumonia of New Coronavirus Infection Transmitted through Transportation” (NHC 2020b). On 25 January, the National Health Commission issued six public prevention guidelines, including general guideline and five guidelines for specific settings:

- General Guidelines for Prevention of COVID-19 (China CDC 2020b)
- Guidelines for Prevention of COVID-19 for People Living and Traveling in Pandemic Areas (China CDC 2020c)
- Guidelines for Prevention of COVID-19 for Families (China CDC 2020d)
- Guidelines for Prevention of COVID-19 in Public Places (China CDC 2020e)
- Guidelines for Prevention of COVID-19 in Public Transportation (China CDC 2020f)
- Guidelines for Home Medical Observation of Close Contacts of COVID-19 Cases (China CDC 2020g)

Thus, tourism, families, public spaces, public transportation and home observations were covered. On 26 January, the General Office of the State Council issued a notice extending the 2020 Spring Festival holiday and postponing the opening of colleges, universities, primary and secondary schools and kindergartens (State Council, PRC 2020a).

During the period of pandemic prevention and control, most entertainment facilities and public places were closed, including restaurants, hotels, playgrounds, shopping malls and cinemas. People were required to wear masks outside, and follow the instructions and arrangements from relevant departments (e.g. departments of health, social services and community administration). Those who violated the regulations were liable to a fine or criminal detention of varying degrees.

The operating units of hotels, restaurants, cultural and entertainment venues, shopping malls, supermarkets and public transportation stations, where the density of people was high, and the management units of public transportation, such as subways and buses, were required to increase the frequency of cleaning and disinfection in transportation venues and vehicles, alongside keeping a record of the work undertaken and maintaining good ventilation in all venues. The scale and density of the flow of people were to be controlled scientifically and rationally. If conditions permitted, body temperature was to be checked at the entrances of these venues. Entry was prohibited to individuals who refused to take a body temperature test, wear a mask, or who had an abnormal temperature. Those with an abnormal temperature were assisted and guided to seek treatment at the fever clinics of nearby medical institutions. Operating or management units of public venues or other crowded places were responsible for educating and reminding users about the rules for pandemic prevention and control.

Construction units were to strengthen the management of prevention and control in living areas, ensuring full implementation of registration policies and other pandemic prevention and control measures. The operating and management units of public venues and other crowded places were to provide necessary protective equipment, and require employees to wear masks and maintain self-protection during working hours.

All public gatherings and cultural activities were prohibited, and all public places were closed during the period of pandemic prevention and control. Any form of group gathering was forbidden, including catering and family banquet service businesses. Public entertainment venues, including chess rooms, Internet cafes, KTV and bath centres, were not allowed to operate.

Phase 3: significant decrease of new local cases (from 21 February to 17 March 2020)

The rapid rise of cases in Hubei Province and Wuhan City was largely contained, and the pandemic in other regions generally remained stable. In mid-March, the number of daily new cases levelled to single digits, a sign of the significant achievement in pandemic prevention and control in the early stages. Based on its judgment of the current situation, the Central Committee of the Communist Party of China made an important decision to coordinate pandemic prevention and control with economic and social development and resumption of work and production within enterprises in an orderly manner.

Measures adopted by Chinese government at different levels

Grounded in China's national governance system, state measures in response to the COVID-19 pandemic were implemented at the following three levels.

Measures taken at central government level

The Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council was established to co-ordinate the work of various ministries and commissions that aimed to address the COVID-19 pandemic. Initiated by the National Health Commission, the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council involved 32 ministries and commissions such as the National Development and Reform Commission, the Ministry of Industry and Information Technology, the General Administration of Customs, the Ministry of Transport and the Ministry of Civil Affairs. It carried out the following important tasks: (a) incorporating novel coronavirus-infected pneumonia into the notifiable infectious diseases management system; (b) establishing and strengthening the daily reporting system for pandemic surveillance; (c) directing regions experiencing a severe outbreak to develop and improve their technical plans related to diagnosis and treatment of COVID-19, emergency surveillance, epidemiological investigation and management, and specimen collection and testing; (d) promulgating a series of working guidelines and operational directives for various groups affected by the pandemic; (e) conducting scientific research on novel coronavirus prevention and control; and (f) strengthening international exchange and cooperation in COVID-19 pandemic prevention and control.

Medical resources and health professionals across the nation were mobilised to provide full support for COVID-19 treatment in Hubei Province, especially in Wuhan city, which suffered the worst COVID-19 outbreak in China. From 24 January to 8 March 2020, a total of 346 national medical teams, 42,600 medical workers and over 900 public health professionals were assembled to support Hubei Province for the control and treatment of COVID-19. Nineteen other provinces were called upon to support 16 prefecture-level cities in Hubei Province in addition to Wuhan city. Each province was responsible for providing assistance to one or two designated cities in Hubei Province. Although other provinces faced the arduous tasks of pandemic prevention and control during the COVID-19 outbreak, they mobilised their best medical resources to support Wuhan city and other regions in Hubei Province.

Measures taken at local government level

Similar working mechanisms and platforms like the COVID-19 Pandemic Prevention and Control Command of Hubei Province and COVID-19 Pandemic Prevention and Control Command of Wuhan City were established in every province and city across the nation. They organised and coordinated pandemic prevention and control in local areas such as institutional quarantine, maintaining supplies, patient treatment, living income guarantee, and community prevention and control. In particular, local governments closely monitored the availability and affordability of food and other necessities to ensure that all residents' basic needs could be met during the COVID-19 pandemic.

Measures taken at the community level

Every community in both urban and rural areas established a steering group for COVID-19 pandemic prevention and control. These implemented such tasks as thorough inspection, personal quarantine, treatment referral and living guarantee in every household according to the COVID-19 pandemic prevention and control principles and requirements formulated by central and local governments; i.e., early detection, early reporting, early quarantine, and early treatment. On 3 March 2020, the COVID-19 pandemic steering group of the central government issued a “Notice of Full Implementation of Care Measures for Frontline Community Workers from Urban and Rural Areas in COVID-19 Pandemic Prevention and Control” (Leading Group of the CPC Central Committee for COVID-19 Prevention and Control 2020). This notice required local governments to provide frontline community workers with additional wage subsidies, occupational safety and health protection, a reasonable workload and efficient service models, necessary physical examination and psychological counselling, sufficient support for their family members and formal recognition of their contributions.

On 16 April 2020, the Ministry of Civil Affairs and the National Health Commission jointly published a “Guideline for the Provision of Precise and Detailed Community Prevention and Control Services” (Ministry of Civil Affairs and National Health Commission, PRC 2020a). Unlike the above notice that focused on visible and invisible support for frontline community workers, this guideline offered precise and detailed prevention and control measures for the community as a whole response mechanism, such as resident mobilisation, health education, information delivery, epidemiological investigation and management, and community services. It was applied to differentiate low-risk, moderate-risk, and high-risk regions as well as communities with zero cases, with confirmed cases, and with cases involving community spread, to develop concrete strategies for community prevention and control, community services, and resident participation in a precise and detailed manner, to clarify the specific tasks of applying information technologies to the three areas, respectively, and to direct local authorities to further improve community prevention and control mechanisms integrating emergency responses with routinised procedures.

State regulations in responding to coronavirus

In responding to the COVID-19 pandemic, the Chinese government issued different guidelines and notices **for regulating social services in relation to working with service**

users requiring immediate intervention. The Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council at central government level and the ministry and bureaus of civic affairs in charge of social services published a series of notices and pandemic prevention and control guidelines for the general population and vulnerable groups such as children, elders, people with mental health issues, COVID-19 patients and persons suffering hardship.

For the general population and community prevention and control:

- Notice on Enhancing Community Prevention and Control of the COVID-19 Pandemic (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 5 of 2020, on 24 January 2020) (NHC 2020c).
- Notice on Printing and Distributing the Guiding Principles for COVID-19 Pandemic Emergency Psychological Crisis Intervention (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 8 of 2020, on 26 January 2020) (NHC 2020d)
- Notice on Printing and Distributing the Guidelines for the Protection of Population Groups with Different Risks of COVID-19 Infection and for the Utilisation of Masks to Prevent COVID-19 Infection (Issued by the Steering Group of COVID-19 Pandemic Prevention and Control and Stamped by the Chinese Center for Disease Control and Prevention, on 30 January 2020) (NHC 2020e).
- Notice on Printing and Distributing the Guidelines for Health Protection against COVID-19 Infection in Public Spaces (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 15 of 2020, on 30 January 2020) (NHC 2020f).
- Notice on Printing and Distributing the Technical Guidelines for the Selection and Utilisation of Masks to Prevent COVID-19 Infection among Different Population Groups (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 20 of 2020, on 4 February 2020) (NHC 2020g).
- Notice on Printing and Distributing the Guidelines for Health Protection against COVID-19 Infection in Shopping Malls and Supermarkets During the Pandemic (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 60 of 2020, on 14 February 2020) (NHC 2020h).
- Guideline for the Provision of Precise and Detailed Community Prevention and Control Services (Issued by the Ministry of Civil Affairs, Notice No. 38 of 2020, on 14 April 2020) (Ministry of Civil Affairs and National Health Commission, PRC 2020b).

Relief and protection for pregnant women and children:

- Notice on Completing the Tasks of COVID-19 Pandemic Prevention and Control for Children and Pregnant Women (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 17 of 2020, on 2 February 2020) (NHC 2020i).
- Notice on Strengthening Disease Treatment and Safe Delivery for Pregnant Women During the Period of COVID-19 Pandemic Prevention and Control (Issued by the

Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 25 of 2020, on 8 February 2020) (NHC 2020j).

- Notice on Completing the Tasks of Child Relief and Protection Due to the Absence of Guardians Caused by the COVID-19 Pandemic (Issued by the Ministry of Civil Affairs, Notice No. 19 of 2020, on 11 February 2020) (Ministry of Civil Affairs, PRC 2020a).
- Notice of the General Offices of the Ministry of Civil Affairs and the Ministry of Education on Relevant Tasks of Coordinating and Propelling the Process of Preventing and Controlling the COVID-19 Pandemic, of Returning to Work and School, and of Restarting Production in the Field of Child Welfare (Jointly Issued by the Ministry of Civil Affairs and the Ministry of Education, Notice No. 14 of 2020, on 24 March 2020) (Ministry of Civil Affairs, PRC 2020b).

Protection and care of older adults:

- Notice on Completing the Tasks of COVID-19 Pandemic Prevention and Control for Older Adults (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 11 of 2020, on 28 January 2020) (NHC 2020k).
- Notice of the General Office of the Ministry of Civil Affairs on Printing and Distributing the Guidelines for COVID-19 Pandemic Prevention and Control in Elder Care Facilities (2nd Ed.) (Issued by the Ministry of Civil Affairs, Notice No. 18 of 2020, on 7 February 2020) (Ministry of Civil Affairs, PRC 2020c).
- Notice on Printing and Distributing the Medical Care Guidelines for Older Adults from Elder Care Facilities During the Period of COVID-19 Pandemic Prevention and Control (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 65 of 2020, on 15 February 2020) (NHC 2020l).
- Notice on Taking Further Action to Complete the Tasks of COVID-19 Pandemic Prevention and Control in Institutions Integrating Medical Care and Senior Services (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 67 of 2020, on 17 February 2020) (NHC 2020m).
- Notice on Enhancing Care and Services for Older Adults Suffering Special Hardship During the Period of COVID-19 Pandemic Prevention and Control (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 7 of 2020, on 6 March 2020) (Ministry of Civil Affairs, PRC 2020d).
- Directives of the General Office of the Ministry of Civil Affairs on Completing the Tasks of COVID-19 Pandemic Prevention and Control and of Restoration of Service Orders in Elder Care Facilities in a Precise Manner According to Different Districts and Levels (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 6 of 2020, on 4 March 2020) (Ministry of Civil Affairs, PRC 2020e).

Treatment for people with mental health issues:

- Notice on Strengthening the Treatment and Management of Patients with Severe Mental Disorders during the COVID-19 Pandemic (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 70 of 2020, on 17 February 2020) (NHC 2020n).

Living guarantee for groups suffering hardship:

- Notice of the Ministry of Civil Affairs on Implementing the Tasks Assigned by the Central Government Regarding the Basic Living Guarantee for Persons Suffering Hardship Due to the COVID-19 Pandemic (Issued by the Ministry of Civil Affairs, Notice No. 41 of 2020, on 20 March 2020) (Ministry of Civil Affairs, PRC 2020f).

Care for medical staff and their families:

- Notice on Completing the Tasks of Caring for Older Family Members of Frontline Medical Staff Participating in COVID-19 Pandemic Prevention and Control (Issued by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 73 of 2020, on 21 February 2020) (NHC 2020o).
- Notice of the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council on Focusing on the Frontline of the COVID-19 War and Implementing Measures to Protect and Care for Medical Staff (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 10 of 2020, on 11 March 2020) (State Council, PRC 2020b).

Psychological counseling for COVID-19 patients, quarantined persons, and their families:

- Notice on Printing and Distributing the Psychological Counseling and Social Work Service Protocols for COVID-19 Patients, Quarantined Persons and Their Family Members (Stamped by the Joint COVID-19 Pandemic Prevention and Control Mechanism of the State Council, Notice No. 39 of 2020, on 7 April 2020) (NHC 2020p).

Burial of patients dying from COVID-19:

- Notice of the General Office of the Ministry of Civil Affairs on Printing and Distributing the Guidelines for the Disposal of Bodies of Deceased Persons Infected with COVID-19 and for Pandemic Prevention and Control in Burial and Funeral Service Facilities (Issued by the General Office of the Ministry of Civil Affairs, Notice No. 2 of 2020, on 3 February 2020) (Ministry of Civil Affairs, PRC 2020g).

Social work and social services' response to the COVID-19 pandemic***Social services' mode of operation***

During the most severe period of the pandemic, considerable effort was expended to enhance health management for crucial groups like older adults, children, pregnant women, students, and medical staff. The management of special areas such as medical agencies, communities, office space, shopping malls and supermarkets, passenger transportation stations, transportation vehicles, daycare centres and kindergartens, schools, colleges and universities, elder care facilities, welfare institutions, mental health facilities and homeless aid stations, was also reinforced. These kinds of measures effectively stopped the spread of COVID-19 among the general population and vulnerable groups

like elders, children, patients and students. Prevention and control, and service delivery methods employed in places like nursing homes, day care centres, schools and hospitals, were basically similar to those utilised by Wuhan Children's Welfare Institute.

Using social media (Tencent meeting or WeChat groups) to carry out online services and team communication

As guided and organised by the China Association for Social Work Education, social work academics and students carried out the following work online:

(1) Recording social work service guidelines for different groups of service users, and online courses on social work topics related to COVID-19. Thirteen series have been broadcast in live and recorded formats. These courses are nearly 120 hours in length and more than 80,000 people have participated in them.

(2) Establishing 14 workgroups to undertake social work services and research on pandemic prevention and control in an orderly and planned manner. These included: the "4 + 1" online community service team in Beihu Street, Jiangnan District in Wuhan City, the COVID-19 prevention and control service team in Huanggang City, Hubei Province, the "1 + 4 government-community linkage" COVID-19 community prevention team in Heilongjiang Province and the professional services support team in Shaanxi Province.

(3) Mobilising 60 senior teachers from social work colleges across the country to provide online supervision for social workers in Wuhan.

(4) Conducting international community services extending from Chinese students in South Korea and Japan, to the international community in Chongqing City, and ultimately reaching out to Chinese residing overseas such as in the United States, Germany, Italy, and the United Kingdom.

Highlights of social work services during COVID-19

Social work services during COVID-19 not only paid attention to protecting the general population but also focused on the needs of vulnerable groups. Social workers concerned about the special difficulties and problems faced by vulnerable groups affected by COVID-19, such as children, older people, pregnant women, people with mental health issues, COVID-19 patients, people in quarantine, and medical staff and their families, undertook the following tasks:

(1) Children: Particular attention was paid to children living at home. Social workers visited them and assessed whether any kinship care was provided. If not, the children were sent to temporary shelters provided by local governments.

(2) Older people: Focus was placed on medical treatment and prevention of COVID-19 for older people living in care facilities and in the community. During lockdown psychological support was provided to older people confined to aged-care facilities, and home-living assistance (e.g. telehealth, grocery deliveries) for older people living in their own home.

(3) People living on social security benefits: Applications for temporary social assistance from the state and distribution of donations from charities were implemented by social workers to safeguard basic living standards of people experiencing financial difficulties.

(4) Medical staff and their families: Social workers were concerned about the well-being of medical staff in terms of their personal protective equipment, rotation of rest, and the care of their children or seniors when they had to be in quarantine. Social workers not only facilitated the donation of personal protective equipment for medical staff but also mobilised volunteers to look after their children when needed.

(5) COVID-19 patients (and their families) and other quarantined people. Social workers provided psychological support to people hospitalised or in quarantine, referring people at high risk of mental health issues to psychologists, linking people with financial difficulties to state social assistance, and conducting public education to eliminate discrimination.

In short, with the development of COVID-19, national-level prevention and control policies as well as service guidelines for different groups, have undergone changes. In the early stages of the pandemic, the state first paid attention to protecting the general public. As the pandemic changed and developed, the problems and needs of different vulnerable groups were gradually exposed, and as this occurred, protection and services for these vulnerable groups were constantly improved.

Changes in social work practice during the COVID-19 pandemic

The groups most affected as defined by social workers were:

(1) COVID-19 patients, front-line medical staff, people in quarantine and their families.

(2) Vulnerable groups such as children, adolescents, older people and people with a disability.

(3) Front-line community workers, volunteers involved in community prevention and control and their families.

(4) Social workers and their families in severely affected areas.

Innovative and alternative approaches to communities, service users and their needs

(1) Service provision: the provision of direct services to solve problems and satisfy people's needs.

- Targets: including medical staff, COVID-19 patients and their families, community members, community workers and volunteers.
- Setting up social work service teams: Fourteen regional teams in Hubei Province, Heilongjiang Province and Shaanxi Province provided social work services and undertook research on pandemic prevention and control.
- Roles: These included service provider, resources mobiliser and policy advocacy roles.

(2) Social work professional education – provision of professional service guidelines and professional training.

- One service guideline (two editions in Chinese; the electronic version has been published and it will be officially published by the East China Science and Technology Press).

- 7 + N online social work courses including crisis intervention methods, medical social work, community work, volunteer service organisation and management.
- Electronic versions of service guidelines, online service models in community and grief counselling have been published; personal and family work methods; community reconstruction and livelihood development.
- Main purpose: to provide professional guidance to front-line staff.
- Online courses such as medical social work, crisis intervention and grief counselling have been provided in Chinese.

(3) Social work action research: Nine research projects for professional knowledge production, receiving RMB1 million funding.

(4) Publicity:

- Exchange within the profession: using public WeChat accounts.
- External public education: using comics to introduce the work delivered by social workers.

(5) International exchanges and alliances: social workers actively exported their experiences in prevention and control of COVID-19, such as publishing articles on the website of the International Association of Schools of Social Work and providing supportive services to foreigners living in China and Chinese people living abroad.

Main obstacles to supporting communities and service users

(1) Limited use of, proficiency with, and access to social media by some service users, such as older people or children without access to smartphones or the internet.

(2) Multi-disciplinary and inter-professional cooperation: cooperation among medical staff, psychologists, volunteers, civil servants and social workers was not easily coordinated across the country.

(3) Smartphone and network signals are not very good in some areas. Sometimes social workers were reliant on telephone landlines for communication.

Critical evaluation of state measures

The outbreak of COVID-19 in China occurred during the traditional Spring Festival holiday, a period characterised by extensive mobility among large swathes of the population. The Chinese government used its strong mobilisation capabilities and institutional advantages to quickly implement large-scale public health response measures across the country, and build joint prevention and control, group prevention and group control through ultra-conventional social isolation and relatively flexible social control measures that could be adapted by local governments. The prevention and control system effectively blocked virus transmission through non-pharmaceutical means and maintained the community's basic defence line.

However, at the early stage of the outbreak, in terms of country-level pandemic risk and preparedness classification based on COVID-19 data, the human services and health management measures for key groups (e.g. older people, children, pregnant women, students, medical staff, disabled people), and the management and control of special locations (e.g. office spaces, shopping malls, supermarkets, passenger terminals,

transportation vehicles, nurseries, schools, colleges and universities, older people's care institutions, welfare homes, mental health care institutions, and relief stations) were inadequate. However, with the increase of experiences in pandemic prevention and control and media reports, these aspects of work have received rapid attention and improvement.

The role of social work national associations in supporting practitioners during COVID-19

In collaboration with the China Social Work Federation, and the China Social Work Academic Society, the China Association for Social Work Education led the mobilisation of social work colleges, professional associations and social organisations, providing professional leadership, education, and services during COVID-19, including:

(1) Operationalising professional leadership of social work in pandemic prevention and control.

The China Association of Social Work Education organised the compilation of the "Practical Guidelines for Social Work Participation in the Prevention and Control of COVID-19", the first edition of which was published online in Chinese (CASWE 2020a) to guide social work agencies and social workers in participating in pandemic prevention and control work, guiding social work professional standards to respond to social needs, providing services to communities affected by the outbreak, and offering professional service guidelines for community workers in pandemic prevention and control. In order to meet the learning needs of social work during COVID-19, the China Association of Social Work Education (2020c) published the "National Social Work Online Course Resources Index (First Edition)" (CASWE 2020b). In cooperation with the MSW Teaching Committee and the China Social Work Academic Society, the China Association of Social Work Education jointly issued the "Guiding Opinions on Doing a Good Job in Online Teaching of Social Work during the Period of Pandemic Prevention and Control" to ensure "no suspension of teaching with the suspension of classes; no suspension of learning with the suspension of classes".

(2) Emphasising the function of professional education and organising the production and launch of the "Social Work Online Course for the Work of Pandemic Prevention and Control" (CASWE 2020c).

(3) Conducting demonstration services and providing experiences for those who also served people affected by COVID-19

As the pandemic prevention and control work progressed, 14 work teams were organised and developed to undertake systematic social work services and research on pandemic prevention and control. The pandemic prevention and control work was differentiated in that responses had to cater to the specific needs of different areas and groups. These service needs were different in Wuhan, and other areas in Hubei Province and nationally.

In short, with the development of the COVID-19 outbreak, the China Association for Social Work Education quickly built a work platform and established a command centre to provide professional services, professional service guidelines, professional training, practical research and action research, professional influence

dissemination, international exchanges and cooperation and other elements reflecting the professional effectiveness of social work in responding to major public health emergencies.

Concluding remarks

COVID-19 is the most widespread global pandemic that humanity has encountered this century. It is a serious crisis and a severe test for the world. People's safety and health face major threats. This is a war between humanity and the virus. In the face of the previously unknown, sudden, and menacing pandemic of COVID-19, the Chinese government has prioritised people's lives and health by leveraging the institutional advantages of centralised decision-making by the Central Government, and rapid and comprehensive implementation by local communities. The Chinese government has adopted the most comprehensive, strict and thorough prevention and control measures that have effectively and quickly blocked the spread of the virus. However, it must be noted that at the beginning of the outbreak, due to insufficient understanding of the virus and the public health crisis, from a social work perspective, some social governance measures may not have been adequate and social care and services for certain groups may not have been in place. However, there has been gradual improvement as more is learnt about COVID-19.

After more than 30 years of professional reconstruction and practical accumulation, social work in China has witnessed some social service needs and problems that may occur during a health pandemic. These include the need for crisis intervention for individuals, families and medical staff affected by COVID-19, and discriminatory treatment of different groups (especially vulnerable groups) regarding medical treatment, information retrieval, resource acquisition, social support networks, social connection, financial and material security because of their social status. In addition, other needs were identified in the "new normal" period, including grief and family recovery of the bereaved, community reconstruction, employment and the livelihoods of vulnerable groups.

In this public health crisis of COVID-19, the social work professional forces headed by the China Association of Social Work Education have demonstrated the indispensable value and role of social work in further exerting its timely response to social problems, actively participating in social events and caring for vulnerable groups.

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