

## **Working with Refugees during COVID-19: Social Worker Voices from Turkey**

### **Introduction**

Turkey hosts the world's largest refugee<sup>1</sup> population today and most of them outside of the camps (UNHCR, 2020). The majority of this population consists of Syrians, who came from 2011 onwards due to the civil war. As of April 2020, the number of registered Syrians are 3,580,263 (DGMM, 2020). There are nearly 400,000 asylum seekers and refugees of other nationalities including primarily Afghans and Iraqis (UNHCR, 2020). According to official statistics, the number of refugees in Turkey are approximately 4.1 million (UNHCR, 2020). On the other hand, unofficial numbers are estimated to be higher. This means that approximately 5% of Turkey's population consists of refugees and this is an unprecedented experience for the country.

A considerable proportion of support services targeting refugees have been delivered through non-profit organizations in Turkey. European Union and UNHCR have supported national and international non-governmental organizations through project-based financial support. Social workers are employed in these NGOs to provide psychosocial support services. They do home visits and case management to meet basic protection needs of refugees.

Refugees are reported to be among the most vulnerable at-risk groups under the present circumstances of COVID-19 pandemic (Julia, Alberine, Alexandra, & Ritz, 2020; Júniora, de Salesb, Moreirac, Pinheiroe, Limaf, & Netoc, 2020; Murenje & Porter, 2020). While our

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<sup>1</sup> Turkey only gives official refugee status to people coming from Europe because of the limitations of the 1951 Geneva Convention (1961). The term "refugee" is used for the sake of convenience in this paper and this term refers to people under temporary protection and international protection. In Turkey, Syrians were given "temporary protection" status by the Law on Foreigners and International Protection in 2013' while Iraqis and Afghans have "international protection" or "conditional protection" status (DGMM, 2020).

attentions are often called to refugees in camps all over the world, refugees living out of the camps are not exempt from risks. The pandemic exacerbated the difficulties of living as refugees and we are yet to learn the effects of these difficulties.

The first coronavirus case was declared by the Ministry of Health in Turkey on 11 March, 2020 and the government decided to go to lockdown soon after. Since then, the pandemic hit the country. As of 29 June 2020; 5115 people have died. From the beginning of the pandemic, there was no question that the healthcare workers would be at the forefront of the fight with the pandemic. What about practitioners in the field of social work and social care? The pandemic obviously is not merely a medical phenomenon and we, social workers, would continue to work along with the medical staff. However, we did not have any idea on what this experience would be like. The goal of this short essay is to share our experiences of working with refugees during the pandemic so far. Three of the authors of this paper are social workers practicing in different NGOs in three major cities of Turkey. These social workers are also in an ongoing contact with their colleagues in other NGOs. Therefore, the experiences shared in this paper reflect both their own experiences and what they have heard from their colleagues. While majority of their clients are of Syrian background, they work with Afghan and Iraqi refugees as well.

### **The challenges of tele-social work**

As social workers, we are supposed to assess clients within their environments. While phone calls have been used in social work interventions as part of tele-social work in different parts of the world (Bryant, Garnham, Tedmanson, & Diamandi, 2018; Pollack, 2008), we never found ourselves using it as the sole means of practice before COVID-19. As a result of the pandemic, we had to stay physically away from our clients' environments.

As the first step of the crisis intervention, our organizations focused on disseminating accurate information to our clients about the pandemic and the health workers prepared documents in different languages. Health care and sanitation kits have been distributed to refugees' homes. In mid April, we started to work in rotation not to overcrowd the offices. Around March 11, our organizations stopped almost all home visits and we started to work from home. We did not know how to continue our interventions and we were in the middle of the unknown.

In usual circumstances, phone interviews are often our first step in social work interventions. Before the pandemic, we visited clients in their homes, observed them in their environments, tried to build rapport by using our verbal and nonverbal communication skills. We also caught the clues about their life circumstances from their verbal and nonverbal messages. After the pandemic, phone calls became our sole means for practice. It is relatively easier to conduct the phone interview with our existing clients, but very hard to connect with new clients. We often feel distant and insufficient while we are trying to assess our clients. More importantly, we are concerned that we can trigger past traumas. In our work, refugees' unique experiences and past lives are invaluable resources, which we use to learn their strengths. For refugees who have lived isolation and had minimum exchange with the society, talking about their past lives may trigger traumas. When we met them face-to-face, we could give proper attention to verbal and nonverbal signs of trauma or risks of retraumatization. It is concerning that we are not able to see nonverbal clues over the phone and we cannot refer clients to much needed trauma support services. It was impossible for us to incorporate video calls to our tele-social work practice primarily due to concerns such as privacy issues, lack of prior informed consent, and possible internet connection problems.

Because a considerable proportion of refugees cannot work during the pandemic because of the lockdown, almost all calls from refugees have been for financial assistance. When we did home visits before COVID-19, we used to identify possible non-economic issues based on our observations even when clients remained silent or even tried not to disclose. For example, we often catch signs of child work, child marriage, abuse, neglect, or mental health issues through direct observations. Unfortunately, these undeclared issues remain unaddressed nowadays. We do not have evidence yet, but we are worried that these unaddressed issues may cause exacerbated problems in the near future.

An additional challenge for us is our need for a translator. Working with refugees as non-Arabic or non-Farsi speaking social workers has already been a barrier for us. Having a translator as a third person over the phone line is an additional layer of challenge. Moreover, there are not enough number of Farsi translators. Consequently, when we need translators for speaking with Afghan clients, we often rely on volunteer Farsi-speaking refugees. These volunteers are working very hard and providing enormous support to our work with Farsi-speaking refugees.

### **Increasing barriers to resources**

**Financial assistance:** Before the pandemic, we delivered psychosocial support services to our clients. These included home visits to identify basic needs and referrals for security and protection services. Our organizations offer very limited cash support under special circumstances and we used to refer clients to government offices or local charities for cash and food assistance. During home visits, we observed our clients' daily living circumstances, assessed their eligibility for financial assistance, and made referrals based on the eligibility criteria. Together with the pandemic, we base our referral decisions solely on phone interviews.

This leads to several problems. First of all, we cannot always identify clients with most urgent need. Second, there is a lack of communication and coordination between our organizations and local charities. Although we refer clients to these charities, we cannot receive information from them whether the aid was given. Last but not the least, these organizations cannot meet the current needs of clients due to lower numbers of actively working staff due to the lockdown security measures, and more importantly, due to the decreasing levels of economic resources. Some of these local charities stopped their assistance and do not even answer our clients' phone calls anymore due to lack of sufficient economic resources. This situation is leaving us with feelings of helplessness and of being inefficient. Current welfare measures were not sufficient to meet the needs of our clients and the situation has getting worse after businesses have been closed.

**Health services:** As in other countries, people have been discouraged from using non-urgent health care services during the pandemic. This caused problems for almost everyone with chronic health conditions, including nonrefugees. With a presidential ruling on April 13, COVID-19 test and treatment became free for everybody regardless of their social security status (Official Gazette, 2020). On the other hand, refugees often face barriers due to lack of information, cultural barriers, and language barriers. During these pandemic days, some of our clients could not access to health services even with our support. Health care personnel have been busy with COVID-19 patients and public transportation has been limited as well. For example, an Iraqi man under international protection needed a disability report from the hospital in order to receive disability-related financial assistance from the government. Despite social worker support, he could not receive this report.

## **Refugee children**

**Education:** During the pandemic, one of our major concerns is the situation of refugee children. Before the pandemic, we spent considerable effort for bringing children back to school after staying away from school for long periods because of the war and migration. In addition, it was difficult to convince families to send their children to school for reasons such as poverty or fear of the unknown environment. Once they were in school, these children worked hard to adapt to schools, which are currently closed. In Turkey, lectures have been delivered via television and an application called Eba tv. However, not all families have access to televisions or smart phones. In some families, the whole family has one smart phone, therefore the child cannot regularly use it for education purposes. Not surprisingly, some families do not have enough technological literacy to use the application. These observations are confirmed in a very recent research project on refugee children's experiences during the pandemic (Small Projects Istanbul, 2020). As a result, children's school lives are disrupted once more. Refugees speak their native languages at home and refugee children learn Turkish in schools. Schools being closed, the language acquisition process of children is also disrupted.

**Child labour:** Another threat to refugee children's education is a possible increase in the number of child workers due to pandemic-related increase in poverty rates. Children who have been in school may need to go back to work to support their families. Child labour never ceased to be a problem for refugee children. Contrary to our expectations, children who had been working before the pandemic continued to work despite the government-enforced curfew for children. Furthermore, some employers wanted children to sleep at the workplaces overnight. We could not foresee this strategy of the employers either and are concerned about other unforeseeable challenges for children in the upcoming days.

## Conclusion

We do not know what the pandemic will bring to our lives in the near future. We may need to practice tele-social work for longer periods. Maintaining skills in information and communication technology, increasing skills of technology use, adapting practice to new ways of working, and assessing clients' relationships with technology are already part of professional standards of different countries (e.g. see National Association of Social Workers [NASW], Association of Social Work Boards [ASWB], Council on Social Work Education [CSWE] and Clinical Social Work Association [CSWA] Standards for Technology in Social Work Practice, 2015; National Association of Social Workers, 2017; and Social Work England Professional Standards, 2019). We may need these skills more than ever and are in need of training regarding the use of technology. Turkish Association of Social Workers, which organized a two-day training on social work in pandemic during the peak days<sup>2</sup>, can organize trainings on tele-social work. We are currently using phone calls for interviews with refugees and we can find ways for making videocalls when necessary. We need to learn ways of addressing challenging issues of informed consent and confidentiality. Our organizations will also need to increase our tele-social work capacities in the near future. Accordingly, organizational capacity building interventions will probably be needed. Furthermore, if social distancing measures are to become a longer reality of our lives, we should search for ways of increasing refugees' skills of technology use. More importantly, we may need to consider providing technological tools and resources for refugees as a basic right in the near future.

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<sup>2</sup> The training is available at the youtube channel of Turkish Association of Social Workers via [https://www.youtube.com/channel/UCzDU-v49qUwebHv8wwPocVQ/featured?view\\_as=subscriber](https://www.youtube.com/channel/UCzDU-v49qUwebHv8wwPocVQ/featured?view_as=subscriber)?

We were caught unprepared to this pandemic and could not address families' wellbeing. The support we have provided so far has been limited to informing about COVID-19, delivering hygiene kits, and referrals for financial support. In the future, we should prepare ourselves to address different aspects of refugees' wellbeing.

Lastly, social workers should take an active part in shaping policies that will guide micro and macro practice with refugees. In this historic turning point, social workers are called into action (Walter-McCabe, 2020). In the case of refugees, we, as social workers, should also be engaged in advocacy so that the already escalating anti-refugee atmosphere in Turkey does not disadvantage this vulnerable population further. The legal status of the individuals under temporary and international protection should be reconsidered because these individuals cannot foresee their future. These individuals do not have official refugee status in Turkey and do not know whether they will ever attain citizenship status. Combined with the uncertainties due to the pandemic, the uncertainty around the citizenship status is exacerbating refugees' fears.

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