

Social Workers' Sensual Bodies during COVID-19: The Suspended, Displaced and Reconstituted Body in Social Work Practice

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Abstract

After more than a year living with COVID-19 restrictions, the UK Governments have now published their ‘recovery strategies’ in which social care has been considered as key to plans for post-COVID-19 recovery in England and the devolved nations. Emerging literature has already explored the ethical and practical challenges facing social workers during COVID-19 and how social work practice has been re-created to embrace hybrid ways of working. To add to this discussion, a secondary qualitative data analysis was performed on a subset of data (280 responses submitted by 176 social workers) collected from the British Association of Social Workers’ (BASW) survey on social work during COVID-19, to explore how social workers’ sensual bodies had been responding to challenges arising from the pandemic. Drawing on sociology of senses and social work literature on tacit knowing and practice wisdom, we will present how social workers’ sensual bodies have been suspended, displaced and re-constituted during the first UK national lockdown, leading to sensual compensation and sensual overload that impacted on social workers’ practice. In striving toward a ‘better normal’ we offer key insights to implement hybrid social work practice and protect against the shortfalls that it might bring to the profession.

Key words: COVID-19, Digital Practice, Qualitative Secondary Data Analysis, Sensual Body, Social Work

Teaser text

The paper brings together sociology of senses and social work literature on tacit knowing and practice wisdom to offer an analysis of how social workers’ bodies respond to the challenges arising from COVID-19. The paper provides timely insights for future social work professional development in the post-COVID-19 times.

Introduction

At the time of writing this article (June 2021), the ‘COVID-19 recovery strategy’ had been published by the UK Government (Cabinet Office, 2021). With the gradual roll-out of COVID-19 vaccinations in the UK, the number and rate of hospitalizations due to COVID-19 have reduced significantly despite the pervasiveness of the Delta variant. This turn of events provided some space for reflecting on the impact of COVID-19 including the restrictions for deterring its spread. The toll on the physical, social, psychological and economic wellbeing of people, most notably ‘women, migrants, forcibly displaced people, indigenous peoples, people with disabilities, marginalized communities, young people, workers in the informal economy and those with precarious employment contracts’ who are disproportionately affected by the pandemic (UNTFSSSE, 2020:3). COVID-19 exposed the existing social inequalities and fragilities in our society which made each of us less resilient to the public health crisis and called the stability of our future into question. The United Nations Task Force of Social and Solidarity Economy (2020) posed a question to the world – do we want a new normal (back to where we were) or a better normal? This is also the question that social workers in the UK have asked during the pandemic (Kong et al., 2021).

Social workers were named as key workers at the beginning of the pandemic in the UK and in other countries (IFSW, 2020), and remain pivotal to the post-COVID-19 recovery/transformation. In September 2020, Social Care Institute for Excellence (SCIE) published *Beyond COVID: New thinking on the future of adult social care*, suggesting three shifts to (1) ensure respective Governments’ long-term and sustainable investment in the sector; (2) enable the commissioning of preventive and community-based services; and (3) empower social care workers through reasonable pay and recognition. The Department of Health and Social Care released a consultation, *COVID-19: Our action plan for adult social care* (Department of Health and Social Care, 2021) which looked to improve the Personal Protective

Equipment (PPE) provision to social workers, workforce stabilisation and the development of end-of-life care in England. These responses are partly reactive to the widening service gap (increase demand in social services and the decreased formal and informal services and care capacities) during the pandemic; but can also be considered as overdue acknowledgement of the impact that ongoing austerity measures have brought, specifically to the most vulnerable members of society.

Amidst this crisis, we started a collaborative project, *Empowering Social Work during COVID-19* (funded by ESRC IAA and BASW), to bring social workers and academic researchers together to co-produce and consolidate the best practice available to social workers. The full report is available [here](#). This paper is produced from the same project to examine how social workers' sensual bodies changed as they coped with the challenges presented by COVID-19.

Social work during COVID-19

Throughout the first national lockdown, UK social workers continuously experienced a lack of PPE, unclear/contradictory guidance and inadequate supervision (Kong et al., 2021; Banks with Geoghegan and Shears, 2020). Many social workers voiced the increased health risks to themselves, their families and service users as a result (Kong, Noone and Shears, 2021), and reported increased psychological distress. In the UK, 75% of social workers reported feeling more negative about their work-life balance due to COVID-19 (Community Care, 2020). Here, 69% said their mental health was slightly (43%) or significantly (27%) worse than it was one year prior to December 2020 (Ibid). Greene et al. (2021) also found that, amidst COVID-19, over 57% of health and social care practitioners reached the threshold for PTSD, anxiety and/or depression. Compassion fatigue, a sub-category of burnout, has been identified as a risk factor

for the mental health of social workers, with practitioners supporting people in distress considered at increased risk (Grant and Kinman, 2020).

Shifting to remote working, such as online meetings and telephone calls appeared to be a temporary compromise at the beginning of the pandemic. For example, in May 2020, NHS England issued legal guidance for medical practitioners and Approved Mental Health Professionals (AMHPs), of which 95% are social workers, permitting digital assessments under the Mental Health Act (1983). Given the clear departure from ‘best practice’ as set out in the Code of Practice, (2015), Devon Partnerships Trust sought clarification on the meaning of ‘personally the case of the medics’, and ‘personally seen’ in relation to the statutory duties of the AMHP from the High Court which later ruled that the phrase required the physical presence of AMHPs. One of six considerations in the Court’s decision was that psychiatric assessments may involve a multi-sensory assessment. Despite this ruling, in many other areas of practice, digital working has largely been integrated into mainstream social work (Ferguson et al., 2021).

Social workers, especially in developed economies, have been able to embed technologies, digital skills, socially distanced practices and digital ethics in their everyday work life (IFSW, 2020). Thus far, doing social work digitally by default has received mixed reviews. Social workers have expressed concern about missing non-verbal cues critical for identifying safeguarding issues; with the effectiveness of digital practice called into question for working with individuals who have severe mental health problems, learning disabilities, other health issues and communication needs (Kong et al., 2021). Whereas some evidence has shown that digital practice can support more active engagement with young people (Ferguson et al., 2021). Cook et al. (2020) identified further benefits of remote working, including increased informal support with colleagues and reduced travel time which made practitioners feel more energised and supported as a result. Pink et al. (2021) acknowledged the positives of digital social work when employed as a ‘hybrid, anticipatory and flexible practice’ to bridge the digital and

physical elements of child protection. This emerging body of evidence shows the dynamic and evolving nature of hybrid practice during COVID-19, and the need for contextualised appraisal of the utility of such practices.

COVID-19 presented unique ethical challenges to social work practice. Banks et al. (2020) conducted an international study to explore the ethical dilemmas that social workers had experienced during COVID-19 and raised concerns about digital assessments placing more risks to both the service user and social worker especially where safeguarding issues were present. . The fusion of digital and socially distanced face-to-face practice still has the potential of compromising confidentiality, practitioners' health and wellbeing and professional boundaries (BASW and SCIE, 2020). Banks with Geoghegan and Shears (2020) argued that the ethical dilemmas stem from the conflicting rights, needs and risks of service users and their families as well as the need for weighing up individual rights and public safety. The pandemic has also urged social workers to re-consider their ethical duties to social justice in terms of addressing social inequalities highlighted and exacerbated by the pandemic (Garcia et al., 2021).

Up until now, with a few exceptions (Green, 2021; Green and Moran, 2021; Ferguson et al., 2021; Pink et al., 2021; van Rhyn et al., 2020), little research has focused on social workers' ways of seeing, hearing/listening, smelling, touching and moving into/out of/across practices and how these have been altered through the pandemic. Even less has been said about how social workers re-appropriated their body and re-configured their practice to ascertain social connections, empathy and social justice which are conducive to doing 'proper social work'.

Social workers' body in professional practice and research

The importance of the sensual body in social work practice is undeniable but debased. We have always known that social workers walk into people's homes, refuges, hostels and other health and care settings to make sense of how people live in their 'natural environment'. It involves social workers observing, smelling, touching, hearing and (maybe) tasting the situation while making sense of these sensations from a professional lens. However, the *body* of social workers remains largely absent in social work practice and research (Mensinga and Plye, 2021). When body is rediscovered, the focus is usually on professional burnout, fatigue, wellbeing and resilience (McFadden, 2015; McFadden et al., 2015) or tacit knowledge and practice wisdom (Fook, 2002; Imre, 1985; Martinez-Brawley and Zorita, 2007; Reinders, 2010).

Social workers' experience of an exhausted body is found to be linked to heavy caseloads, long working hours, low wages and ethical predicaments (McFadden et al., 2015; Peinado and Anderson, 2020). As Mensinga and Plye (2021) argued, the persistent concerns over social workers' wellbeing and burnout are proof of the violence against, and the marginalisation of, social workers' body in practice. In the study of social workers' burnout, fatigue, ill-being and need for resilience, there is a predominant focus on social workers' body as an atomised biomedical body that is self-sufficient, independent and able to recover through sufficient self-care. Rather than attributing the neglected and exhausted body of social workers to the prevailing instrumental rationality, reinforced through years of austerity and neo-liberalisation of welfare (King, Crossley and Smith, 2020), the emphasis on 'self-care practices' and 'personal resilience' further individualises social workers' bodily and mental experience.

The bio-medical body of social workers continued to gain attention during COVID-19 as medical science became the championed knowledge for navigating and managing the new health risks that the novel coronavirus brought to society. Social workers quickly developed strategies to reduce infection and increase protection of their health and others'. This included remote working, forming of staff bubbles, socially distanced walking and digital practice.

Whilst these reactive practical strategies are forming and settling as the new normal, the less talked about issue is how these measures might have created different experiences for social workers' sensual body when practising. Green and Moran (2021) discussed how 'touch' is reconfigured through COVID-19 and the varying social distancing responses. 'Natural touch' and 'good touch' that brought comfort to the dying person and their family or to those who have fled the home where domestic violence occurred was reconstructed as 'contagious touch' or 'bad touch' during the pandemic. This echoes with social workers' worries, expressed at the beginning of the pandemic, about how social disconnection might turn into them delivering 'anti-social social work' (Banks et al., 2020:3). As the scientific advice on how to 'socially distance' varied, social workers' best and proper way to 'touch' people's lives also changed.

Alternative to the biomedical body is the sensual body which mediates sense-making of the world through sensing in the personal, interpersonal, social, cultural, historical and political contexts (Green and Moran, 2021). The sensual body is therefore strongly linked to social work professional learning (Imre, 1985; Fook, 2002; Reinders, 2010). Roberta Imre (1985) applied Polanyi's concept of 'in-dwelling' to link social workers' body to professional learning: *'It [social work knowledge] must be learned by doing, by discovering how to call forth the necessary processes from one's body' (p. 140)*. Imre emphasised the importance of understanding the very nature of how social workers produce knowledge beyond a focus on practice outcome – how their learning as well as their passion and imagination for understanding people (users, other professionals and researchers) are shaped by their experiences and interactions with others (Fook, 2002; Reinders, 2010).

Social workers' sensual body is also central to the literature of 'practice wisdom' and 'professional intuition' (Cheung, 2016; Chu and Tsui, 2008; O'Sullivan, 2005; Martinez-Brawley and Zorita, 2007; Klein and Bloom, 1995; Goldstein, 1990; Scott, 1990). These sets of literature commonly perceive social workers' sensual body to be key to professional

development, with tacit knowledge more concerned about learning through doing (bodily experience), and practice wisdom and professional intuition focusing more on the practical utility (effectiveness in professional problem solving) of such knowledge. O’Sullivan (2005) made a distinction of the two by arguing that experienced social workers (with a lot of tacit knowledge) might not necessarily have a lot of practice wisdom, depending on their attitudes towards knowledge and ability to reflect.

Drawing on sociology of senses (Vannini, Waskul and Gottschalk, 2012:19), we frame social work as somatic work which *‘refers to the range of linguistic and alinguistic reflexive experiences and activities by which individuals interpret create, extinguish, maintain, interrupt, and/or communicate somatic sensations that are congruent with personal, interpersonal, and/or cultural notions of moral, aesthetic, and/or logical desirability’*. This analytical focus aligns with the sensory turn in social work research (Morriss, 2017) and supports the examination of how social workers (re)build relationships with colleagues and service users during COVID-19 through sharing common (lack of) sensations and tacit experiences. For example, the absence of chit-chats and coffee mornings in the office space, socially distanced interactions with colleagues and service users and the inability to physically enter and move around the homes/care settings of service users. These relationships (re)developed through COVID-19 also serve as a site for *‘shar(ing) common ways of using their senses and making sense of (and expressing) sensations’* (Vannini, Waskul and Gottschalk, 2012: 7). Joining the sensory turn in social work practice research, we place the bodily and sensual experiences of social workers at the centre to explore the making of social workers’ body through COVID-19.

Methodology

Secondary qualitative data analysis of the BASW Survey

In July 2020, Durham University and BASW started the project *Empowering Social Workers in Challenging Times: Learning from Best Practice during COVID-19*. It aimed to involve both practitioner researchers and academic researchers collaboratively in research activities to inform social work learning, improve practice, create desirable social change and promote social justice. The project set up the first BASW UK Social Work Practitioner Research Network in August 2020, through which social work practitioners and academics co-analysed data collected by the BASW Survey on Social Work during COVID-19 (the BASW Survey hereafter). Secondary Data Analysis (SDA) of qualitative data was employed to explore UK social workers' experiences and best practice during COVID-19. This approach has been used to study a range of topics, including healthcare, crime and deviance, childhood poverty and gender and masculinities (see the articles reviewed by Ruggiano and Perry (2019)) although it is still less popular than SDA of quantitative data. The collaborative analysis carried out by the Network has led to the publication of a full report, a practice toolkit and a professional magazine article. This paper is based on the analysis of a subset of data created to capture the bodily experiences reported by social workers during COVID-19.

The BASW Survey, data processing and data analysis

The BASW Survey was launched on 16 March 2020 to collect professional experiences and views from the social work community. The survey collected 2222 UK responses from different sectors of social services (i.e., adult services, children and families, mental health, criminal justice and other) and from different nations in the UK by the end of August 2020. The survey consisted of mostly open questions that collected qualitative data on the work experiences and views of social workers during the pandemic.

To deepen the understanding of social workers' body experiences during COVID-19, a subset of data, consisting of responses from 176 social workers, was created on NVivo2020

(see Table 1 for details). The authors devised search strategies to maximise the number of relevant data entries by individually searching the following words across the full dataset: bod* (n=44), face-to-face (n=585), hear (n=141), listen (n= 60), sens* (n=92), smell* (n=6), speak* (n= 106), talk (n=83), touch (n= 78), visit* (n= 1972), walk* (n= 20). Tast* and bubble* returned no results. Query results (N=280) were then individually assessed for relevance to the topic area and coded into ‘disruption of senses’ (n= 102), ‘re-orientation of senses’ (n=62), ‘implications of disruptions’ (n=52), ‘impact on professional practice’ (n=45), ‘captured signs’ (n=7) and ‘missing signs’ (n=12). Each of these codes were then further analysed by the authors.

Table 1. Fields of social work and primary roles of social worker respondents

Interpretive content analysis (Drisko and Maschi, 2015) was performed to enable the authors, who were trained as social workers and have been collaborating with practising social workers in the ESRC IAA funded project, to infer how the bodily experiences of social workers in the UK changed during COVID-19. Given the brief nature of the qualitative responses in the BASW Survey, their interpretation beyond the literal level was needed to enable an understanding of the how chaos, ethical challenges and professional transitions were experienced and mediated through the changing bodies of social workers and its wider impact on the profession. The brevity of the responses also puts restriction on making sense of the processes and contexts in which social workers acquire, reflect on and alter their body skills to realise their professional goals and values during COVID-19.

This study adopts an abductive approach to data analysis which intends to facilitate the development of new conceptual insights through continuous dialogue between existing theory with new research evidence (Timmermans and Tavory, 2012). It was maintained by constantly comparing in vivo codes (bottom-up coding) with concepts borrowed from the sociology of senses and social work literature on tacit knowledge and practice wisdom as laid out at the

beginning of the paper. This approach also shapes the writing style of the analysis which, differing from conventional reporting of results, incorporates concepts/theories that have informed the interpretation of data to increase accessibility to the abductive process.

Ethics

This study conforms to internationally accepted ethical guidelines and has been granted ethical approval by Durham University's departmental ethical review board before the project commenced (SOC-2020-06-15T14_47_46-plmb53). Participants' consent to participate in the survey was implicit to the completion of the survey itself. The transfer of dataset from BASW to Durham University presented no risk to individuals as no identifiable information had been collected. The transferring of the anonymised dataset conformed with both GDPR and their code of practice for data protection standards.

The changing sensual body of social workers during Covid-19

Social workers in the UK experienced three different phases during the first national lockdown (March 2020- August 2020) (Kong et al., 2021). Commencing with chaotic change (March 2020), social workers then re-established new ways to continue practising professionally and ethically (April-May 2020). The creative practices consolidated through the rest of the year (June 2020 onwards) then served as the foundations for social workers to engage critically with the emerging 'new normal', characterised by a digital-by-default approach and a degree of social disconnection in professional practice. To understand the chaos, uncertainty and anxiety experienced by social workers we must first establish how practitioners' sensual body was suspended, displaced and re-constituted during the pandemic.

Suspended sensual body: the disrupted professional sensing and use of sensations

Social distancing as a measure to prevent/slow down the spread of the novel coronavirus abruptly suspended social workers' senses in their everyday work. Face-to-face conversations, home visits, supervised parental contacts deemed 'natural' to social workers suddenly compromised professional practice and became potentially dangerous. Social workers were caught in a constant ethical dilemma that lacking sensual engagement might risk missing 'cues' in assessment or resuming the usual sensual engagement might risk spreading the virus to vulnerable individuals and families, including their own. Williamson et al. (2020: 317) suggest that social workers may feel the *'profound effects of being required to perform already highly challenging duties in a more constrained manner'* with the likelihood that many will experience a degree of moral distress (Jameton, 1984) or moral injury (Fenton and Kelly, 2017).

The non-verbal cues may include how an older adult or a person with disabilities eats, walks, showers and socialises in their own living environment; or how children relate to their parents or foster parents in their living space and how they address conflict in the family setting. Obtaining these 'cues' requires social workers to immerse their bodies in the environment and interactions where social workers/service users identify as being (potentially) problematic, and to move around in the physical and social spaces to 'sense' how users 'feel about their situation'.

I need to assess with all my senses. I need a visual inspection of the fridge, bathroom, kitchen, where the bed is, whatever the bed is, what, sadly, is in the dustbins, what bills are unpaid, what the landlord has said, what substances are being used by whom and who is looking after the animals... it is frustrating to be unable to properly assess, and nothing beats a proper home visit.

(Experienced social worker, Adult services).

Experiences of social workers performing home visits have demonstrated the importance of sensual body in social work assessment. Moving around and turning the gaze, as one hears,

smells and touches anything that suggests the need for further attention, are integrated sensual experiences of social workers that enable fuller understanding of the service users' situation. Nonverbal communication or sensory language is understood to support social workers to overcome cultural or language diversity (Nguyen and Larson, 2015) and enhance embodied knowing (Sodhi and Cohen, 2012) and empathy (Walter and Golan-Shenaar, 2018). The ability to interpret intonation, body language, timing in speech and interactions as well as the smell of the living environment is compromised, if not undermined, in remote working.

COVID-19, especially at the beginning of the national lockdown, created huge disruptions to home visits and suspended social workers' sensual body from the situations in which the service users lived. Social workers, at times, felt that they were not 'in touch' with the feelings and situations of their service users; and worse still were required to suspend and forbid human touch in their intervention. For example, suspending family visits to nursing homes while considered vital to preventing the virus spread, was also dehumanising and demoralising to social workers, service users, their relatives and carers.

A lady's husband went to hospital, and she was unable to visit for 8 weeks and then was told he was being transferred to a nursing home for end-of-life care. She saw him once before he died and received poor treatment from the nursing home. I was unable to change any of this.

(Experienced social worker, Adult services).

Green (2021) argued that many types of 'good touch' are now considered as 'dangerous' and 'contagious' touch since the pandemic. Even when a person has come to the end of their life, the co-presence of their loved ones' bodies had to be avoided at all costs for public interests. Social workers' survey responses questioned if they were really doing 'proper social work' if they could not honour service users' rights to family lives and realise compassionate care in their practice. Rather than seeing the sensual body as a site for making sense of service users' situation, COVID-19 has re-framed social workers' body as a source of illness.

We are currently staying away from the door on visits until the family have confirmed they are well and not symptomatic, we will then enter the home and wash our hands, we will then wash our hands before we leave... We are encouraged to wash our clothes when we get home and I am antibacterial cleaning my steering wheel, gear stick and car door handles after visits.

(Student social worker, Children and families services).

The anxiety induced by this way of moving around in users' living space developed a new sensual process encoded in social workers' body during home visits. As the sensual body of social workers was suspended or restricted in practice during COVID-19, social workers were forced to concentrate their sensual focus into those senses that *were* available in remote practices.

Displaced sensual body: One body in many worlds

Reduced face-to-face contact during COVID-19 did not reduce the demand on social workers' sensual body in professional practice. Social workers' sensual body was displaced from the work environment of home visits and offices, and relocated to their own home and digital workspaces, which affected how social workers could sense and make sense of service users' needs.

My listening skills have been greatly enhanced and I cannot stress enough just how important active listening is at this time as we can rarely add body language, vibes, intuition or environment into the equation right now therefore every single word, answer, context and reaction is so valuable in providing support and comfort and for making decisions.

(Newly qualified social worker, Adult services).

Social workers were more likely to compensate for their restricted senses through increased reliance on their residual senses, which were majorly visual images, speech and hearing. Social

workers talked about reading and listening between the lines and taking every single word seriously to help their assessment. This heightened use of listening for assessment and intervention, can be considered as a form of sensual compensation. It required a lot more concentration from social workers which then made it very challenging for those with caring responsibilities at home.

The displaced sensual body also created situations of ‘sensual overload’ when social workers had to simultaneously deal with multiple realities that required very different ways of sensing, use of sensations and bodily responses. For example, social workers with caring responsibilities at home often talked about how they were torn by the multiple realities for working remotely on a phone/computer with children in the background. As seen below, the presence of practitioner’s own children demanded a level of alertness and sensual focus, regardless of whether social workers chose to disclose their child’s presence to the service user.

Be honest! I have a young child in the background and when making calls to families it is vital they know this.... On one call he lost a tooth, unexpectedly and panicked and screamed. I had to explain to the service user that I would need to call back once I had settled him.

(Student social worker, Children and families services).

While navigating the digital workspace with limited senses, social workers’ physical body was simultaneously immersed in the home environment. This required them to hear and watch out for potential dangers to their own children, placing many under more pressure and risking physical and mental exhaustion. The bodies of social workers were even more exhausted when faced with the realities of overworking, lacking protection, widening social inequalities and dwindling community resources during COVID-19, which contributed to the outcry from social workers for more government and management support (BASW, 2021). Our data also showed that peer support was key to maintaining the morale of social workers,

enabling sharing of good practice and ‘bouncing ideas or queries off’ colleagues (Kong et al., 2021; Kong, Noone and Shears, 2021).

When you have difficult cases/phone calls etc your colleagues aren't around you in an office to speak to about it and get those emotions out. You end up internalising it when you work at home for a long period of time.

(Experienced social worker, Adult services).

When social workers were working from home, instant exchange of information or offloading of emotions became more difficult. While social workers used phone calls, peer support WhatsApp groups and regular catch-up online meetings to enable communication of emotions with colleagues, the quality of these exchanges were not replicable to real life. The embodied and social nature of emotions means that emotions are not readily articulatable (Prinz, 2004) nor immediately understandable without someone participating in noticing, responding to and interpreting the bodily changes that indicate those feelings (Turner and Stets, 2005). Practitioners appeared unable therefore, to achieve their desired level of emotional engagement with colleagues. The idea of ‘internalising’ the work emotion also tells us how social workers’ bodies, after being exposed to multiple sets of sensual demands, could not easily shift back to sensing the home interactions and environment even when they were ‘off work’.

The reconstituted sensual body for social connection, empathy and social justice?

The body is the site for the making of the social and the cultural. Through touch, movement, smell, voice, sight, the feeling of balance, and its engagement with space, time and artefacts, human beings communicate and build connections with each other (Finnegan, 2005). When social workers are given less sensual and bodily resources for building and maintaining social connections with their service users and carers, because of restrictions on face-to-face contact, they have to alter their way of sensing and utilising sensual engagements at work.

Changing their intonation and the way they used their voice; appearing (digitally) more often in users' life; and walking outdoors *with* service users rather than walking *into* their life became social workers' new sensual strategies for communicating care and empathy in the times of 'social distancing'. An experienced mental health social worker shared how they and their service user both felt '*more relaxed*' walking in a park, and how the informal environment enabled them to use their '*instincts*' to encourage sharing of key thoughts and engage service users as '*a person*'.

Social workers also employed digital technologies to develop a 'little and often' approach to keep in touch with families and understand their everyday lives (Cook and Zschomler, 2020) and support digital intimacy (Pink et al., 2021). For a children and families practitioner this could mean '*seeing families more and talking more with them*', but the impact of this way of working on social worker's sensual body remains over-looked. The pandemic, at some level, brought new sensual and cognitive experiences to social workers. These new experiences enabled them to empathise with the sense of isolation experienced by their colleagues, service users and carers because of ill health, various forms of disabilities and poverty. Yet social disconnection also, paradoxically, created barriers for them to empathise and to feel empathised.

I feel we cannot always trust service user's family when they provide information because they often have their own agenda.

(Experienced social worker, Adults services).

Some social workers questioned the legitimacy of service users' realities while others were left feeling as though contact from their manager '*was lacking any compassion/ empathy or support*'. Practitioners also talked about how digital/remote practice made them physically inactive and strained from working long hours in front of the computer screen. To compensate

for the physical tolls, a student children and families social worker felt compelled to complete *'a 15-30 minute workout to get the blood flowing around the body...to stay as fit as possible'*.

Understanding how social workers' bodies have reconstituted through COVID-19 is also an issue of social justice. While committed to anti-oppressive practice, adjusting to the new remote practices saw instances of individuals and institutions being less sensitive to the power issues embedded in the new ways of working. For example, for social workers with a hearing impairment, lip reading became very challenging online (especially with an unstable internet connection) and literally impossible when users had their masks on.

I am hearing impaired. The prolific but necessary use of masks means I can no longer lip read and am struggling to understand people.

(Independent social worker, Adult mental health services).

Kong et al. (2021) also found that the new threshold for face-to-face visits developed during the pandemic risked undermining some families' chance to face-to-face engagement with social workers if they were not considered as being at 'crisis point'. The pandemic forced social workers to develop new body skills to practice without touching, meeting people and home visiting unless it's 'absolutely necessary'. The new threshold for face-to-face visits as well as the disappearance of early help during the pandemic caused worries among social workers, especially on whether they are implicitly endorsing a risk-avoiding approach versus a positive risk-taking approach to safeguarding work.

It makes me uncomfortable as a social worker as I feel powerless and can literally see the people I work with facing crisis situations in the next few weeks. Where is the early intervention, being creative and social justice, we advocate for? I feel like I have been living a lie... this goes against social work values.

(Experienced social worker, Adult services).

Therefore, social workers' new bodily habits of remote working must be examined to identify who is at risk of exclusion and marginalisation (Smoyer, Divita and Perrault, 2021); and to unpack the politics and power structure that underpin these emerging practices.

Discussion

This paper focuses on the changing sensual body of social workers in understanding social workers' experiences during COVID-19. It demonstrates that transitioning from the old normal to new normal is an embodied process. To enable the development of a 'better normal' for our future, rather than settling for whatever has come along, we must offer a critical reflection on whether the newly established and embodied practices are necessarily 'better'. For example, to what extent can(not) remote working be more useful for building social connections, fostering empathy and promoting social justice; and whether social workers sense differently when infrequent home visits are combined with the 'little and often' approach using digital technologies. Pink et al. (2021) argued that creative use of technologies enabled social workers to develop digital intimacy with service users through more frequent contacts and informal exchanges. They further suggested that, looking into the future, we should seek an anticipatory approach to hybrid practice. Understanding the changing sensual body of social workers through COVID-19 offered insights into how social workers' bodies engaged with hybrid practice and were torn by sometimes incompatible and even competing sensual demands when working from home; and how the 'little and often' approach might cause physical exhaustion which requires stricter body management to allow time for regular exercise in order to compensate the physical toll that digital practice might cause on social workers.

Although this paper is based on the data collected during the first UK national lockdown, when social workers were arguably still coping with the initial shock brought by the pandemic, the restrictions and demands that digital practice might have posed on social workers' sensual

bodies are still relevant to future hybrid social work practices. In considering how to embed digital practices to enable the understanding of service users' everyday life beyond a snapshot approach (Ferguson, 2008), we must contextualise the previously documented success of the 'little and often' approach (Ferguson et al., 2021) in social workers' efforts in managing increased and competing sensual demands. Added to that is the relaxed bureaucracy (Ferguson et al., 2021) that many social workers considered as a key condition for creativity and innovation in gauging their hybrid practice. As we move toward a 'hybrid digital social work' (Pink et al., 2021) approach in the post-COVID-19 times, our paper emphasises that digital social work can be together sensually enabling, demanding and restricting.

This paper has also contributed to the discussion of tacit knowledge and practice wisdom as well as their distinction in the context of COVID-19. As social workers embodied new digital literacy and competency to control and adapt to the professional and personal risks associated with the pandemic, they also embodied the power relations and ideologies that shape and organise these digital and hybrid practices. Examining how social workers' body was re-constituted through COVID-19 offered unique opportunities to explore how little attention we have paid to disabled social workers' experiences in adapting to the pandemic, the continuous marginalisation of social workers' body and physical health when working remotely (Kong, Noone and Shears, 2021), and the normalisation of a risk-based approach, rather than a needs-based approach, in responding to families' needs. We argue that critical reflection on how social workers learned through sensing in the pandemic is a crucial step for transforming tacit knowledge into practice wisdom.

Social workers' vision for building a better normal for the profession and the society should not be circumvented by the UK Government's recovery narrative which positions social care almost exclusively in supporting hospital discharge and infection control (Cabinet Office, 2020). A more transformative agenda for social work professional development demands

efforts for distilling out practice wisdom from tacitly learned knowledge during COVID-19. By building critical awareness of how social workers' bodies have been re-constituted through COVID-19, we can unpick the power relations and neoliberal practices (re)embed in the emerging professional practices.

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