

Defining and Exploring the Field and Practical Mode of “Epidemic Social Work”

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Abstract: “Pandemic social work” is a new concept put forward by academia in response to the epidemic, and it also points to a new field in which social work is emerging. Although most scholars mainly study its specific role in the current anti-epidemic, they do not define the meaning and field of this concept clearly, revealing the functional positioning of social work in the anti-epidemic in general, not only for the current global anti-epidemic Work has an adverse effect, and it is not without harm to the construction of this new field. Defining the concept and field of “epidemic social work” needs to start from the nature of social work and learn from the successful experience of social work in other disaster areas. It is preliminarily delineated that epidemic social work is a branch of disaster social work. At the same time, in addition to conceptual clarification and field division, it also attempts to explore the theoretical basis and intervention mode of “epidemic social work,” which is a new field of social work. The construction and current epidemic guidance are of great significance, and its value is obvious.

Keywords: Social work field; Epidemic social work; Disaster social work; Practical model

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1. Introduction

On February 23, General Secretary Xi Jinping pointed out that “we must give full play to the professional advantages of social work” at the conference on coordinating the prevention and control of the new crown pneumonia epidemic and economic and social development. On March 6, the National Health Commission and the Ministry of Civil Affairs jointly issued the “about strengthening notice on psychological assistance and social work services in response to the new crown pneumonia epidemic.” These instructions and documents not only pointed out the direction for social work to participate in the anti-epidemic war in an orderly manner, but also highly affirmed the effectiveness of our colleagues in the social work community in the fight against the new coronavirus in the near future, and further promoted the academic community to explore social work professional participation in emergencies. The theory and practice model of public health incidents.

2. Return to “essence” and talk about “social work on the epidemic”

With the accumulation of social work participating in the front-line anti-epidemic practical service experience, some professional and sensitive social work scholars have thought about the field, theory, practical model and seeking legitimacy of social work intervention in public health incidents. However, the definition of its concept and domain attribution is still relatively vague and there is no substantive theoretical basis, and a conclusive conclusion has not yet been formed. For example, some scholars believe

that the intervention of social work in public health incidents belongs to the category of medical social work, some believe that it belongs to the category of disaster social work or crisis social work, and some people believe that it is “Medical Social Work + Disaster Social Work.” Of course, some scholars believe that the concepts of Western public health social work or healthy social work can be directly applied. In addition to the many theories mentioned above, the Shaanxi Provincial Social Work Association, represented by Mr. Jiang Bo, thinks that the field of social work involved in public health incidents should be a brand-new field derived from social work in the context of this domestic fight against the epidemic. Temporarily named “Social Work for Epidemics.” They currently believe that “epidemic social work” and traditional social work are at the same level, and they have not clearly defined its concept. The author agrees with the construction of the name of “epidemic social work” with local Chinese characteristics, but at the same time believes that in order to reasonably define the concept and field of “epidemic social work,” it is necessary to clarify the nature of “epidemic social work” awareness.

2.1. Understanding “social work on the epidemic” from a traditional perspective

The social work originated in the Western world was produced by the church’s rescue process for people’s wounds during the war. After the professional disciplines were produced, with the continuous changes of the social environment, their theoretical construction and practical operations have also evolved, integrated and integrated. The essence of “helping others and helping others” in social work is destined from the beginning to be a profession that promotes change. Through the dual changes to both the people and the environment, the two-way recovery between the client and the social worker will eventually be achieved. Regardless of what kind of group they face and which field they serve, social workers are guided by industry ethics and professional values, using professional methods such as individual cases, groups, communities, and the work model and skill system of various professional methods to work in various fields. People in China provide humanized, generalized, and individualized services. As the “transmission link” of social welfare, social work is based on the service, welfare, social and inclusive characteristics of its profession, as well as the diversity and comprehensiveness of its working methods. Businesses, social assistance and other fields have carried out services in an orderly manner and formed existing traditional social work fields. Based on the development of the above-mentioned fields, we can come to the conclusion that when there are problems or needs in a certain level or field of society, social work can always try to intervene and be quick with it by virtue of its helpful nature and strong characteristics of inclusiveness, welfare and flexibility. Reconcile and play a role, and gradually summarize and sort out related theories and practical models in this field, thus forming a branch field. Thus, from this perspective, it seems logical that “social work for the epidemic” was named after social work intervened in the epidemic.

2.2. Understanding “social work on the epidemic” from a local perspective

Regional culture has its differences, and one culture nurtures another civilization. The new field of “epidemic social work” is currently taking root in the soil of Chinese culture with the experience of my country’s anti-epidemic, and it will inevitably form local suitable products with a unique Chinese cultural background. When thinking about “social work for the epidemic”, Mr. Jiang Bo asked questions about the source of social work and the applicability of established conclusions in the local area. He believed that the use of traditional social work methods in the field of social work would show “self-directedness” when responding to the outbreak. The powerlessness of “resource integration” of self-acting. From a cultural perspective, he regards “social work on the epidemic” as a kind of “psychology,” and believes that “heart power” and the “heart culture” in Chinese culture are a key to opening the local “social work on the epidemic ^[1].” The “heart culture” here mainly refers to the theoretical and practical system related to the “heart ^[2].” The author’s understanding should mean that in the fight against the epidemic, we should pay

attention to the construction of common social values and the creation of a common spiritual home from the consciousness, beliefs, and emotions of the people. Different from the emphasis on rights in the traditional western “individualism” and “individual consciousness,” the core values embodied in the construction of individual and social mentality are “collectivism” and “unity consciousness.” I strongly agree with Teacher Jiang Bo’s view of “social work for the epidemic” from the perspective of local culture. At the same time, I did see that the values of local “social work for the epidemic” are different from traditional Western social work in this anti-epidemic practice. Place. Throughout history, every generation of civilization in our country regards moral cultivation, family clan concepts, and family and country feelings as important content of cultural education. There is a certain conflict between the “collectivism” derived from this and the “individualism” of Western countries. Due to the special infectiousness of the plague, not only personal protection is required at work, but also responsibility for the safety of others, and a holistic concept is required. Judging from the current situation of epidemic prevention and control in Western countries, it is impossible to completely “copy China’s operations.” The difficulty of controlling the epidemic is precisely the drawbacks caused by excessive emphasis on individualism and self-centered cultural background. The inconsistency in values has led to a certain degree of discomfort when using traditional social work concepts, ethical rules, and work methods to intervene in the epidemic.

Whether or not to consider “epidemic social work” as a new field development at the same level as “disaster social work” remains to be further discussed in the academic community. But at present, the author believes that from the preliminary analysis of the concepts, characteristics and practical models of “disaster social work” and “epidemic social work”, it can be found that “epidemic social work” is at least regarded as a new part of “disaster social work”. It is more reasonable to conduct research in the branch of the field.

3. “Disaster social work” and “epidemic social work”

3.1. The definition of “disaster social work”

Disaster refers to the general term for things that can have a destructive impact on human beings and the environment on which they depend. All natural and social events that harm the natural ecological environment, the material and spiritual civilization of human society, especially people’s lives and properties ^[3]. According to the cause, man-made disasters or natural disasters; according to the cause, location and mechanism of occurrence, they are divided into geological disasters (earthquakes, collapses, etc.), weather disasters (drought, waterlogging, storms, etc.), and environmental disasters (acid rain, and melting etc.), biochemical disasters (locust plagues, plagues, etc.) and marine disasters (disastrous waves, tsunamis, etc.).

The rapid development of my country’s disaster social work is mainly after 2008. 2008 is known as the “first year of disaster social work.” The post-disaster reconstruction of the Wenchuan earthquake is of great significance to the development of my country’s “disaster social work.” The so-called disaster social work means that after a disaster occurs, social workers, under the guidance of professional values, serve the affected people, families and communities, use professional methods of social work, and analyze different disaster backgrounds and the needs of different types of victims. To calm the emotions of the victims and encourage them to resume their normal production and living abilities, reshape the social structure of the disaster area, restore, establish and maintain social order as soon as possible, and assist different types of victims to make good use of various advantageous supporting resources, especially for those who are severely damaged, rescue ^[4]. Play its special role in reducing disaster losses, healing people’s wounds caused by disasters, and post-disaster reconstruction.

3.2. Defining the concept of “epidemic social work”

3.2.1. The historical origin of “administrative non-professional social work on the epidemic” in China’s fight against the epidemic

The history of China’s anti-epidemic history can be traced back to more than 2,600 years from 770 BC to the demise of the Qing Dynasty. There is a clearly recorded history of anti-epidemic years in ancient China for 669 years, and outbreaks occur almost every four years. Specific to each dynasty, the epidemic. The outbreak rate of disasters was close to 80% in the Qing Dynasty, 61% in the Ming Dynasty, 33% in the Yuan Dynasty and Southern Song Dynasty, and about 20% in the Wei, Jin, Southern and Northern Dynasties and Northern Song. From the Southern Song Dynasty to the Ming and Qing Dynasties entered the second peak period ^[5]. Larger, major, and extremely serious epidemics were mostly once in a century before the Christian era, and after AD developed into a once in decades, once in more than ten years, and about once in 6 to 7 years in the 12th to 15th centuries; 16 to 18 In the century, it happened once in 2 to 3 years; in the late Qing Dynasty, it happened once in nearly a year ^[6].

The main body of the anti-epidemic in our country has been the government in the past. Since the Han Dynasty, the government has dispatched medical officers to visit and administer free medicines to the affected areas and patients. This has almost become a common practice in the fight against the epidemic. In addition to directly distributing medicines to the people, the government will directly give prescriptions to guide epidemic prevention. At this time, a traditional Chinese medicine concept of “fighting poison with poison” was gradually developed, which later played an important role in the treatment of infectious diseases such as smallpox. During the Kangxi period, the government strongly supported the people to plant medicinal materials to fight smallpox, which shows how determined the government was to fight the epidemic. Among the people, the ancients attached great importance to the prevention of epidemics in accordance with the seasons, and used paper boats to send plague gods and other folk customs to expel epidemic ghosts, and strengthened the importance of prevention. In terms of dietary hygiene, the ancients have long noticed that rodents can transmit disease. In order to ensure food and diet safety, there have been records of “welcoming cats” in all dynasties, praying for cat gods to eliminate rodents, and at the same time training wolves or rat dogs to eliminate rodents. In terms of isolation and treatment, the Qing Dynasty has established a strict border quarantine system. In conjunction with medical treatment, the emperor will reduce or exempt taxes, or enlist prisoners to amnesty the world, or pray for fasts and blessings, which can be said to ask the common people and ghosts and gods. In order to ensure the life in the affected area, the government will open warehouses to release grain and deploy material assistance. The imperial court reduced expenditures, put an end to entertainment, and lived a tight life to fight the epidemic.

Since the Chinese society at that time lacked legal social organizations, all anti-epidemic incidents were handled by government departments. In this sense, the anti-epidemic history of ancient China should be a kind of local “administrative non-professional epidemic social work.”

3.2.2. The origin of professional “epidemic social work”

The local “epidemic social work” really originated in 2008, and 2008 was called a year of disasters. Along with the participation of social work in “major earthquake disasters,” “post-earthquake plagues” and “hand, foot and mouth infectious diseases” that occurred before the earthquake, social workers and scholars have carried out “Social Work Participation in Disaster Relief” for emergency needs. A general generalization is uniformly named “disaster social work” and developed as a huge field. However, it ignores the different types of disasters, different types of victim groups, and different methods of intervention. Therefore, as early as 2008, the actual work of social work involved in disaster prevention and mitigation included certain early “social work on the epidemic,” such as psychological counseling, assistance in post-earthquake plague treatment, and prevention and control of infectious diseases. However, at that time, the academic

community had not listed the post-earthquake plague treatment and the treatment of hand, foot and mouth disease separately from the disasters as research topics, which made it easy to confuse the affiliation of the concept of disasters and plagues when dealing with the current “new crown pneumonia,” resulting in confusion in the division of the field.

3.2.3. The rationality of professional “epidemic social work” as a long-term research field

The plague can almost be said to have been accompanied by the entire history of human development. The frequency of plague outbreaks has risen sharply, and the scale of its impact has become greater and greater. In the current era of globalization, the “community of human destiny” has become more and more obvious. Any outbreak of the plague will endanger the survival of all mankind. For example, the “new crown pneumonia,” “plague,” “major flu,” “Ebola virus,” “tuberculosis,” “AIDS” and other major plagues that humans face may bring humans to the brink of risk. Therefore, in the context of the advent of global risks, long-term research on “epidemic social work” as a new field under “disaster social work” is of great significance for dealing with possible future biological crises.

3.2.4. The concept of “epidemic social work”

In view of the understanding and origin of the “epidemic social work,” the author combined with the current development status of the new crown pneumonia epidemic and service practical experience to try to define the concept of “epidemic social work”: it means upholding the concept of helping others to help themselves, using social work traditions and Modern technological methods, at the micro, meso and macro levels, carry out intervention practices on the vulnerability and vulnerability of individuals, groups, society and human psychological, physical and environmental systems caused and possibly caused by various plagues. Aims to actively face social and global issues in the field of personal health and public health, and advocate friendship and unity. From Durkheim’s “Social Division of Labor,” here mainly refers to the social division of labor and interdependence on the basis of, “Organic solidarity” can achieve social integration more thoroughly, effectively, and profoundly than mechanical solidarity based on collective consciousness such as similar values and beliefs. Cooperation, integration, and conviction as the individual and social mental strength Gong Zizhen said: “Those who are powerless are called mediocre people. Revenge, cure serious illnesses, solve serious problems, seek great things, learn great things, all with the power of heart “Gong Zizhen explained his energy from two aspects. On the one hand, mental strength is the driving force for people to engage in all activities and is indispensable for people. On the other hand, mental strength is infinite, and it can solve all problems. To prevent, reduce and eliminate individual and human, private and public risks and damages caused by various epidemics. The orientation is to weaken life by beings, weaken possession by communalism, weaken power by mental effort. The theory of social and economic organization” classifies and defines power. Max Weber defines the concept of power as: “power” is “The possibility of imposing one’s will on others.” His definition of the subject of power has been significantly expanded. In addition to the state and government, actors in social relations have also been included in the category of subject of power, which has clearly promoted the transformation of power from the state to the society. To weaken entanglement with unity, to construct. The early form of social constructivism was born in the sociology of knowledge in the 1920s. Cultural anthropologist Durkheim, sociologist Max Weber, and social psychologist Mead are its early representatives. “Constructivism” believes that the world exists objectively, but the understanding and meaning of the world is determined by each individual. We construct facts based on our own experience. Due to our different experiences and beliefs, our understanding of the external world is also different. Weak deconstruction the opposite of “construction” is “deconstruction.” “Deconstruction” focuses on the analysis of the text of various things, and construction focuses on the establishment of the system. From the perspective of disciplinary reality, it is an important branch of

disaster social work, and from the perspective of disciplinary development, it is an integral part of global social work.

The specific connotations of “epidemic social work” are: First, the background of the occurrence. Large-scale outbreaks of epidemics caused by natural disasters such as floods, droughts, insects, earthquakes, virus mutations, wars, or man-made incidents; second, service targets. Individuals, groups, societies and humans affected by the plague. A large-scale outbreak of the epidemic will no longer only affect a few people, but may cause all human beings to fall into it. This is not an absolute disadvantaged group in the traditional sense, but will target all people who may be threatened by the epidemic, regardless of their status or status. Power and power are the same disadvantages in the face of the epidemic; third, values and orientations. Under the concept of helping others and self-help, we should not only emphasize “humanism,” but also emphasize the values of “collectivism” of unity and cooperation. On this basis, the formation of a service orientation of weakening and deconstructing service by weakening all living beings, weakening possession by sharing, weakening power by heart, weakening entanglement by unity, and constructing a service orientation that weakens and deconstructs, that is, multi-disciplinary, multi-field, multi-national, multi-ethnic, and multi-species harmony Unified system thinking; fourth, working methods. In the life cycle of plague disasters, a combination of social work tradition and modern technology is used. That is, there are traditional face-to-face service methods such as cases, groups, and communities, as well as multiple online service methods such as case management, social work administration, and resource links. Combining online and offline to break the limitations of time and space. Fifth, the purpose of work. Aims to actively face the social and global issues facing the field of personal health and public health, advocate the construction of individual and social mentality with friendship, unity, cooperation, integration, and belief, and prevent, reduce and eliminate individuals caused by various epidemics and human, private and public risks and damages. To achieve the recovery of personal life-heart-community-spirit, and the harmonious coexistence of the public environment, human beings and various species.

3.3. The relationship between “disaster social work” and “epidemic social work”

3.3.1. The relationship between “stem” and “branch” of “disaster social work” and “epidemic social work”

Based on the theoretical and practical models of “disaster social work,” the theory and practical models that are more suitable for “epidemic social work” have been developed. Disaster social work theory and practice system are embedded in the epidemic social work theory system: the consistency of values, whether it is disaster social work or epidemic social work, all uphold the values of “life first,” “people-oriented” and “group interests.” The integration of work methods requires cooperation with various fields, regions, and ethnic groups. The similarity of work stages can be divided into pre-disaster, in-disaster and post-disaster, and the work content has its own focus; service objectives The similarity is to play its special role in reducing sudden disaster losses, healing people’s trauma caused by disasters, and post-disaster reconstruction. However, in terms of clearer definition of concepts, focus on the medical and health field, and wider service groups, we also clearly see the particularity of social work in the epidemic.

3.3.2. The relationship between “epidemic social work” and “other disaster social work”

At present, other sub-fields of “disaster social work” at home and abroad mainly focus on “earthquake relief social work” (e.g. Taiwan “9.11” earthquake, Wenchuan earthquake, Yushu earthquake, Lushan earthquake, etc.), “typhoon disaster social work” (e.g. Typhoon “Gove”), “social work on flood disasters” (e.g. heavy rain and flood disasters in Sheyang County, Jiangsu), “social work on landslide disasters” (2015 Shenzhen Hengtaiyu landslide incident, Zhouqu mountain flood and debris flow), and “fire society work” (such as “11.15 Fire Social Work Service” in Jing’an District, Tianjin). “Pandemic social work” is a new

topic and new field of “Disaster Social Work.” It is in line with other branches of the existing “Disaster Social Work” Both are common features of disaster social work, but it can also be clearly seen that there are big differences. Epidemic social work has the following unique characteristics:

First of all, the requirements for the professional skills of workers are different. Due to the different nature of disasters, plague rescue is more dependent on high-level special professional knowledge and skills such as medicine and biology than rescues from earthquakes, typhoons, mudslides, and landslides. It has strong relevance to the fields of medical and public health social work, and requires social tools to prepare knowledge and skills in this area.

Secondly, “epidemic social work” pays more attention to disaster prevention. Due to the poor predictability of natural disasters such as earthquakes and typhoons, other disaster social work is mainly used in the three stages of emergency response, recovery response and avoidance response, focusing on post-disaster remediation. The epidemic social work can run through the entire life cycle of the epidemic, and pay more attention to the prevention of plague disasters.

Third, the “social work on the epidemic” has highlighted global issues. Other disaster social work is mainly based on regional issues, and disaster damage and rescue are limited to specific areas and people. The special infectiousness of the plague makes it easy for the epidemic to be affected and the areas and populations to be rescued are at risk of expansion. From Wuhan, to the whole country, and then to the whole world, we can get a glimpse of the epidemic. Therefore, not only is epidemic social work very important for specific regions, but its necessity and urgency as a global issue have also become more prominent.

Fourth, “Social Work for the Epidemic” emphasizes the building of “heart and strength”. Other disaster social work pays more attention to the resettlement of disaster-stricken people, material assistance, psychological counseling, and post-disaster reconstruction, etc., although it will also build social capital to a certain extent and draw people’s emotion and trust. However, “epidemic social work” focuses more on whole-person health, life education, and positive public opinion orientation rooted in the belief in victory, etc., and ultimately achieves the construction of a “heart culture” that is the spiritual home of a community with a shared future for mankind.

Fifth, the collectivist value orientation of “epidemic social work” is more local. The work orientation of “epidemic social work” is to “weak life by all beings,” “weaken possession by sharing,” “weaken power by heart,” “weak entanglement with unity,” and “deconstruct, weaken, build, and deconstruct.” In the specific work, more emphasis is placed on “all beings,” “shared,” “heart strength” and “unity.” There is a clear difference from “other disaster social work” which mainly focuses on the value orientation of traditional social work of “focusing on individual life,” “protecting private rights,” and “promoting individual center.” The value orientation of social work in the epidemic is derived from my country’s local cultural practice, and it is more original in its value orientation.

Sixth, “epidemic social work” requires strong public opinion guidance. Since the severity of disasters such as earthquakes, typhoons, floods, and landslides can be personally felt by the affected people, they can transmit correct disaster information to the outside world. When a plague disaster occurs, people will be quarantined and evacuated, and severely affected areas will also be strictly controlled. Therefore, the accuracy of the transmission of epidemic information is very important. Once a large-scale false rumors of the severity of the epidemic occur, it will inevitably cause public panic and social conflicts, and even public security incidents such as theft, robbery, and even social unrest. Therefore, the joint efforts of state agencies and social organizations are needed to punish rumors through propaganda, guidance or legal means in order to maintain the correct orientation and stability of public opinion.

Finally, the working methods of “epidemic social work” are more advanced and comprehensive. The main work methods of “earthquake disaster relief social work,” “typhoon disaster social work,” “flood social work” and “fire social work” are front-line relief. Social workers went deep into the disaster area,

interacted closely with the victims, spread warmth and offered help face-to-face. Due to the contagious nature of the plague, the working methods of “epidemic social workers” not only include front-line work, but also use modern network means to develop online services, making the service methods more flexible and comprehensive. For example, the “Drawing Warfare Method” invented by Shanghai Social Workers, the “3+2 Sinking Community Online Service” of Wuhan Social Workers, and the “SMPC Online Service Platform” of Shaanxi Social Workers to help the development of regional anti-epidemic work. Advanced and flexible methods can play a unique role. These methods are significantly different from the service mode during the 2008 earthquake.

From the comparative analysis of the vertical and horizontal dimensions of “disaster social work,” “epidemic social work” and “other disaster branch social work”, it can be found that the current field of “epidemic social work” can be one of the fields of disaster social work. Important and unique subordinate branches, the relationship is shown in **Figure 1.**, and it may develop into an important content of global social work in the future.

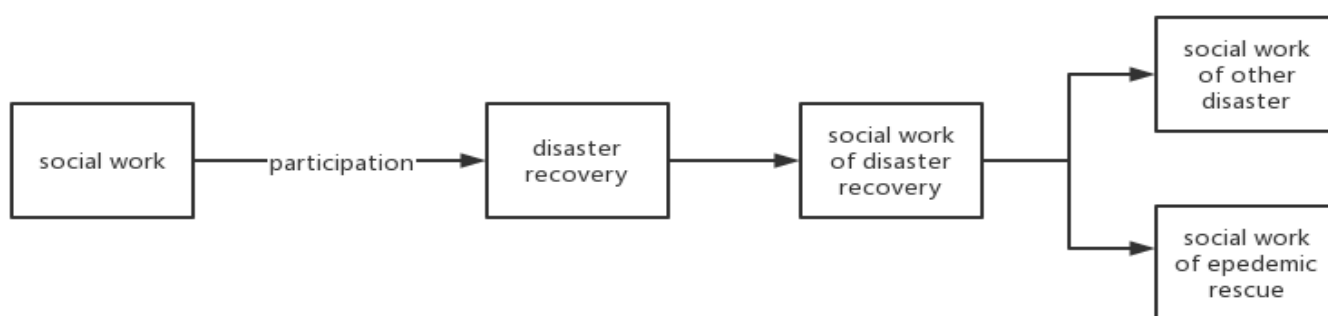


Figure 1. A map of the field of social work in the epidemic

4. Exploration of the local “practical model of social work on the epidemic”

The current domestic research on “social work on the epidemic” is in the exploratory stage, which is mainly manifested in functionalism-oriented and “emergency-style” research [4]. The research on “epidemic social work” mostly focuses on the emergency rescue stage. From a theoretical point of view, compared with other fields with relatively stable theoretical practice models, the theory of “epidemic social work” is a brand new field. There are relatively few discussions on, practical models, etc. This is also related to the urgency and short-term intervention of the current “epidemic social workers.”

According to the definition and field division of “epidemic social work” in the previous article, “epidemic social work” belongs to “disaster social work” but is different from “disaster social work.” The two are the dialectical relationship between particularity and universality. From a theoretical perspective, disaster theory and social work theory can learn from each other. For example, disaster theory “disaster system theory” and social work “ecosystem theory” belong to the “blood branch” of system theory. They are discussing human and environmental issues. There is a good fit for reducing vulnerability. From the perspective of response strategies and practical models, the handling of epidemic incidents will inevitably include the general handling process of “disaster social work” and the special operation mode of “epidemic social work.” Therefore, the practical operation model of social work involved in the epidemic can be refined and sublimated again on the basis of the “practical model of disaster social work.” Some relatively mature “disaster social work” practice models have been developed internationally, such as “disaster life cycle model,” “advantage perspective model,” “joint force model” and “social capital model [7].”

4.1. “Pandemic” life cycle intervention model

The “disaster life cycle model” divides disasters into four life cycles: disaster prevention, disaster relief, disaster transition and post-disaster reconstruction, and the focus of responding to disasters and the

professional rescuers involved in different life cycle stages are also different. Because of its special nature, social work can run through the rescue service throughout the disaster cycle. Social work involved in the epidemic should run through the entire life cycle of the epidemic (incubation period, development period, outbreak period, decline period, and extinction period) and play a unique role.

4.1.1. The incubation period of the epidemic

According to the theory of catastrophe that disaster potential danger + weak link, during the incubation period of the epidemic, the main task of social work is to estimate the risk. The risk estimation should be for those who have the potential to have the opportunity to affect the community environment and residents. Estimates of events that cause damage or cause death. At this stage, social workers should work in the following areas: assessment of the inherent vulnerability and anti-epidemic capabilities of individuals or communities, assessment of individual abilities or potential, assessment of vulnerability at the attitude level, etc., and conduct assessments of weaknesses and potential harms. Targeted treatment, such as advocating planned immunization and vaccination for individuals and communities ^[8]; Educate individuals to develop good living habits; stay away from disease intrusion, improve personal, family and community environmental hygiene, and create a healthy living environment. To prevent the occurrence of risks, etc. ^[9].

4.1.2. Development period of the epidemic

Social work is mainly to conduct hazard assessments on the three levels of individuals, communities, and society of epidemic incidents that have occurred. Follow “Determine the life cycle stage of the epidemic disaster-assess the risks-establish a summary of the preventive risk catalog-on-site assessment of the epidemic area-determine various risks and estimate the risk consequences-establish a final risk assessment catalog summary- The assessment process of “assessing what are the risks”, on the premise of determining the risks, decide whether you have the ability to accept the case and the specific intervention plan setting after the case is successfully accepted, such as whether to use online or offline service methods to provide services; what is needed Teamwork; what needs to be prepared collectively, etc.

4.1.3. The outbreak period of the epidemic

Social work uses case, group, community and other work methods and gives full play to the professional capabilities and advantages of social work linking resources, focusing on case management and crisis intervention, providing comprehensive, generalized, differentiated, and individualized services for service targets.

4.1.4. Epidemic recession period

It mainly evaluates the service effect to the client and whether it causes unnecessary secondary harm during the intervention process. And timely adjust and improve the follow-up service plan.

4.1.5. The dying period of the epidemic

The main task is to close the case of the client who has successfully got rid of the injury of the epidemic, and follow up the service or refer the client who still has the sequelae of injury and the secondary injury caused by the service after the epidemic is over, until the client fully recovers.

4.2. The “epidemic” joint force intervention model

The epidemic social work emphasizes the use of multi-faceted and interdisciplinary methods to promote the realization of health equity and alleviate human health problems. The “joint force model” of disaster science also advocates multi-level and multi-subject intervention in disaster prevention and post-disaster

recovery. It requires the government, social organizations, people's organizations and local communities to jointly establish a platform for information, resource integration and distribution cooperation for each participant. Efficient cooperation and effective intervention between the two have laid the foundation. In order to meet and solve the diverse, complex, and comprehensive needs and problems of service targets in the epidemic, social work on the epidemic must act as a resource linker. Under the premise of limited social resources, through the discovery and evaluation of needs, resources. Organizational methods such as the linking and integration of services, the delivery and evaluation of services, to achieve full and effective collaborative services between social workers and medical, psychological, community, judicial, media, and volunteers. This requires that social work must be done well in the intervention of the epidemic. Cooperation in the following areas:

4.2.1. The social work agency should cooperate closely with the public health department

At present, the direction of the construction of the rescue system for public health emergencies in our country has undergone a huge change, which is manifested as a change from the patient's personal physical illness to a public health problem involving the physical, psychological and social health of all citizens. Accordingly, social work institutions and public health should be strengthened. Departments work closely together to form a "combined force in the fight against the epidemic" [10].

4.2.2. Social work agencies should carry out long-term and in-depth cooperation with government departments

Strengthening in-depth and long-term cooperation with the government is of great significance to solving the current legal status of social work involved in epidemic relief. Especially strengthen cooperation with community departments. The community is not only a key unit for the outbreak and control of the epidemic, but also as a work field that is currently deeply embedded in social work. It can make good use of the successful cooperation experience of social work in the community to achieve social workers and the community in fighting the epidemic, such as temporary community control. Interpretation of community policies, mediation of residents' conflicts, and community case management assistance and cooperation.

4.2.3. Social work agencies should cooperate extensively with enterprises and institutions

Social workers and profit-making departments work together to do a good job in production during the epidemic, employee trauma counseling, and psychological construction of employees returning to work in the later period. At the same time, this kind of cooperation can also give full play to the role of linker of social work resources, seeking various resources and scheduling assistance required during the disease prevention period, the outbreak period of the epidemic, and after the epidemic disappears through multiple channels, and be a coordinator of supply and demand in character of.

4.2.4. Social work agencies must strengthen sincere cooperation with the public to advocate collectivist values

Whether the epidemic can be overcome, the key lies in the support of the people. Both the government and social workers must gain public trust in a special period. Social workers are good at grass-roots communication and exchanges. Only by gaining public trust and support, from the value of collectivism. Only by starting can we maximize the effectiveness of the system's anti-epidemic.

4.2.5. Social work must strengthen cooperation with propaganda media

During the epidemic, people caught in the epidemic are prone to anxiety and spreading rumors due to a large amount of information. How to obtain scientific and objective information, promote the spirit of

collectivism, and release positive and positive news on relevant platforms in time? An important job for epidemic social workers. Many colleges and universities have done a lot of information dissemination work during the epidemic, which has played a very good role in controlling the epidemic and guiding public opinion.

4.3. Exploring results of the practical model of “epidemic social work”

Based on the “epidemic life cycle” and the “joint force model”, and based on the previous definition of “epidemic social work”, the division of fields, and the existing local practical experience, the author tries to explore and summarize “local epidemic social work” from a systematic perspective. Practice mode”. As shown below (Figure 2.):

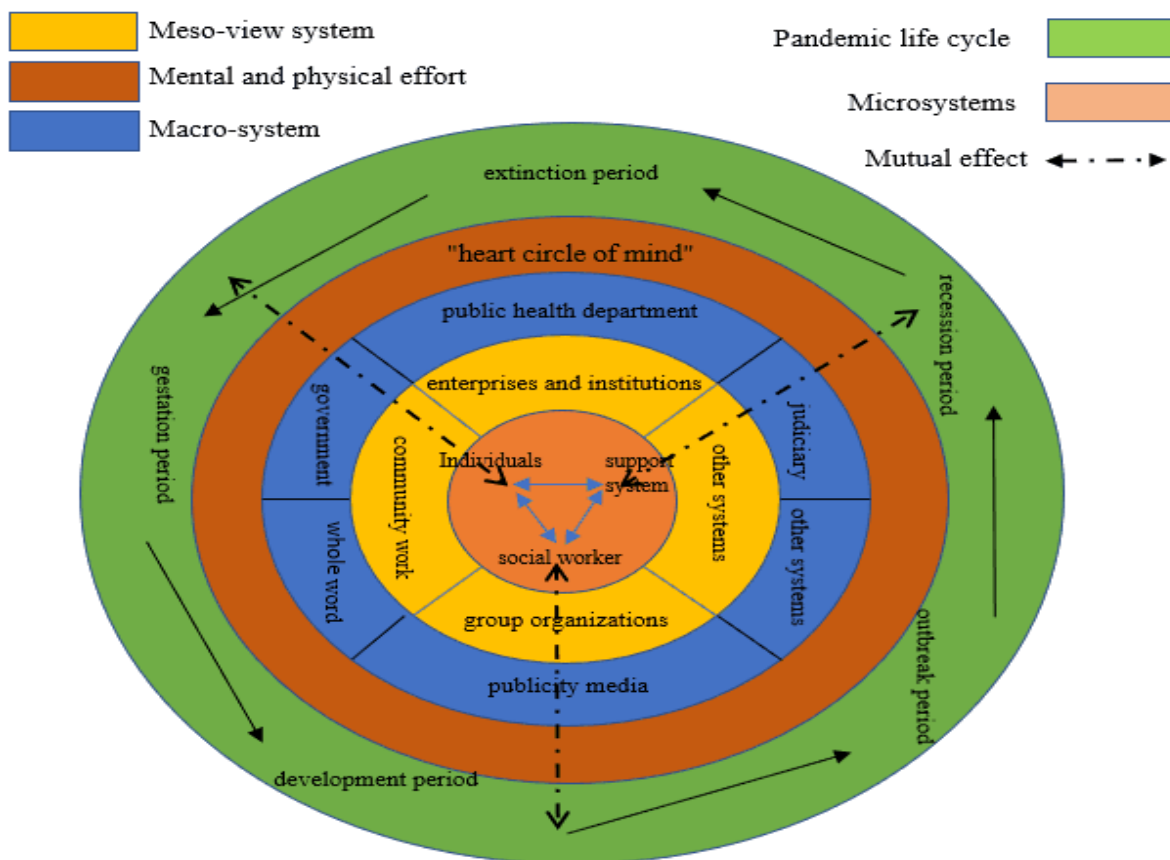


Figure 2. Practical model of “local epidemic social work”

From the above figure, we can intuitively see the system level, main body, work cycle, and practical orientation involved in “epidemic social work”. In the context of the epidemic, the three main bodies of the micro-system (individuals, social workers and their respective support systems) are no longer “professional relationships” in the traditional sense, but a relationship of mutual assistance under equal conditions, emphasizing the orientation of friendship and integration. Mesoscopic systems (communities, enterprises, institutions, other groups and organizations, etc.), macro systems (propaganda media, public health departments, governments, judicial departments, and even the world, etc.) and social work agencies unite and cooperate to act together to form a “combined force against the epidemic.” Among them, the “mind development” that runs through the entire “action system” and “anti-epidemic cycle” plays an important role as a “joint force” and “spiritual support,” and is a core element of “local epidemic social work.”

5. Conclusion

Although “epidemic social work” is a brand-new branch of “disaster social work,” there is no conclusion in terms of theoretical system and practical model, but its basic theoretical system and practical model are similar to the existing theory and practical model of “disaster social work.” Compatibility. This article attempts to define the concept of “epidemic social work,” and conducts preliminary exploration from the perspective of practical models, smelting and elevating a more targeted work model of “epidemic social work,” which is considered to have certain feasibility and experimental value. Although a complete system has not yet been formed, it has certain research value, and provides new directions and ideas for social work scholars to further explore “social work on the epidemic,” which has certain reference significance.

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Disclosure statement

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