

CAPACITY BUILDING OF VOLUNTEER SOCIAL WORKERS: A CASE STUDY OF SOCIAL CARE FOR OLDER PATIENTS AFFECTED BY THE COVID-19 PANDEMIC IN THE NEW NORMAL ERA

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Abstract

Capacity Building of Volunteer Social Workers' is a program under the project 'Capacity Building of Social Workers' aiming to train 314 volunteer social workers (VSWs) to be able to provide a social care model to empower patients, especially the older persons and their families who were affected by the COVID-19 pandemic. The training program consists of 4 counselling courses, both online and E-learning, which focus on upskilling, counselling and empowerment. The project has provided an online system to work with 1,465 patients. Only 17 intense cases (1.2 %) were found during the first wave of the outbreaks which needed urgent social support. VSWs played their role in creating and implementing social service menus and in conducting referrals in order to provide access to services according to their specific needs.

The study reveals that the older patients were only slightly infected and therefore were able to return to work quickly. However, they showed great concern about dying if infected and also harbored misunderstandings related to vaccinations. Volunteers provided knowledge and training for the older persons and their families in terms of skills in social care, such as observing symptoms, informing healthcare officers when the older person seems sick, reporting the situation to the health assurance system (1330), and introducing the affected to online health consultations. The program also includes skills training for VSWs to be able to provide survival kits, such as an oxygen monitoring device, medicine, as well as arrangements of access to a hospital or health center, and to help communities to create strategies to tackle a rapid increase of patients.

Lessons learned from this project include the importance of developing social work patterns for the older persons and their families through online systems, in particular data registration through a digital platform which facilitates data integration, arrangement and analysis and subsequently leads to the production of an appropriate and timely social care plan for the older persons and their families. This allows social workers from all institutions to work under the same platform and reflects a significant change in social workers' mindset in providing effective care to the older persons and their families in the new normal of their daily lives.

Keywords: Capacity Building of Volunteer Social Workers, Social Care for Older Persons

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Introduction

Thailand has transitioned into an aged society, of which 12 million people are aged over 60 years. One out of every 10 persons is aged over 80 years. Approximately, 1.9 million older persons are not in good physical health. There are approximately 252,000 vulnerable older persons being in an extremely poor health condition. They are at high risk of illness from the coronavirus disease 2019 (COVID-19) pandemic (Im-em, W., 2020).

Thailand responded to COVID-19 by firstly establishing the Emergency Operation Center (EOC) on the 4th January 2020 under the responsibility of the Department of Disease Control, the Ministry of Public Health. This Center provided good care for all groups of patients, especially older persons who were a risk group. They might die if they got COVID-19. Later, the scientists created vaccines in 2021. The project of COVID-19 vaccination to the older persons in Thailand was launched on 28 February 2021. The coronavirus vaccination plan in Thailand gave priority to health personnel and high risk groups. The older persons who were eligible to receive vaccines must be a group of patients with seven chronic diseases (56.4 %), people aged over 60 (54.6%) general people (39.5%) and pregnant women (11.9%). According to the data, it was clear that only people who were aged over 60 had access to vaccination at the similar level in comparison to the people who has seven chronic diseases. Moreover, a number of older persons who got COVID-19 could not gain access to vaccination under the condition of having seven chronic diseases. As a result, some of them died as soon as they got chronic disease complications.

However, the study of Yos Vajragupta and Somchai Jitsuchon (2020) revealed how the lives of the older persons were affected by COVID-19 situation as follows:

1. The older persons who were daily employees would be laid off, unemployed, and would have no income. In case they were required to self-quarantine for 14 days, their family would be in a financially difficult condition and the children would be left alone without adults who would look after them.

2. The older persons were unable to go outside. The older persons who usually participate in community activities were unable to continue their participation during the COVID-19 pandemic because the government agencies stopped conducting social activities carried out by such groups as Elderly Clubs, Elderly Schools, Centers for Quality of Life Development and Career Promotion for the Elderly, etc. The spreading of COVID-19 brought anxiety and fear of illness and death among the older persons. During this phase, the confidence in vaccination was minimal because it was publicly known that the vaccines were still in clinical trials.

3. As a result of a lack of knowledge and understanding of COVID-19 and the prevention, in the first phase of pandemic, the public health policy still focused on identifying people infected with the virus and providing disease control to general population. The older persons were not yet prioritized.

4. The mental health of the older persons and family members was affected. The older persons who received the virus and were kept in quarantine for 14 days were worried about bringing the virus back to their family when they finished their quarantine. Some of them experienced depression and felt the anxiety they felt while they were alone in a quarantine unit. Without professional support by psychologists and social workers, the COVID-19 infected older persons could possibly harm themselves or commit suicide. Unfortunately, there were some physically and mentally unprepared COVID-19 infected older persons who could not handle the challenges.

In addition to the impacts mentioned, the study of Kamhom R. et al. (2020) revealed that in some cases the cremation of COVID-19 victims was not permitted at temples because it was believed that dead bodies would contaminate the environment and it would increase the risk of transmission. With this limitation, the family members of the COVID-19 victims were under pressure and became stressful as a result of the disgust incurred in the community.

This study aimed to build capacity of volunteer social workers who provide care to the older persons and their families affected by the COVID-19 pandemic and to develop mechanisms in counseling and care provided to the older persons for their social well-being in order that they will fully return to their society.

Methodology

Sampling

This study aims to do a follow-up study of a number of COVID-19 patients after their COVID-19 symptoms were treated in the hospitals by using the database of the Department of Disease Control, the Institute for Urban Disease Control and Prevention, the Ministry of Public Health. The social impact on the mentioned patients was conducted by VSWs who were part of the capacity of volunteer social workers training program. In summary, only 119 trained VSWs jointly followed up 1,600 COVID-19 cases. However, only 1,465 cases could be followed up. 68 cases were COVID-19 infected older persons.

Instruments

This program consisted of four training modules as follows: 1) Hotline Counseling, 2) Empowerment Counseling, 3) Cognitive Behavioral Therapy, and 4) Mental Health Therapy and Psycho Social Support including workshops on how to provide on-line counseling. After the follow-up, the VSWs will develop case planning, social care,

evaluation on COVID-19 infected older persons who recovered from COVID-19 and were in the process of returning to normalcy.

The instrument used for the study was the Social Problems Assessment Form for Patients affected by the emerging infectious disease / pestilence. This form was adapted from the International Classification of Functioning, Disability and Health (ICF) consisting of 14 sets and three dimensions. The form included questions concerning the economic dimension, the family dimension and the social dimension.

Implementation

The working process of VSWs has six steps as follows:

1. Coordinated with five network agencies: 1) the Institute for Urban Disease Control and Prevention, the Department of Disease Control, Nonthaburi Provincial Health Office, Pathum Thani Provincial Health Office; 2) the Ministry of Social Development and Human Security, which assigned social workers to participate in the trainings and in the project; 3) the Faculty of Social Administration, Thammasat university and Thammasat University Hospital, which provided a field hospital to be used for the on-line trial on the social problem assessment; 4) the Social Work Professional Council, who co-supported in the provision of two modules of the training; and 5) other network agencies - the Thai Medical Social Worker Association, the Thailand Association of Social Worker, the Thai Health Promotion Foundation, the Ministry of Public Health, the Ministry of Social Development and Human Security, the Bangkok Metropolitan Administration, and Non-Government Organizations working on children issue, etc.

2. Established the Implementing Team: the team was set up under the cooperation of government agencies and other 17 professional agencies. The registration was processed via Google Form. The total number of applicants was 314.

3. Upskilled the new professional capacity and provided preparedness to VSWs to ensure they would be able to socially monitor COVID-19 infected through provision of four modules of training. These included are Hotline counseling, Empowerment Counseling, Cognitive Behavior Therapy and Mental Health and Psychosocial Support.

4. Developed the tools “Social Problems Assessment Form for Patients who were affected by the emerging infectious disease/pestilence” and created social care database to assess the patients on-line.

5. Deployed 119 trained VSWs to conduct a follow-up with 1,465 cases in four provinces such as Bangkok, Nonthaburi, Pathum Thani, and Samutprakarn by using the Social Problems Assessment Form for Pestilence Patients.

6. Conducted a post discharge follow-up regarding social impact on patients in accordance with the social rehabilitation plan for target groups. The project selected a number of Covid-19 cases that had many kinds of problems, and worked with them to develop a working plan. The mentioned plan covered three phases; the first phase was the critical phase (1-7 days). The critical phase was classified “severe” and was assigned to a “red group”. The plan began with provision of primary counseling, and knowledge of how to take care of themselves and their families. The next phase was classified “intermediate” (7-14 days) and was assigned to a “yellow group”. The assistance provided to the yellow group consisted of three steps of follow-up activities. Firstly, the VSWs provided group members with social assistance based on their encountered problems. Secondly, the VSWs spent the period of one month to coordinate and to do case referrals for the provision of social services. Thirdly, this step covered the period of three months. It was the time to close the case and gather the lessons learned (longer than 14 days). The last phase was classified “mild” and was assigned to a “green group”. This group had complex social problems

and that required on-going support for one month, three months, six months, and up to 12 months. The VSWs’ activities included empowerment counseling services, coordination in form of the network and closely working with the interdisciplinary team, fundraising, fund establishment, provision of projects for rehabilitation, occupation training, and social problem precautions.

Data Analysis

Percentage was applied in the data analysis of Social Problems Assessment Form for Patients affected by the emerging infectious disease / pestilence. The interpretation is classified into five levels of patients’ problems and severity as follows: Zero (0) represents the sampling of patients who do not have problems; one (1) represents the sampling of patients who have manageable minor problems; two (2) represents the sampling of patients with intermediate problems; and three (3) represents the sampling of patients carrying the high level of problems; and four (4) refers to the samplings of patients who face the highest level of problems and are in need of help.

Results

The study showed outcomes of the capacity of VSWs providing care to older persons and their families affected by the COVID-19 pandemic as follows:

1. The capacity building of VSWs providing care to the old patients and their families was done through four training modules. The project also provided additional three training modules to communities and the older persons.

The study revealed that in 2020, 364 VSWs learned to develop their working capacity to deal with COVID-19 situation through four training programs as follows: 1) Empowerment Counseling, 2) Mental Health and Psychosocial Support (MHPSS), 3) Cognitive Behavior Therapy: CBT – Basic program and application of social workers’ roles, 4) Hotline

counseling. Percentages of trained volunteer social workers in four training programs were 164.3, 161.4, 118.6 and 97.3 respectively. It showed that there were a number of trainees over the project's goals in three out of four training programs.

- In 2021, additional three training programs were provided for the VSWs so that they could give social care to COVID-19 infected older persons at home and communities according to the Home Isolation/Community Isolation Policy. The mentioned training programs were as follows: 1) Home Isolation/Community Isolation in an emergency situation, 2) Social Power Rehabilitation for self-care of VSWs, and 3) Palliative Care with the interdisciplinary team. Percentages of trained VSWs in the mentioned three training programs were 247.6, 150.0, and 134.0 respectively. (Table 1)

-The VSWs worked at 10 agencies as follows: 1) 51.8 percent of VSWs worked at the Ministry of Public Health. 2) 13.6 percent of VSWs worked at

the Ministry of Social Development and Human Security. 3) 14.6 percent of VSWs worked at non-governmental organizations. 4) 7.3 percent worked at the Ministry of Higher Education, Science, Research and Innovation. The smallest number of VSWs was 0.9 percent working at the Ministry of Defense.

- One hundred and nineteen (119) VSWs (37.8 percent) from the overall enrolled 314 VSWs jointly followed up the cases of COVID-19 and affected persons. They found that only 0.6 percent (11 cases) of the patients were in need of social care and support on continuous basis. The care and support were in forms of coordination with relevant agencies to ensure that they access to the government's assistance provided to the cases of COVID-19, provision of relevant social services, knowledge, empowerment and opportunity for employment, etc.

Table 1

Percentage of trainees attending Volunteer Social Workers' Capacity Enhancement Program

Training Program	Percent of trainees	Training participants
2020		
1. Hotline counseling to cases of COVID-19	100.00 (150)	146 (97.3)
2. Empowerment Counseling to cases of COVID-19 and affected persons	100.00 (70)	164.3 (115)
3. Cognitive Behavior Therapy: CBT): "Basic training program and application of social workers' roles"	100.00 (70)	118.6 (83)
4. Mental health and psychosocial support (MHPSS) for children in community during COVID-19 pandemic	100.00 (70)	161.4 (113)
2021		
1. Social care for cases of COVID-19 under Home Isolation/Community Isolation) in emergency situation (3 score unit)	100.00 (500)	247.6(1,238)
2. Social Empowerment Rehabilitation for Self-Care of Volunteer Social Workers (3 score units)	100.0 (100)	150.0 (150)
3. Palliative Care with Interdisciplinary Team in Emergency Situation (4 score units)	100.00 (100)	134.0 (134)

1.1 The follow-up outcome of the COVID-19 cases conducted by VSWs

The follow-up outcome of the 1,465 COVID-19 cases revealed that 6.7 percent (98 cases) were older persons. A larger number of COVID -19 cases, or 64.3 percent (63 cases), were males in comparison to 35.7 percent of females (35 cases). The ages of the sampling groups were between 60-69 years, 70-79 years, and 80-89 years, which were 64.3 percent, 28.6 percent and 7.1 percent respectively. The highest age of the older persons was 83 years and the lowest was 60 years.

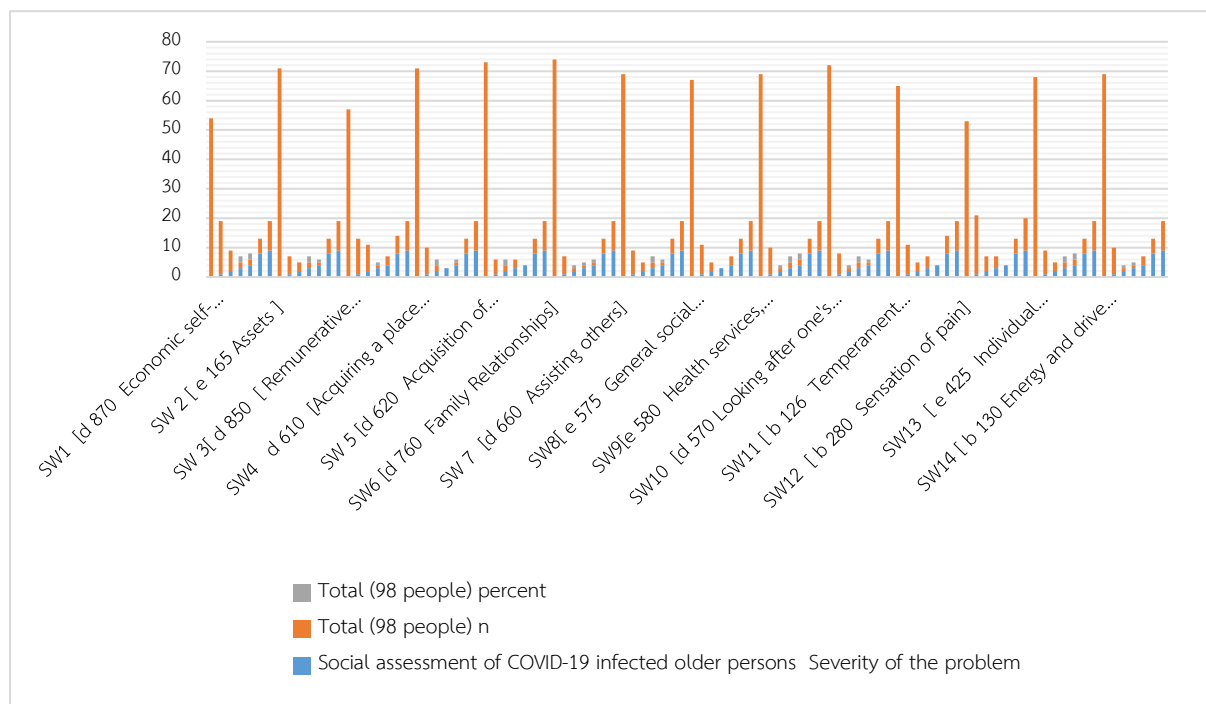
1.2 The assessment of the COVID-19 infected old persons confirmed that there were both the economic and social dimensions of the problems.

With regard to the social assessment outcome of the COVID-19 affected old persons' problems, the findings prioritized the severity of the problem in the following dimensions: The highest severity level was the economic dimension. The study found 13 patients in (SW 3 d 850) had employment difficulties. On the second severity level, the study found 11 cases, who had economic and income self-dependency problems (SW1 d 870). The third severity level was related to the social dimension. This group consisted of 9 cases (SW 12 b 280), and they suffered physical and mental illness. The fourth severity level, which included 7 cases, was related to the social dimension. The cases demonstrated two equal levels of frequency, which were emotion and personality (SW11b126) and (SW13 e 425) the attitudes of the neighbors and the community (social stigma). The fifth level of severity was related to the economic dimension. There were 6 cases who shared three equal levels of frequency, which were (SW 2e 165) asset, (SW 7 d 660) responsibility to their families and others, and (SW8 e 575) accessibility to the government services. The sixth level was related to the economic dimension. The study found that 5 cases shared three issues at the same level of frequencies, which were (SW 5 d620) difficulty in buying necessary things, SW9 e 580)

accessibility to health services and (SW 14 b 130) energy and drive, and the condition of their mental health. The seventh severity level was related to the social dimension. The study found four cases that had problems with (SW10 d 570) health care for themselves and their families. The eighth severity level was related to the economic dimension; the study found 3 cases that shared two issues at the same frequency, which were (SW4 d 610) the shelter condition, and (SW4 d 760) the relationships in their families. See the graph in Figure 1.

Figure 1

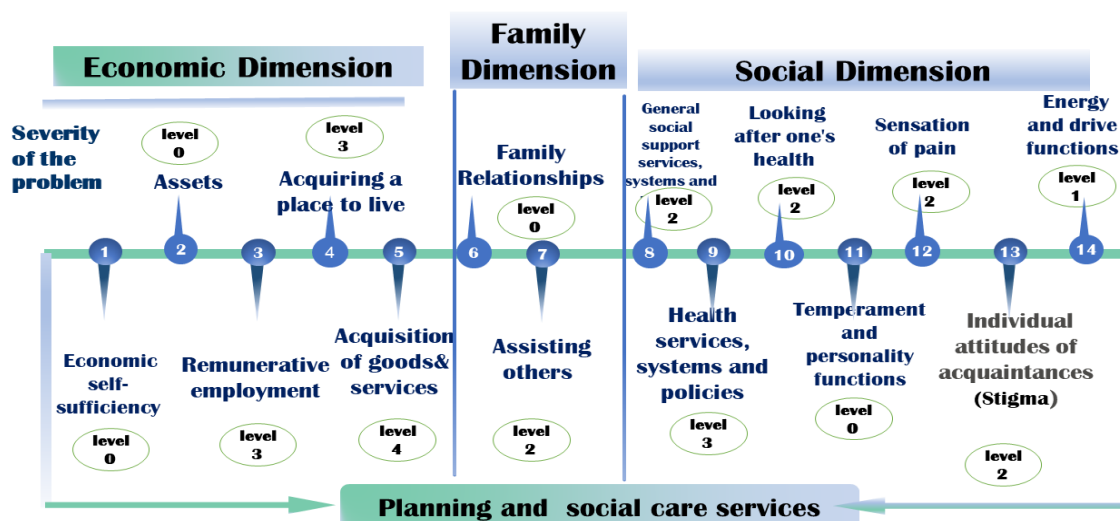
Social Assessment Outcomes for COVID-19 infected Older Persons, April 2020



Source: Adapt International classification of functioning, disability and health (ICF) (2001): World Health Organization WHO. Geneva

Figure 2

Capacity development and social care models



Source: Kumhom, R. (2020). Capacity development and social care models and empowering communities to monitor, care and manage social care for patients and those affected by the COVID-19 pandemic project

2. The outcome of the developing model and the mechanism for providing counseling and social well-being care to COVID-19 infected old persons for their healthy return to the society

2.1 The menu of social well-being provision to the COVID-19 infected older persons

The outcomes of the study contributed to the development of five menus in provision of social well-being to COVID-19 infected older persons are as follows: 1) The health menu, which is a screening process in referring the patients to appropriate health service providers, which include the Universal Health Coverage, the Social Security System, the Health Insurance under the Thai Civil Servants Medical Benefit Scheme, relative supports and counseling all are provided via telemedicine. 2) The economic menu, which offers advice on additional income generation, access to new employment, coordination with the Department of Labor Protection and Welfare, the Ministry of Labor. 3) The housing menu, which offers advice on self-caring in a quarantine station, identification of field hospitals, and finding temporarily shelters. 4) The social menu, which covers the rights babies, people with disabilities, older persons, and people experiencing social problems, and the benefits of mental support, empowerment, provision of information for accessibility to the government services, registration in the government service system, community and environmental rehabilitation, and coordination with temples for cremation 5) The primary online counseling menu, which enables the trained VSWs to apply these counseling skills such as empowerment counseling and Cognitive Behavior Counseling, to work with COVID-19 infected old persons.

2.2 The mechanism in providing counseling services and social well-being care to COVID-19 infected old persons

Additional 111 professional agencies were established by this project. The project also influenced the performances of the Ministry of Social Development and Human Security at the field level in three provinces, which are Samutprakarn, Nonthaburi, and Pathum Thani. The Provincial Office of Social Development and Human Security in each province was the key actor who integrated all the work concerned under the policy of One Home. Each Office provided the upskilling training of social workers and social work-related workers in how to provide empowerment counseling to ensure the workers were able to work with the elderly infected by COVID-19.

The staff working for the Social Assistance Center Hotline 1300, and the Bangkok Shelter for Children and Families were re-skilled and upskilled. They were able to handle the hotline service effectively, contributing to the higher level of their performances and their offices.

2.3 The roles of VSWs in linking the civil society organization services and people to access the services faster

With regard to VSWs' routine work, the study revealed that 40.9 percent of VSWs played their role in giving education to individual cases such as self-care, vaccination, provision of empowerment counseling and registration to be volunteers. 12.7 percent of the VSWs conducted the case screening process to identify cases involving older persons suffering depression, stress for appropriate case referral. 5.4 percent of VSWs provided counseling and coordinated with civil society organizations regarding societal resources like transportation for patients, ambulances, necessary medical equipment, and temporary shelters. The VSWs also linked the infected cases to the routine work system of relevant agencies such as medicine delivery, follow-up of older persons' symptoms through telemedicine and normal work systems.

Discussion

The concept "We stand together" of the Thai government policy and social care for COVID-19 infected older persons.

The government first established the Center for COVID-19 Situation Administration, under the Secretariat for the Prime Minister Office and Provincial Diseases Control Offices by working closely with the Ministry of Public Health and the National Health Security Office based on the Universal Health Coverage Project. This concept is a strong foundation of the Thai health system responding to the need of the older persons infected by COVID-19 at the primary, secondary, and tertiary levels. The key point of the policy is "We Stand Together" through remedial measures specifically to the older persons infected by COVID-19. First, the Department of Older Person provided cash support (50 to 100 Baht) to the older persons infected by COVID-19. The total fund used under this measure was 689 million Baht. Second, Debt suspension for one year was offered to 4.1 thousand older persons infected cases who borrowed the fund for income generation from the Older Person's Fund. The study confirmed that the Thai policy and measures are in line with the United Nations: UN framework. According to the policy and measures of the United Nations, each nation provides care and protection for the older persons in the areas of operation principle and operation guidance through four aspects. First, to build up confidence by offering self-health care would benefit the older persons infected by COVID-19. It is good for their dignity and their health. Second, to promote social group formation, and strengthen unity among them even in the social distancing condition would contribute to the digital accessibility of older persons to health care and relevant services. Third, prioritization of relevant responses to the older persons economically, socially, and on the humanitarian

basis during the COVID-19 pandemic is necessary. The measures to protect rights and benefits of older persons in accordance with Universal Health Coverage, provision of social and legal protection as stated in the humanitarian framework for the older persons are also important. Fourth, increasing participation of the older persons, sharing best practices, and controlling and utilizing the body of knowledge and information to COVID-19 infected older persons must exist (Yospet, S., 2020, p. 48).

The early follow-up outcomes revealed that only 6.7% of COVID-19 infected older persons' living conditions were affected. The outcomes of the study showed that 6.7% of the sampling had both economic and social problems such as occupation, self-dependency on an income and physical and mental problems. Regarding the accessibility to vaccination for the older persons, based on seven diseases, the problems found in the study are in line with the study of Yajrakuptha Y., and Jitsuchon, S. (2020) and the study of the National Health Commission Office (2021). All the studies confirmed that the impact of COVID-19 on the older persons infected who were aged 60 years are classified into a number of categories. First, the study found 45.5 percent of the older persons affected visited health personnel more often. Second, 35.9 percent of family members of the older persons had their income decreased resulting in less care provided to the older persons infected and affected by COVID-19. Third, the study found 31.5 percent of the older persons bought more food and non-food items for themselves., and fourth, 25.5 percent of the older persons had less interaction with their neighbors. Fifth, 13.7 percent of the older persons were not able to exercise prevention behaviors as advised. In regard to the problems and the impact on the older persons infected by COVID-19, the study revealed that the older persons were physically, mentally, and financially affected, and they also had

employment and debt. The mental effects on the older persons covered both women and men because the mental health is a key component to life and quality of life in different aspects (Phuangprayong, 2021; Shi, Guo, Luo, Lei, Li, 2020). The study of Saisombut, P., Suwankiri, D. (2022) also revealed that the government policy had not reached the older persons who were migrant workers. In addition, the accessibility to the government health services was complicated contributing to the difficulty for older persons groups in reaching health personnel. In comparison, in Japan, South Korea and Singapore, it is much easier for people to reach health personnel because the government provides subsidy, medicine, and medical supplies ready for the people via on-line system.

The severity levels of the COVID-19 infected older persons and the general public were combined with the combination of problems in the economic and social dimensions.

The findings of this study revealed the first level of severity, which covered 13 patients on the issue of SW 3d 850 concerning occupation and employment. The level was classified as the economic dimension. The older persons explained that they were old, had health problems, did not have their own land and assets. They did not have a regular job and only received financial support from their daughters. If their daughters had their job discontinued, it would result in a shortage of income. In the case that their daughters were able to work again, their family income still decreased due to the economic turmoil during the COVID-19 pandemic, and the demand in buying also decreased. The affected persons also included the low level of retired civil servants who were dependent on a small amount of pension. Some of the COVID-19 patients, who did not have a regular job, such as boxing commentators, lost their job due to the COVID-19 pandemic. As a result,

they lost their total income. In regard to the employment problem, the study found 13 patients had the most severe problems. 1 had severe problems and 9 of them had intermediate problems. A key portion of the income of the older persons is from the old-age allowance provided by the government (600-1,000 Baht per month). Some of them also receive a disability allowance (800 Baht) per month. With regard to the social dimension, the sampling group reported that they were worried and did not feel comfortable in having interaction with other members in the community. They were stressful and had anxiety about their sustained illness regarding the seven chronic diseases because they were not able to meet their doctors on a regular basis during the COVID-19 pandemic. Some of the COVID-19 patients were worried after they were discharged from the hospital. They had sleeping difficulties, and wanted to have their health reexamined. Once medical staff confirmed that their lungs were in good condition, their stress remained. All of these incidents are in line with the study of Petcharat, S. and Donrudee Suwankiri, D. (2021), which indicated that the adjustment of the older persons in Japan, South Korea, Singapore, Vietnam and Thailand are socially, culturally, politically, economically, and technologically different. However, all of the countries mentioned have used technology in minimizing the chance of contacting and the spreading of the coronavirus. All of the countries have remedial measures in the economic dimension to compensate the loss of income while they also provide health care. In Thailand, our strength is utilizing the community health volunteers as a key actor in monitoring the COVID-10 patients, as well as conducting a screening process to ensure newcomers into the community are COVID-19 free. Moreover, the community health volunteers also conduct COVID-19 surveillance to minimize community transmission.

Recommendations

1. It is recommended to develop the capacity of VSWs in using telemedicine to tele-consult with COVID-19 infected old persons with good communication skills and relationship skills through the primary care service system, placing three doctors in a community. The Three Doctors Model begins with the doctors providing care services at the community level as follows: 1) Family Physician, 2) Community Health Officials, and 3) Village Health Volunteers. The Three Doctors Model can enhance the accessibility of the vulnerable older persons to the primary care services comfortably and rapidly while the system is able to reduce the fatality rate of the COVID-19 infected older persons.

2. A Social Data System should be developed to strengthen the role of VSWs in working with the primary care service system through on-line platforms such as Social Rapid Assessment, and Artificial Intelligence (AI) based data analysis. These new approaches enhance the accessibility of patients to the holistic care in time during crisis.

3. It is suggested to develop a platform for primary care at the community level and link it to the civil society organizations in the community. The VSWs play an important role in coordinating, facilitating, and empowering the network of the local government organization, community organizations and developing a seamless working system between the primary care, secondary care and tertiary care.

4. The Social Telecare should be enhanced in order to be able to connect with the Platform HIS / HOS xp and A-MED Home Ward of the Ministry of Public Health and the National Health Security office (NHSO) to be applied for case management, a tele follow-up by working with a health team in the community and a VSWs team to ensure accessibility to National Health Security and enhance equality to access the Health Care System.

Conclusion

The key development of professional social work capacity in the pandemic of COVID-19 mainly focused on transitioning an old social work system in the form of face-to-face contact into a technology digital system. The development of VSWs' capacity was re-skilled and equipped with the relevant digital knowledge. They were also up-skilled to become more professional through four training programs prior to doing a follow-up of the COVID-19 infected older persons. In 2021, additional three trainings were provided to VSWs such as Home Isolation/ Community Isolation in an emergency situation, Social Power Rehabilitation for self-care of volunteer social workers, and Palliative Care with the interdisciplinary team in an emergency situation. The social services provided five menus to general COVID-19 cases and COVID-19 infected older persons as follows: 1) the health menu, 2) the economic menu, 3) the shelter menu, 4) the social service menu, and 5) the primary counseling menu. The outcomes of the project on Capacity Building of VSWs: A Case Study of Social Care for Older Persons Patients Affected by the COVID-19 Pandemic are as follows: 1) The VSWs were empowered to develop their competency through four trainings, which have already been transformed into E-learning for social workers in relevant agencies for their self-learning. 2) Only 119 of total 364 VSWs jointly followed up 1,465 COVID-19 cases, and it was reported that only 6.7 percent of COVID-19 cases were infected older persons. 3) A social assessment form for emerging infectious diseases/severe diseases was developed through an on-line system. 4) 146 network organizations jointly managed social work together with agencies' health service system in order to rearrange their way of working by making it a smooth and continuing working process, and developed linkage with the Surveillance and Rapid Response Team (SRRT) in the health system. The VSWs played a major role in

provision of social support responding to the need and necessities of hospitals.

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