

ORIGINAL ARTICLE

MAPPING CHALLENGES, STRATEGIES, AND PREPAREDNESS NEEDS OF ESSENTIAL SERVICES DURING THE COVID-19 PANDEMIC AND FUTURE VIRAL SERVICES

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Summary

This study is based on a detailed analysis of the challenges faced by various social services in the Czech Republic during the COVID-19 pandemic. The study took into account a combination of several different data sources and included an analysis of recommendations issued during the pandemic, data from preliminary research conducted among social service providers, a questionnaire survey, and two-phase qualitative focus group interviews. Data on residential, outpatient, and field social services in the Czech Republic were collected. The main objective of the research was to map the difficulties these services faced, their working strategies and responses during the pandemic, and their requirements for possible future crises caused by viral diseases. Based on the results of the study, we proposed a number of recommendations regarding the approach of social service providers in the event that a similar situation was to recur in the future.

Key words: Social services; social work; Czech Republic; pandemic; COVID-19 disease; infection; lockdown; state administration system

Introduction

COVID-19, a previously unknown infectious disease caused by the SARS-CoV-2 coronavirus, infected more than 676 million people worldwide from its emergence up to autumn 2023, of whom more than 6.5 million died. Concerning the Czech Republic, which had a population of 10,533,399 as of 31 December 2022, 4.6 million inhabitants suffered from the disease during the same period, of whom 42,500 did not survive (WHO 2022).

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Social workers (and health workers) worked on the front line during the pandemic. As the disease rapidly spread, they were exposed to a high risk of infection due to their professional responsibilities (Wilkason *et al.*, 2020), the enhanced risk of depression and feelings of loneliness and low levels of overall social support (Fang *et al.*, 2021). Research conducted by Papp *et al.*, 2020 and Zhang *et al.*, 2020 (the meta-analysis of data, questionnaire studies) reported that social workers suffered from a high rate of insomnia, increased feelings of anxiety and a number of other stress-related symptoms and conditions. Social workers were well aware of the difficulties faced by those clients that were infected who, as a significant risk group should there be limited or zero access to quality care and support from social services, often found themselves in serious life-threatening situations (Abrams *et al.*, 2020).

Moreover, it is also important to consider the issue of the support provided by employers during the pandemic period. Most studies published to date in various countries provide similar findings in this respect. A study on the opinions of physicians and teachers conducted at an American university determined that the lack of support from supervisors during the COVID-19 pandemic led to higher levels of anxiety, depression and job burnout (Evanoff *et al.*, 2020), and social workers in Spain reported feeling overwhelmed due to similar shortcomings (Munoz-Moreno *et al.*, 2020).

Most of the research conducted abroad to date has focused on specific aspects of the activities of social workers during the COVID-19 pandemic (Banks, 2016; Loue, 2018). In contrast, the objective of our research was to form a more comprehensive picture (taking into account personal and professional concerns, feelings of safety at work, perceptions of personal and professional support provided by higher levels of management during the pandemic) of Czech social workers based in various types of social facilities with different founding authorities (state, regions, cities, as well as non-profit organisations), and the situations faced by their clients.

Social workers often face complex ethical dilemmas with respect to their clients and colleagues, their professional approach and the institutions that employ them. They interact with vulnerable population groups, work with sensitive information, and are often limited by financial constraints. When addressing ethical dilemmas, they are forced to take into account differing values and rules pertaining to ethical codes of conduct, relevant legislation, professional requirements and the interests of all the parties involved (Banks, 2016; Loue, 2018; Reamer, 1979; Sandu & Frunza 2017). The priority for social workers during the pandemic concerned the question of how to approach the problem of the continuity of social care following the imposition of strict lockdown measures aimed at stopping or restricting the spread of the virus in the population (Abrams *et al.*, 2020).

The ethical challenges faced by social workers included the following: maintaining the trust, privacy, dignity and autonomy of service users via long-distance relationships, the efficient allocation of limited resources, the balancing of the rights and requirements of the various parties involved, deciding whether to break or “bend” the rules in the interests of service users, and coping with difficult emotional states (Banks *et al.*, 2020). It is not easy to balance all these aspects even in periods of normal, unrestricted operation. The complexity of the decision-making process increased exponentially following the outbreak of the COVID-19 pandemic (Miller & Lee, 2020; North, 2020; O’Leary & Tsui, 2020).

Countries and societies worldwide were repeatedly placed in long-term lockdown aimed at eliminating the spread of SARS-CoV-2. Meanwhile, frontline social workers from local agencies and institutions were required to continue to respond to the needs of their clients. This meant having to adapt to a completely new situation, which, moreover, often changed on a daily basis. They had to cope with complex challenges while maintaining fundamental ethical principles including social justice, human dignity and the value of the person, the importance of human relationships and mutual integrity (Amadasun, 2020).

Description of social services in the Czech Republic

Social services in the Czech Republic are defined in the Act on Social Services as an activity or a set of activities that provide assistance and support to persons for the purpose of social inclusion or the prevention of social exclusion (Act on Social Services 108/2006 Coll.). In terms of content, social services include social counselling, which provides those in need with information that contributes towards solving adverse social situations, and social care services (e.g. personal assistance, care services, day care centres). Social care services help clients to be

physically and psychologically self-sufficient aimed at supporting their lives in their natural social environment and enabling them to participate in the daily life of society to the greatest possible extent.

Furthermore, such organisations provide social prevention services (e.g. early care, telephone crisis assistance, shelter facilities). Social prevention services help to prevent social exclusion and are provided in three main forms, i.e. residential, outpatient and field services.

The responsibility for the provision of social services in the Czech Republic lies at the regional authority level. Since 2007, social services providers have been obliged to comply with the “Social Services Quality Standards” introduced by the Ministry of Labour and Social Affairs (MLSA), while the approach to the fulfilment of these standards is determined by the internal regulations of the respective organisation (Decree No. 505/2006 Coll.), which cover, inter alia, the code of ethics. Moreover, social services workers are professionally bound to comply with set professional ethical standards, primarily the Code of Ethics of the Society of Social Workers, published by the Czech Society of Social Workers (Ethical Code).

The detailed methodological procedure and analysis of the data obtained, published in (Markova, *et al.*, 2024), form the basis for the methodology proposed here, which is necessary for Czech social services in the event of future situations similar to the COVID-19 pandemic.

The approach to the management of anti-pandemic measures in the Czech Republic

The response to the COVID-19 pandemic was managed in the Czech Republic by the government, which issued lockdown guidelines (e.g. which workplaces should be closed, the percentage of workers permitted in the workplace, etc.), established criteria for receiving antigen and PCR-COVID-19 tests (which were initially free of charge; subsequently the rules were changed until, finally, most tests were paid for by the tested person), and introduced a range of other anti-epidemic measures. Those employees who were not deemed essential to maintaining normal operation were required to work from home.

Although the MLSA issued recommendations, the main problems concerned the provision of inconsistent information and the fact that social services operate under the jurisdiction of regional authorities (the Czech Republic is divided into 14 regions each of which applied its own approach and solutions). The pandemic crisis highlighted the long-standing lack of cooperation between the MLSA and the Ministry of Health. The situation was further confused by problems concerning the definition of the competences of regional public health authorities.

Changes in the provision of social services in the Czech Republic during lockdown periods

A clause was introduced into legislation that allowed social workers in the Czech Republic to continue to assist their clients; however, fundamental changes had to be made to the usual approaches to social worker-client relationships. In situations where it was possible or necessary to avoid personal contact with clients or their families (e.g. liaising with the family members of quarantined patients who were unable to attend outpatient facilities), social workers switched to online or telephone communication. These developments led to significant changes to the daily routine and required the adaptation of skills, procedures and approaches especially with regard to psychosocial patients.

The introduction of remote meetings with clients led to a number of problems. A qualitative study concerning social workers in Canadian healthcare facilities during the COVID-19 pandemic revealed that the remote interaction between patients and social workers was a significant obstacle to the normal social worker-client working regime (Czech social workers reported the same experience). Social workers reported that the mandatory wearing of masks/respirators acted to distance them from their patients and their families and rendered it particularly difficult to identify the non-verbal facial gestures and emotions of their clients, both of which represented major barriers to communication.

The role of social workers includes direct practice - primarily counselling and crisis intervention, which are usually performed in close proximity to clients and their families via face-to-face interaction. Such close interaction

is considered to be a fundamental aspect of the performance of social work in terms of gaining the trust required for the client to commit to being assisted by the social worker (Broadhurst & Mason, 2014). Such interaction often entails physical contact, including holding the patient's hand, back patting and hugging, all of which frequently have significant therapeutic value for social care patients. Such interaction with clients was, however, strictly prohibited during the pandemic by social distancing guidelines. As a result, the performance of social work became both more demanding and extremely complicated.

Many social workers had to enter quarantine during the pandemic due either to being infected with COVID-19 or the suspicion of infection. According to a range of studies conducted in various countries (including the Czech Republic), such absences from work led to the overloading of social work teams that were forced to provide services with fewer employees (Huang *et al.*, 2020) and were, *inter alia*, associated with high levels of stress for those who were quarantined (Brooks *et al.*, 2020). In addition, all these work-related changes coincided with stressful situations in the personal lives of social workers since, as with the rest of society, they had to comply with government-imposed "stay at home" measures (except for travelling to work) and, in many cases, had to care for dependent children due to the closure of schools, all against a background of concerns for the health of, particularly, older family members and friends.

It has been widely acknowledged that the problems associated with the COVID-19 pandemic were particularly pronounced in professions dominated by women (Alon *et al.*, 2020), which includes social work in the Czech Republic. Health and social workers with dependent children (aged up to eighteen) felt torn during the pandemic between their professional responsibilities and family obligations, accompanied by concern for the health of their loved ones (Koh *et al.*, 2005; Lopez-Atanes *et al.*, 2020). The vulnerability of social workers with dependent children can be explained applying the role strain theory, which states that individuals often face conflicting sets of responsibilities within their various roles. If a person fulfils one role to the maximum extent, they may face difficulties fulfilling their other roles due to conflicts between these roles in terms of time, space, energy and other resources (Goode 1960). Work responsibilities may be in conflict with family roles due to the limited availability of such resources. Moreover, an increase in work-related demands may lead to role strain, which has negative psychological and behavioural consequences, including parenting stress (Ford *et al.*, 2007), depression (Frone, 2000) and work absenteeism (Svedberg *et al.*, 2018).

Analysis of the outputs of the case study that addressed the performance of social services in the Czech Republic during the COVID-19 pandemic

The case study documented a number of issues that were reflected throughout society:

- 1) The provision of ambiguous, chaotic, overlapping and contradictory information by various state authority levels
- 2) The delayed issuance of often incompatible recommendations
- 3) Unrealistic time requirements imposed by the state for introducing measures into practice
- 4) The absence of the definition of the management and decision-making roles of state institutions during the pandemic
- 5) The unclear decision-making structure with respect to regional and municipal authorities
- 6) The absence of the provision of methodological support from either central or local authorities
- 7) the difficulties involved in terms of consulting with state institutions
- 8) The absence of personnel resources and capacities
- 9) The lack of up-to-date and timely legal support
- 10) Problems associated with insufficient financial assessments and resources and the claiming of subsidies, accompanied by an increase in administrative obligations

Our study clearly highlighted the necessity for the setting of clear rules for addressing crisis situations in the field of social services in the future, taking into account the specifics of each type of service provided. A fundamental split was evident in the social services crisis management system during the pandemic; whereas the regions were armed with the necessary knowledge of the services provided, instructions were issued from a higher level, i.e. the state, which was unable to take into account the specific characteristics of social facilities and their clients.

Four specific groups of problems were revealed by the pandemic in the field of social services. The first concerned a lack of funding. Social services in the Czech Republic were underfinanced during the pandemic, which seriously affected their ability to provide the necessary health and social services and to adapt to new requirements and regulations.

The second set of problems concerned the long-term lack of qualified personnel in the Czech social services system. The limited availability of staff led to higher workloads for existing staff and a reduction in the capacity to provide social services. The pandemic served to both underline and further exacerbate this problem.

The third problem area concerned communication and coordination. The pandemic required rapid and effective communication and coordination between social services, health facilities and government institutions, concerning which serious deficiencies were evident.

The fourth issue was related to social isolation and physical distancing requirements. Social isolation necessarily led to severe limitations in terms of physical interaction, which exerted a negative impact on the personal contact and support that social services usually provide. Organisations involved in providing mental health services and support for the elderly and persons with disabilities were forced to adapt to the new environment and seek ways in which to provide support remotely, for example via phone calls and online meetings. Social isolation exerted a negative impact on the mental health of many people during the pandemic; people experienced loneliness, exhaustion and increased stress due to their limited contact with loved ones and changes to normal social relationships. Social services had to bolster their resources and adapt their services so as to focus on mental health support and easing the negative impacts of isolation. It has been proved that the risk of domestic violence and abuse increased with the restriction of social contact.

Results: proposed solutions - practical recommendations for the MLSA in relation to the Social Services Act

The definition and categorisation of the issues that faced Czech social services during the pandemic that resulted from our research allowed for the formulation of the following twenty recommendations.

Recommendation no. 1: In accordance with crisis management principles and with regard to the organisational structure and systematisation of work positions, to establish the position of crisis coordinator, or a crisis team at the MLSA, the role of which will be to communicate information on procedures for addressing pandemic situations to social services personnel and which will monitor, evaluate and provide information on the situation (especially for care providers, regional authorities and clients). The MLSA crisis coordinator or team would be required to liaise closely with the Ministry of Health (the Pandemic Act and Decree No. 101/2022 Coll. on the epidemiological vigilance system for COVID-19), regional environmental health departments and other regional authorities. We recommend that the crisis team include an epidemiologist, a doctor and a lawyer.

Recommendation no. 2: Draw up a publicly available document that clearly defines the roles and responsibilities of the various actors during epidemic/pandemic situations.

Recommendation no. 3: Establish the obligation for regions and municipalities to provide methodical support for social services during pandemic situations.

Recommendation no. 4: Establish the obligation for social services providers to involve a crisis manager in the design and implementation of procedures and rules governing emergency situations and incidents.

Recommendation no. 5: Initiate inter-ministerial discussions aimed at establishing the obligation to have crisis plans available for all types of social services.

Recommendation no. 6: Support the creation of plans for crisis situations in the field of social services; the responsibility of social service providers for the creation and updating of crisis plans (prevention, crisis management, return to the normal situation), i.e. *sample plans for critical situations*.

Recommendation no. 7: Create a comprehensive unified information web portal with an inter-ministerial overlap (information required by social services) in the event of pandemics.

Recommendation no. 8: Support the online provision of social services and the clarification of the rules governing the use of remote forms of social services.

Recommendation no. 9: Support for online communication between social services providers.

Recommendation no. 10: Support for the differentiation of social services based on their “typology”, i.e. consider merging certain types of social services.

Recommendation no. 11: Enable social services workers to cover other types of social services in the event of the occurrence of epidemiological situations.

Recommendation no. 12: In cooperation with the Ministry of Health, to compile an overview of various biological agents and integrate this information into the relevant social services basic procedures (cooperation between the MLSA, the Ministry of Health and the Chief Environmental Health Officer of the Czech Republic).

Recommendation no. 13: Apply an evidence-based policy approach to regional and municipal planning in times of crisis. As part of the Medium-Term Plan for the Development of Social Services, oblige regions to ensure that social services plan for the occurrence of serious epidemiological situations (introduce the monitoring of the regions with respect to social services clientele networks and prognoses. The MLSA should have such data on social services clients that allows for continuous analysis and evaluation, and should adopt a flexible approach in terms of the focus of issued recommendations). To consider introducing the obligation to compile medium-term plans for the development of social services at the municipality with extended powers level. It is essential that the purpose of the collection of data is clearly explained and that the analysis and evaluation of the available data is in fact conducted. Subsequently, to provide feedback from the data collected to social services providers.

Recommendation no. 14: Establish the obligation for regions to set up so-called “*flying teams*” during serious epidemiological events.

Recommendation no. 15: Include terminology related to pandemics and pandemic situations in the field of social services in the Social Services Act.

Recommendation no. 16: Provide examples of good practice concerning cooperation between social services providers during pandemics.

Recommendation no. 17: Define uniform conditions for the granting of subsidies for social services providers during pandemics.

Recommendation no. 18: Provide support for decision-making and the fulfilment of social services responsibilities related to pandemic situations.

Recommendation no. 19: Optimise the social services administrative workload in tandem with the respective crisis management team under pandemic conditions.

Recommendation no. 20: Limit the severity of so-called “recommended practices” issued during pandemics.

Discussion

Social workers worldwide faced a range of challenges as a result of a pandemic caused by a completely new, previously unsuspected, infectious virus. They quickly understood the need for flexibility and the adaptation of the services they provided to this unprecedented situation. Decisions were made throughout most of the duration

of the pandemic under pressure and under constantly changing conditions as more information on this new infectious agent became available (Segal *et al.*, 2023; Schiff *et al.*, 2021).

Such situations very often act to block the ability to consider all the relevant factors concerning potential ethical dilemmas. Foreign studies (Braun *et al.*, 2006) concur that around seventy percent of interviewed social service workers felt pressured to make difficult and uncertain decisions during the pandemic and were exposed to both ethical and legal dilemmas. Many respondents felt compelled by the legal system to compromise their professional values (Doron, 2021; Karpel-Hans *et al.*, 2008; Auslander, 2011). Respondents referred to three particular areas of their work. The first concerned the protection of privacy and the confidentiality of information; in particular, issues surrounding the disclosure of information to non-profit and non-governmental organisations aimed at assisting clients to obtain additional support, and how these organisations would treat the information they received. Questions surrounding the protection of the privacy of clients arise not only during extraordinary events, but even in the routine practice of social services. A Spanish study on ethical dilemmas in various areas of social work and a similar study conducted in Israel reported that ensuring the confidentiality of information comprised the most common ethical dilemma regardless of whether the social worker respondents specialised in health and hospital services or care for children, families, prisoners, etc. (Viscarret *et al.*, 2019; Linyer *et al.*, 2003).

One of the most frequently mentioned ethical conflicts experienced by social workers concerned whether or not to report clients who tested positive for COVID-19 or who had been in contact with a person who had tested positive (Auslander, 2011). The main issue involved the nature of the disabilities of clients; it was clear in many cases that if clients were forced into isolation, without access to assistance from social workers, they would suffer significant trauma, including life-threatening situations. In most cases, social workers solved this dilemma via professional consultation (Brooks *et al.*, 2020). However, no unified information platform was in place due mainly to the specificity of social services. It quickly became clear that a crisis plan was needed that took into account the complexity of issues involved in the provision of social services throughout the duration of the pandemic, as was an increase in the financial resources allocated to this sector.

The second topic concerned the threat to the health of social workers while working under pandemic conditions, concerning which they came up with creative solutions to assisting their clients even during lockdown periods, including the conducting of outdoor therapy sessions. Nevertheless, due to the inadequacy of the regulations in terms of taking into account the specifics of social services and their clients, many of the overarching anti-epidemic measures imposed by the state acted against the clients' best interests. Thus, the reaction depended on the attitudes of the managers of individual social services, personal responsibility and the rational assessment of the risks involved in terms of addressing given situations.

The third issue concerned the difficulties involved in providing professional services during the pandemic, i.e. the provision of services with limited resources and the barriers in place in terms of ensuring the respecting of the rights of clients. Thus, social services providers allocated the resources available according to their discretion and expertise; no instruction manual was available and a sensitive approach had to be adopted so as to fulfil the needs of clients, which differed significantly depending on the type and degree of disability.

In summary, a number of strategies emerged in response to the various ethical and legal dilemmas faced by providers. Social workers invested enormous amounts of energy so as to preserve the privacy of their clients. They applied professional judgement and were often forced to improvise. They frequently faced increased workloads and applied creative solutions that enabled them to continue to care for their clients while protecting their own health.

It became clear that it was essential that comprehensive care was provided that focused on both the physical and mental health of clients. Social services providers had to be sensitive to the impact of the pandemic on their clients' mental health and provide support and therapy when required.

Many people experienced social isolation and loneliness during the pandemic. Social services should, therefore, be sensitive and responsive to these issues and seek ways to enable clients to establish and maintain social contacts

during future pandemic situations. They should also play an active role in preventing and managing the consequences of future pandemics via the creation of emergency plans, training staff to effectively prevent the spread of infection, and improving future crisis response mechanisms.

A further issue concerns the long-term underfunding of the social services sector, which was particularly evident during the COVID-19 pandemic. The lack of financial resources has led to a lack of qualified staff and the long-term low level of interest of students in working in this field (in most cases due to low remuneration levels).

Conclusion

The COVID-19 pandemic resulted in a range of new challenges and provided a number of important lessons for social services. Care providers were forced to adapt rapidly to new circumstances and to change the approaches to the provision of services. Flexibility and the ability to adapt were critical to success under pandemic conditions. Going forward, it is essential to ensure effective communication and cooperation between the various actors involved in social services. The coordination and sharing of information will allow for effective responses to crisis situations and enable the timely provision of the necessary support. The pandemic highlighted the importance of digital approaches, and many organisations now make use of online platforms. The pandemic also highlighted the importance of infection prevention and the protection of the health of social services providers. Organisations must be equipped with the appropriate resources and skills required to minimise the risk of the spread of disease and to ensure the safety of both their employees and their clients.

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Conflict of interest statement

The authors state that there are no conflicts of interest regarding the publication of this article.

Adherence to Ethical Standards

This article does not contain any studies involving animals performed by any of the authors. This article does not contain any studies involving human participants performed by any of the authors.

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