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ORIGINAL ARTICLE

THE IMPACT OF THE COVID-19 PANDEMIC ON CZECH SOCIAL WORKERS ON THE FRONTLINE

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Summary

Many biological agents are epidemic or pandemic in nature (Ebola 2013, Spanish influenza 1918, Russian influenza 1989, SARS-CoV-2 2019). Recognising the onset of the spread of epidemics and pandemics remains a major challenge even in the 21st century despite the technologies and scientific knowledge at our disposal, as is the successful management of such situations. The reason concerns the existence of biological diversity and the laws that govern it, which are very difficult to predict and which are virtually uncontrollable. It is gradually becoming apparent that the current spread of SARS-CoV-2 that causes COVID-19 (9 million deaths since the beginning of the pandemic according to WHO) is characterised by very different characteristics (e.g. the exposure, transmission and spread of the viral infectious agent) in different populations and risk groups.

Social services workers in the Czech Republic have been on the frontline for the duration of the pandemic and have been required to work in a high-risk infectious environment. This has led to the need for changes in their established working practices and approaches. Considerable creativity had to be employed particularly in the first year of the pandemic due to the scarcity of information on the new viral agent, the availability of which increased only slowly as the scientific community studied and analysed the various factors involved. Globally, the scientific community released its experimental data as soon as it became available; however, unfortunately, due to the nature of biomedical research, the release of the outputs failed to match the time requirements for their necessity in practice.

Based on qualitative and quantitative research, the following text provides an analysis of the specific measures and the related difficulties, and the struggle to find solutions, that providers of selected types of social services faced during the spread of the COVID-19 pandemic.

The survey results revealed that the issues in question had a common thread across the various types of social services, as well as a number of common features and challenges. The analysis of the results

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showed a noticeable shift between the initial period, which was characterised by the rapid onset of the spread of the pandemic, and the situation after 18 months of life under pandemic conditions, which was characterised by the lower incidence of problems and difficulties. One of the major outcomes of the study concerns the identification of the need for social service providers to be provided with a unified, clear and centrally managed process that is able to provide individualised methodological support. The results are based on a study conducted as part of "The Changes in Selected Social Services for People with Disabilities during the State of Emergency Instigated by a Viral Disease" project.

Key words: social services; social services providers; COVID-19 pandemic; qualitative and quantitative research methodology; Czech Republic

Introduction

The more than 2,000 social service providers that operate in the Czech Republic provide services to approximately 700,000 clients. Such providers assist their clients by addressing adverse social situations in a way that guarantees the preservation of human dignity, respects their individual requirements and strengthens their ability to integrate into society in a natural social environment. Social services are provided to individuals, families and groups of people, most often the elderly, persons with disabilities, persons at risk of social exclusion, etc.

Such persons also comprise the weakest and most at-risk groups in the event of the spread of infectious diseases in the form of epidemics and pandemics. For such risk groups, the help of the wider community is absolutely essential since they are unable to deal with such situations either mentally or physically without assistance (1).

An epidemic is the process of the spread of an infectious disease caused by a biological agent over a certain time and space. The large-scale spread of a disease across entire continents is referred to as a pandemic. The last large-scale experience of such an event in the Czech Republic was over one hundred years ago, i.e. the Spanish flu pandemic that broke out following the end of World War I. The current pandemic, a severe respiratory disease known as COVID-19, which is now in its third year, was also caused by a viral agent, namely the SARS-CoV-2 coronavirus.

One of the fundamental aspects that must be taken into account in terms of the social measures adopted during any pandemic (be it the current or a future event, the incidence of which is certain) concerns the fact that biological agents (mostly viruses with pandemic potential) do not behave as we would like them to do, but are subject to natural laws that humankind is currently unable to predict or change. We can only influence them to a greater or lesser extent, and then only armed with a detailed knowledge of the factors involved identified using all the scientific knowledge and methodologies at our disposal, together with a critical evaluation of the established facts. In the case of a pandemic involving a completely new agent, the situation is exacerbated due to the lack of initial data upon which to build. The current pandemic situation provides a textbook example of this problem, as reflected in the mistakes that were and continue to be made worldwide in the fight against the pandemic in terms of the transfer of scientific knowledge and crisis management (2, 3).

The work of social services providers during the pandemic, both in the Czech Republic and worldwide, was affected by a range of factors, one of which concerned the individuality of the personalities of social worker themselves, i.e. primarily the ability to withstand and adapt to new high-stress situations (4). *Ben-Ezra, et al.*, *2021* (2) state, based on the results of their study, that social workers in situations of extreme stress apply coping strategies (supportive, preventive and responsive) in order to be able to handle the increased importance of their roles in stress situations such as pandemics. The most common coping strategies mentioned by the survey respondents included spirituality, the setting of well-defined objectives, accurate time planning and positive thinking. On the other hand, there is widespread concern among social workers concerning how new pandemic-related approaches to working with clients will affect the most vulnerable. Moreover, questions also arise concerning the form that social work will take following the end of the pandemic.

An example is provided by an American study (which, in general, can equally be applied to the Czech environment) that points to the fundamental concerns of social care workers concerning how they should provide effective care while maintaining social distance, i.e. via the use of remote access technologies to work with clients. Moreover, social service workers also expressed concerns about reconciling their home and work lives and, in particular, how they should maintain the standard professional boundaries and procedures when they have to resort to technologies such as, e.g. video calls/video consultation services. In economically well-developed countries, including the Czech Republic, the use of mobile telephone and internet services (hotlines, 24/7) became the norm, i.e. communication channels that had only rarely been used in the past. The use of such means to contact clients and those close to them using, in most cases, previously unknown software platforms such as WhatsApp, Zoom, GoogleMeet, WebEx and Skype was challenging for many social workers, especially at the outset. On the other hand, at the start of the introduction of such remote access tools, even digitally advanced countries such as the USA struggled in the first few weeks with a lack of laptops, video cameras and microphones, as well as overloaded internet connections. Social workers developed new specialised services for investigation and intervention purposes, for example when reporting domestic violence or abuse. It was, and remains, a time of unprecedented upskilling for both frontline workers and the communities they serve. Unfortunately, in the Czech environment, social workers faced a range of administrative problems, e.g. the costs of online communication, and highlighted the lack of the development of such approaches by administrative personnel, which evidently stemmed from a misunderstanding of natural laws and the seriousness of the spread of a new viral disease, as well as the danger it poses to social services clients and the population in general (6-8).

Social care workers, therefore, had to cope with new risks due to the pandemic using previously unknown means (including the use of personal protective equipment) to which they had to become accustomed. Social workers also reported that they often either made compromises or consciously put themselves at above-normal risk in order to conduct their work. This led, understandably, to considerations and concerns about how their workload could endanger members of their households, their families and relatives (almost all healthcare workers, epidemiologists, hygienists and persons working with infectious agents face similar ethical problems in their work or when conducting basic experimental research). One of the fundamental issues faced concerned the increased mortality rate, which was particularly upsetting for younger professionals who had started their careers in the sector immediately after completing their studies and volunteer personnel. A number of psychologists and psychotherapists even provided crisis intervention treatment for affected social workers on a voluntary basis outside their normal working hours (9, 10).

Finally, it should be noted that in the first year of the pandemic, social services were very much on the margin of interest for the majority of society. Risk groups were prioritised not from the social, but the medical perspective, i.e. risk groups defined on the basis of the continuous scientific analysis of the biological properties of the SARS-CoV-2 virus and its spread in the form of a pandemic (the identification of risk cohorts based on age, immuno-compromised patients, patients with diagnoses such as diabetes mellitus, transplant recipients, those with HIV/AIDS and patients with cardiovascular diseases) (11-13).

If social services received attention at all, it often concerned the negative effects of chaotic, often contradictory decisions and regulations that failed to take into account the specificity of the services provided and the limitations (mental, physical) of social services clients. The requirement for a high level of responsibility in contrast to the complete inflexibility of the preventive legislation served to exacerbate an already unclear situation. The anti-epidemic measures, whether preventive or suppressive, resulted in the unprecedented restriction of physical contact in society, which led to the closure of social facilities (e.g. day care centres) and the restriction of the services provided (e.g. week care centres, homes for people with disabilities). Over time, this fact proved to be completely counterproductive. Restrictions on the supply of medicines, medical aids and the delivery of food to needy clients due to lockdowns and other anti-epidemic regulations were particularly dangerous. The inability to contact and provide care for people with disabilities on the part of social workers, who, in the majority of cases are those who have the necessary knowledge to provide care services, led to negative consequences for, and impacts on their clients, as well as on the entire social care system as such. Nevertheless, Czech social services did their upmost to maintain services such as telephone contacts and psychosocial consultation sessions with clients and their families, when possible, and subsequently resumed the delivery of food and medicines and personal visits to clients. In such cases, it was necessary to observe the relevant anti-pandemic measures and to use personal protective equipment. However, it remained particularly challenging to handle situations in which, for example, clients had conditions that made it difficult for them to cope with wearing personal protective equipment, i.e. face masks and respirators, which increased the risk of the transmission of infection to social workers (14-17).

It can generally be stated that this situation led to pressure on social services to continuously bring the problems of social workers and their clients to the attention of governments globally and to demand special conditions for the sector in terms of anti-pandemic measures. This concerned, above all, support to allow social services to operate even during lockdown periods introduced for the majority society, as well as helping social services to integrate methodical changes into practice and to maintain a flexible approach (in view of the biological characteristics of SARS-CoV-2 and its variability in terms of the potential to mutate into viral variants and subvariants with new characteristics in terms of both transmission and infectivity). Finally, social services made significant efforts to persuade governments to allow a flexible response and to support the necessity for adapting social services to new situations and challenges, including with respect to their ethical impacts (17-19).

Research set and materials

The project consisted of three interconnected parts: 1. indicative qualitative preliminary research, 2. The collection of data via questionnaires (quantitative research), 3. qualitative research in the form of focus groups. With concern to all three research components, the target group comprised social services providers and managers, i.e. managers of teams of social services workers and managers of selected types of social services – managers of organisations that provide a selected type of social service. The selected types of social services included day care and week care centres, homes for people with disabilities, personal assistance and early care. The selection of these types of social services was determined on the basis of those groups of clients that were most vulnerable to viral diseases, i.e. people (both children and adults) with disabilities. The definition of the activities involved in the various types of social services is set out in legislation, i.e. Social Services Act (Act No. 108/2006 Coll.). Furthermore, the types of social services were selected with regard to capturing potential differences between outreach, outpatient and residential services.

The research procedure was as follows: firstly, a research issue was identified via the independent investigation of the main author of the study during the first wave of quarantine measures. The survey took place among parents of children with disabilities and its aim was to find out how parents of children with disabilities perceived the serious pandemic situation in relation to their child, what was the most difficult for parents, and what helped parents of children with disabilities to manage the given situation. 123 parents of children with disabilities took part in the survey. The investigation work highlighted the absence of social services support for those who provided care for people with disabilities during the first period of the imposition of quarantine measures. The research of measures imposed by the state in terms of social services revealed that the measures proposed included, inter alia, the complete suspension of social services. Moreover, it was also found that social services were exposed to contradictory measures and regulations according to whether the provision of services was the responsibility of the state or regions, both of which are required to provide social services in the Czech Republic. Due to the numerous ambiguities identified in this area, it was proposed that indicative qualitative preliminary research be conducted as part of the investigation work. The preliminary research comprised contacting the managers of selected types of social services and the conducting of five interviews concerning barriers to the provision of social services due to the imposition of quarantine measures and the general changes in social services induced by the COVID-19 pandemic from the perspective of social services providers. The indicative qualitative preliminary research was conducted in the form of semi-structured interviews with representatives of five different types of social services between May and June 2021. The research participants were selected employing the purposive sampling method. The interviews, which took the form of 60-minute face-to-face meetings between one researcher and one social services provider representative under strict quarantine conditions, were conducted according to a pre-prepared structure that included 20 questions (the questions focused on changes/restrictions to the services provided, information sources, cooperation, the regime at the facility, changes to internal procedures/standards, impacts on service users and personnel and financial issues). The questions were time-specified for the period from spring 2020 to June 2021 (when the interviews were conducted). The interviews were recorded and subsequently transcribed and analysed.

The approach adopted for the second research phase was based on both the analysis of the interviews and the previous research described above. As part of the second part of the study that focused on the collection of the data, a questionnaire was compiled containing 24 questions that were modified according to the type of social service that the respondent represented. All the Czech Republic's registered providers of the social services selected for the research were contacted, i.e. a total of 529 providers. 244 completed questionnaires (i.e. 46%) were returned, which were subsequently analysed. The questionnaire was distributed online using a free open source statistical survey web application - LimeSurvey. The questionnaire was pilot tested on five selected social services providers prior to distribution to the whole of the survey sample group. The pilot testing stage resulted in the subsequent clarification of a number of the questions, the addition/expansion of the potential answer options and a change in the sequencing of the questions so as to improve their logical continuity. It was also deemed more appropriate to define the questionnaire surveys according to the type of social service for which the questionnaire was intended. The results were statistically processed using an MS Excel 2019 spreadsheet and the IBM SPSS Statistic program. Descriptive statistics were applied for the basic analysis of the data obtained.

Focus groups comprised the third research phase. Focus group sessions were held twice for each of the providers of the selected types of social services, i.e. ten focus group sessions were held in total. The first session focused on the clarification and contextualisation of the results from the previous research phases, whereas the second meeting focused on determining the needs that were identified by the research, i.e. the concretisation of the content of the methodological procedures to be followed by social services providers during the pandemic. The structure of the interviews followed the methodology defined by Nagle and Williams (2022). The groups comprised 3-5 social services providers, lasted between 2-3 hours and were held via MS Teams due to the pandemic restrictions. Each focus group included two mediators, one of whom led the group and the other noted important points issuing from the conversations and, where appropriate, directed the discussion towards addressing specific topics. Participation in the focus group was financially rewarded based on so-called agreements to complete a job. The focus group discussions were recorded, anonymised, transcribed verbatim and analysed via qualitative content analysis in the Atlas.ti program. Meaning units were identified from the texts of the transcribed interviews and subsequently coded (deductively and inductively). The codes were then categorised so that the more general categories corresponded to the themes under investigation. Thus, a universal hierarchical structure of codes was created, which was subsequently used to describe the observed phenomena for all the types of social services investigated. A total of 252 text excerpts were coded in this way employing 111 allocated codes. A total of 4 main categories were identified: service, information, workers and clients. These main categories were further divided into five subcategories: operation, communication, cooperation, finance and positive impacts.

Particular emphasis was placed during the conducting of the focus group sessions on ensuring anonymity and the provision of sufficient information on the research and its purpose and objectives. The ethical aspects of the research were approved by the university's ethics committee. All the study participants provided their signed informed consent and were informed that they could withdraw from the study at any time. Two research participants (both of whom members of the week care centre focus group) subsequently withdrew from the study due to lack of time. At the time of the preparation of this publication, none of the participants had expressed an interest in retracting the information they had provided.

Results

Part of the questionnaire survey focused on the information sources from which social services workers drew supporting information on how to conduct themselves during the pandemic. We compared responses from the initial pandemic period and responses collected 18 months into the pandemic. The results are shown in Table 1.

The research participants unanimously responded that the information provided was insufficient and even chaotic (in a similar way to the practical lack of methodical professional support). Information was seen as difficult to obtain and was provided from various sources primarily intended for the use of other than the social services sector. Thus, the information obtained had to be further processed and interpreted for application in the social services context. The frequency of the changes introduced from the ministry level was considered too high and, in some ways, it even threw into doubt the regulations and recommendations issuance system itself since, in many cases, the recommendations were contradictory. The requirements for the implementation of anti-pandemic regulations often included unrealistic time requirements in terms of the introduction of changes considering the nature of social services provision and the client target groups involved. Conversely, social services workers provided positive feedback on the materials provided by the Association of Social Services Providers (APSS). This non-profit organisation classified its recommendations and requirements according to their importance and provided clear and effective summary information that could be rapidly and unambiguously translated into practice. Following on from the described problem issues, especially concerning the public health sector, and the related anti-pandemic measures, a further problem comprised a fundamental lack of information from the legal sphere, especially regarding relations between clients and providers. Nevertheless, especially during the first weeks of the pandemic, a noticeable degree of understanding was revealed on the part of the respondents for this completely exceptional and unprecedented situation, which affected the daily lives of all members of society.

The questionnaire survey revealed that at the outset of the pandemic, the staff of day care centres (DS), week care centres (TS) and homes for people with disabilities (DOZP), in general, primarily relied on information provided by the Ministry of Labour and Social Affairs, the Ministry of Health, regional authorities, regional public health authorities and the Association of Social Services Providers. Further important sources of information comprised the media and professional publications. The degree of the use of the various information sources remained practically unchanged one-and-a-half years following the outbreak of the pandemic. In other words, the quality, clarity and availability of the information remained virtually unchanged for the institutions researched over this time period.

Table 1. Frequency of the use of information resources on the anti-pandemic measures introduced in the Czech Republic from the viewpoint of social services workers.

Source	**Start (May 2020)**	**Situation after 1.5 years (November 2021)**	**Change**
Ministry of Labour and Social Affairs	63.8	47.1	-16.7
Regional Offices	56.8	46.1	-10.7
Czech Association of Social Services Providers	56	53.8	-2.2
Ministry of Health	51.1	47.1	-4
Media	50	43.5	-6.5
Regional health offices	49.4	36.7	-12.7
Professional resources, e.g. books, articles	26.5	22.8	-3.6
Office of the Government of the Czech Rep.	23.6	21.4	-2.2
Other social services	12.8	10.5	-2.4
Municipal/city office	12.5	6.7	-5.8

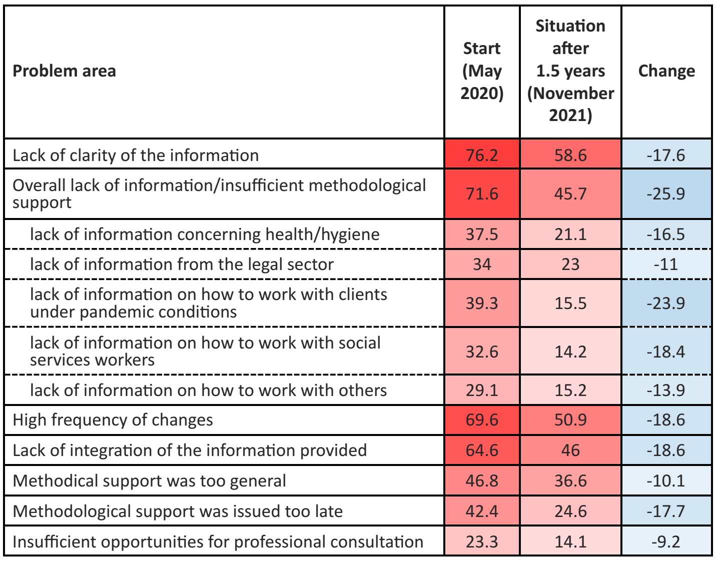
Source	**DS calc.**	**DS actual**	**DOZP calc.**	**DOZP actual**	**OA calc.**	**OA actual**	**RP calc.**	**RP actual**	**TS calc.**	**TS actual**	**Avg. calc.**	**Avg. actual**	**Outset**	**Situation after 1.5 yrs**
Office of the Government	31.3	28.9	28.6	27.3	17.6	15.7	26.3	21.1	14.3	14.3	23.6	21.4	*23.6*	*21.4*
Ministry of Labour and Social Affairs	55.4	48.2	61.0	46.8	66.7	47.1	78.9	57.9	57.1	35.7	63.8	47.1	*63.8*	*47.1*
Ministry of Health	57.8	63.9	61.0	59.7	54.7	37.3	31.6	31.6	50.0	42.9	51.1	47.1	*51.1*	*47.1*
Regional authorities	59.0	54.2	61.0	62.3	64.7	43.1	42.1	42.1	57.1	28.6	56.8	46.1	*56.8*	*46.1*
Municipal authorities	13.3	13.3	6.5	3.9	19.6	3.9	15.8	5.3	7.1	7.1	12.5	6.7	*12.5*	*6.7*
Regional health offices	48.2	42.2	59.7	49.4	45.1	33.3	36.8	15.8	57.1	42.9	49.4	36.7	*49.4*	*36.7*
APSS	60.2	66.3	72.7	70.1	51.0	52.9	31.6	36.8	64.3	42.9	56.0	53.8	*56.0*	*53.8*
Other social services	8.4	8.4	13.0	10.4	21.6	17.6	21.1	*15.8*	0.0	*0.0*	12.8	10.5	*12.8*	*10.5*
Professional resources, e.g. books, articles	22.9	22.9	24.7	24.7	33.3	29.4	15.8	*15.8*	35.7	*21.4*	26.5	22.8	*26.5*	*22.8*
Media	47.0	44.6	49.4	46.8	49.0	41.2	47.4	42.1	57.1	42.9	50.0	43.5	*50.0*	*43.5*

Key (Tables 1 – 4): DS - day care centres; DOZP - homes for people with disabilities; OA - personal assistance; RP - early care; TS - week care centres.

Table 2 presents a detailed analysis of the informational support that social workers reported that they lacked. The interviews revealed that the respondents lacked clear, unambiguous, consistent and practical information and instructions on how to work with clients under the prevailing dangerous situation and how to ensure their own safety and that of their clients. The chaotic nature of the information (and the inherent contradictions) provided by the various high-level authorities caused a significant amount of concern for social workers concerning the potential health and legal consequences. The fundamental problem was seen as the chaotic implementation of anti-pandemic measures from the point of view of their responsibilities and potential legal action should they breach the regulations. Our research revealed that the non-governmental sector, i.e. civil initiatives, especially non-profit organisations led by the APSS, provided the most practicable sources of information.

The highest problem intensity was reported by the early care respondents, particularly concerning the lack of professional information provided (89.5%). The respondents were questioned at two time points, i.e. at the beginning of the pandemic and after 18 months of the spread of Covid-19. A decrease was recorded in the incidence of the monitored problems over this period with respect to all the social services considered in the research. The responses of those working in the general early care field indicated the highest incidence of the monitored problem issues.

Table 2. Frequency of the various problem areas concerning the lack of information from the viewpoint of social workers.



Problem area	Start (May 2020)	Situation after 1.5 years (November 2021)	Change
Lack of clarity of the information	76.2	58.6	-17.6
Overall lack of information/insufficient methodological support	71.6	45.7	-25.9
lack of information concerning health/hygiene	37.5	21.1	-16.5
lack of information from the legal sector	34	23	-11
lack of information on how to work with clients under pandemic conditions	39.3	15.5	-23.9
lack of information on how to work with social services workers	32.6	14.2	-18.4
lack of information on how to work with others	29.1	15.2	-13.9
High frequency of changes	69.6	50.9	-18.6
Lack of integration of the information provided	64.6	46	-18.6
Methodical support was too general	46.8	36.6	-10.1
Methodological support was issued too late	42.4	24.6	-17.7
Insufficient opportunities for professional consultation	23.3	14.1	-9.2

Problem area	DS calc.	DS actual	DOZP calc.	DOZP actual	OA calc.	OA actual	RP calc.	RP actual	TS calc.	TS actual	Avg. calc.	Avg. actual
High frequency of changes	66.3	50.6	71.4	50.6	84.3	47.1	47.4	42.1	78.6	64.3	69.6	50.9
Lack of clarity of the information	72.3	60.2	68.8	50.6	82.4	68.6	78.9	42.1	78.6	71.4	76.2	58.6
Lack of integration of the information provided	61.4	38.6	51.9	32.5	64.7	35.3	73.7	73.7	71.4	50.0	64.6	46.0
Overall lack of information	71.1	48.2	63.6	44.2	76.5	52.9	89.5	47.4	57.1	35.7	71.6	45.7
lack of information concerning health/hygiene	37.3	24.1	35.1	15.6	41.2	23.5	52.6	42.1	21.4	0.0	37.5	21.1
lack of information from the legal sector	31.3	28.9	35.1	26.0	45.1	33.3	36.8	*5.3*	21.4	21.4	34.0	23.0
lack of information on how to work with clients	43.4	14.5	18.2	7.8	47.1	21.6	73.7	26.3	14.3	7.1	39.3	15.5
lack of information on how to work with social services workers	34.9	19.3	27.3	14.3	41.2	21.6	52.6	15.8	7.1	0.0	32.6	14.2
lack of information on how to work with others	30.1	10.8	29.9	10.4	27.5	19.6	36.8	21.1	21.4	14.3	19.1	15.2
Methodical support was too general	39.8	36.1	32.5	20.8	43.1	27.5	68.4	63.2	50.0	35.7	46.8	36.6
Methodological support was issued too late	42.2	18.1	50.6	28.6	43.1	23.5	47.4	31.6	28.6	21.4	42.4	24.6
Insufficient opportunities for professional consultation	21.7	14.5	19.5	7.8	31.4	23.5	36.8	10.5	7.1	14.3	23.3	14.1

Table 3 provides a summary of the problems experienced by social services workers in terms of the performance of their work during the pandemic. The main problem highlighted by all three of the research phases of the study concerned the overall shortage of social services workers. This was the result of a number of factors - an increase in the number of social services workers unable to work due to Covid-19 infection or the suspicion of infection (quarantine), the need to provide care for their own sick family members and school-aged children (due to the closure of schools and the introduction of home-based online teaching) and an increase in cases of mental and physical stress caused by the pandemic. Problem areas concerning personnel were also monitored in the research. Generally, at the outset of the pandemic, the most common problems concerned staff shortages (90.2% in the case of personal assistance (OA)) related to illness and childcare responsibilities, as well as staff fatigue and exhaustion and the consequent deterioration in team morale (71.4% for week care centres (TS)); the termination of employment was the least reported problem area (0-11.8%). The lower intensity of the monitored problems was reported in the period November – December 2021; concerning early care (RP) no incidences were reported of the termination of employment, deterioration in the psychological condition of workers, emergence of physical health problems or deterioration in team morale.

The supposed lower social status of social service workers and the long-term underestimation of this profession by the majority of the population is addressed in a separate chapter. Staff shortages were evident across all types of social services. However, a difference was evident in terms of the provision of services between residential and field care services. Concerning the former, i.e. week care centres (71.4% shortage of staff at the outset of the pandemic) and homes for people with disabilities (89.6% shortage of staff at the outset of the pandemic), the absence of workers exerted a major negative impact on the provision of services. In some of the cases mentioned, social services providers resorted to shift work, e.g. 14-day continuous operation. In other cases, clients from various facilities were moved into one facility. Concerning field services, especially personal assistance (90.2% shortage of staff at the outset of the pandemic), staff shortages, in extreme cases, resulted in the prioritisation of services according to the severity of the condition of the client.

The results of the research also revealed that the pandemic situation was particularly onerous, exhausting and stressful for social services personnel (the risk of infection, increased workload, increased demands concerning emphasis and adaptation, etc.) and respondents reported experiencing a certain level of fear. The need for some workers to combine their demanding workload and care for loved ones was particularly stressful, especially for mothers (the gender model of complementary household roles continues to prevail in the Czech Republic) (32). Overall, social service managers reported the significant fatigue and exhaustion of their staff (51.1% at the outset of the pandemic), a deterioration in team morale (42.2% at the outset of the pandemic) and a deterioration in team relationships (15.6% at the outset of the pandemic). A comparison of the situation at the outset of the pandemic and the time of the collection of data via the questionnaire survey (the first to the third wave of the pandemic) revealed that problems relating to personnel issues persisted.

Table 3. Problems faced by social services personnel as a consequence of the Covid-19 pandemic.

Problem area	**Start (May 2020)**	**Situation after 1.5 years (November 2021)**	**Change**
Overall lack of staff	77.8	47.4	-30.4
due to illness	65.8	36.2	-29.5
due to child care responsibilities	60	28.7	-31.3
due to care for loved ones	16.8	10.5	-6.4
Fatigue, exhaustion	51.1	33.1	-18
Deterioration in team morale	42.2	28.4	-13.8
Deterioration in terms of psychological health/occurrence of mental problems	22.3	12.7	-9.6
Insufficient competences/knowledge	18.9	5.5	-13.4
Deterioration in team relations	15.6	13.6	-2
Emergence of physical health problems	15.3	8.8	-6.4
Termination of employment	5.1	4.3	-0.8

Problem area	**DS calc.**	**DS actual**	**DOZP calc.**	**DOZP actual**	**OA calc.**	**OA actual**	**RP calc.**	**RP actual**	**TS calc.**	**TS actual**	**Avg. calc.**	**Avg. actual**
Overall lack of staff	74.7	42.2	89.6	39.0	90.2	74.5	63.2	31.6	71.4	50.0	77.8	47.4
due to illness	61.4	31.3	85.7	33.8	82.4	62.7	42.1	10.5	57.1	42.9	65.8	36.2
due to child care responsibilities	59.0	27.7	64.9	19.5	62.7	43.1	63.2	31.6	50.0	21.4	60.0	28.7
due to care for loved ones	14.5	6.0	23.4	9.1	21.6	19.6	10.5	10.5	14.3	7.1	16.8	10.5
Termination of employment	6.0	7.2	2.6	6.5	11.8	7.8	5.3	0.0	0.0	0.0	5.1	4.3
Fatigue, exhaustion	34.9	31.3	63.6	32.5	66.7	45.1	47.4	21.1	42.9	35.7	31.1	33.1
Deterioration in terms of psychological health/occurrence of mental problems	16.9	10.8	29.9	11.7	27.5	19.6	15.8	0.0	21.4	21.4	22.3	12.7
Emergence of physical health problems	15.7	8.4	15.6	7.8	9.8	13.7	21.1	0.0	14.3	14.3	15.3	8.8
Deterioration in team relations	10.8	12.0	23.4	14.3	7.8	5.9	0.0	0.0	35.7	35.7	15.6	13.6
Deterioration in team morale	25.3	24.1	40.3	26.0	37.3	33.3	36.8	15.8	71.4	42.9	42.2	28.4
Insufficient competences/knowledge	16.9	4.8	24.7	2.6	15.7	7.8	15.8	5.3	21.4	7.1	18.9	5.5

The long duration and diversity of the various waves of the pandemic forced the introduction of changes in terms of the anti-pandemic measures introduced, to which the spread of SARS-CoV-2 responded, thus suggesting the close connection of the system as a whole. Table 4 lists the various anti-pandemic measures that were introduced in the field of social services during the first 18 months of the disease and the extent to which they were used.

At the outset of the pandemic, the requirement to work from home, i.e. home office, affected the majority of the population, including certain categories of social services workers. Offices were closed and personnel began to work from home using online communication tools. In the case of residential services, frontline staff continued to provide direct care, but administrative workers were required to work on a home office basis. Aimed at limiting the number of social services staff working directly with residents, their workloads were merged whenever possible.

Table 4. Comparison of the use of various measures in the social services sector from the outset of the pandemic and after 18 months of the incidence of the disease.

Measure	**Start (May 2020)**	**Situation after 1.5 years (November 2021)**	**Change**
Home office	63.5	34.7	-28.8
Employees performed work that they normally did not perform	59.9	31.1	-28.8
Online communication	54.5	41.6	-12.8
Overtime work	43.6	30.3	-13.3
Training/further education of workers	40.8	45.6	4.7
Supervision	33.3	35.4	2.1
Use of volunteers	16.3	9.5	-6.7
Professional help (e.g. psychological counselling, crisis intervention)	15.8	14.6	-1.2
Employment of students	13.5	10.3	-3.3
Recruitment of new workers	11.9	10.7	-1.1
Use of students legally obliged to supplement social services	5.8	1.4	-4.4
Use of “flying crisis teams”	1.1	0.6	-0.5
Assistance from the armed services	1	0	-1

Measure	**DS calc.**	**DS actual**	**DOZP calc.**	**DOZP actual**	**OA calc.**	**OA actual**	**RP calc.**	**RP actual**	**TS calc.**	**TS actual**	**Avg. calc.**	**Avg. actual**
Overtime work	24.1	16.9	68.8	31.2	43.1	41.2	10.5	5.3	71.4	57.1	43.6	30.3
Home office	44.6	20.5	68.8	24.7	64.7	33.3	89.5	73.7	50.0	21.4	63.5	34.7
Employees performed work that they normally did not perform	67.5	34.9	64.9	26.0	41.2	23.5	47.4	21.1	78.6	50.0	59.9	31.1
Use of volunteers	19.3	7.2	32.5	11.7	13.7	3.9	15.8	10.5	0.0	14.3	16.3	9.5
Employment of students	16.9	9.6	22.1	13.0	3.9	3.9	10.5	10.5	14.3	14.3	13.5	10.3
Use of students legally obliged to supplement social services	2.4	0.0	20.8	0.0	5.9	0.0	0.0	0.0	0.0	7.1	5.8	1.4
Assistance from the armed services	0.0	0.0	5.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Use of “flying crisis teams”	2.4	1.2	1.3	0.0	2.0	2.0	0.0	0.0	0.0	0.0	1.1	0.6
Recruitment of new workers	7.2	4.8	19.5	13.0	27.5	23.5	5.3	5.3	0.0	7.1	11.9	10.7
Online communication	41.0	27.7	40.3	29.9	60.8	43.1	94.7	78.9	35.7	28.6	54.5	41.6
Supervision	25.3	26.5	26.0	31.2	39.2	43.1	47.4	47.4	28.6	28.6	33.3	35.4
Professional help (e.g. psychological counselling, crisis intervention)	8.4	9.6	6.5	6.5	25.5	23.5	31.6	26.3	7.1	7.1	15.8	14.6
Training/further education of workers	41.0	44.6	32.5	35.1	52.9	49.0	42.1	42.1	35.7	57.1	40.8	45.6

During the third wave of the pandemic, the emphasis shifted significantly towards the training and further education of workers, especially concerning using online communication in the workplace both between employees and between employees and clients, which resulted in a gradual increase in the use of online technologies in the provision of selected social services. This transition to the online environment was used mainly in the provision of client supervision and consultation services. The research revealed that of the five types of social services monitored, early care services providers were most involved in online communication with their clients. Conversely, measures concerning assistance from workers from other sectors were used least in the social services sector; such options included, for example, assistance from the armed services, reservists, so-called “flying crisis teams” and students from university medical faculties (33). Students at social sciences faculties were legally obliged to supplement the social services workforce both at the beginning of the pandemic and, later, during the third wave of the pandemic. The recruitment of new workers to fill social services positions was at the level of slightly above 10%.

Discussion

Social services workers have a range of skills and competencies at their disposal acquired via experience, including risk assessment, crisis management, advanced care planning, individual and group therapy management and community mobilisation, which is particularly important in times of threats to society such as pandemics. The role of social work in the event of natural disasters, social crises and pandemics is of crucial importance. Hence, it is necessary to clearly identify the key competences of social care work and to subsequently ensure the greater involvement of social services professionals in the decision-making process, including at the political level. It is equally important that social services workers are able to devote time to learning from and analysing specific professional experiences and to applying their knowledge in the form of generalised recommendations and input for instructions issued by higher-level authorities (20).

Foreign analysis, as well as our own experience, highlighted the negative impacts of the social isolation of clients, as demonstrated by an increase in problems related to, or a fundamental deterioration in, the various monitored mental health indicators. Maintaining professional standards, including specialised intervention for individuals, groups and families, and maintaining the continuous availability of services, are clearly essential for social services clients. On the other hand, social services providers also need to respond flexibly to changes in, and the variability of, their work in periods of uncertainty caused e.g. by the outbreak of a major pandemic (20, 21).

It can be proven on the basis of our and foreign experience that the formulation of anti-epidemic restrictive measures included almost no consideration for the specific characteristics of social services clients. This group of the population remained almost exclusively on the margins of the interest of the majority society, who focused primarily on the protection of risk groups of the population in terms of the biological properties and medical impacts of the pandemic (immuno-compromised patients, diabetics and oncology, cardiac, post-transplant and HIV positive patients) (22, 23).

This resulted, in many cases, in a drastic impact on social services clients. The lack of interest shown by government institutions, the zero flexibility in terms of solving problems on the part of state institutions, and underfunding very often resulted in interruptions to the basic services, therapy and education that were normally provided before the pandemic, as well as the closure of social services provision centres, respite facilities and day care centres. Moreover, those centres that were allowed to remain open, were not sufficiently supplied with protective equipment and had nowhere to obtain basic information on how to protect their clients during this life-threatening period, which required the adoption of specific approaches and care regimes. Thus, such facilities were often forced to proceed based exclusively on their own discretion, applying a trial and error approach (22-24).

“The Impact of Covid-19 on Disability Services in Europe” report compiled by the European Association of Service Providers for Persons with Disabilities (EASPD) addressed in detail the situation that prevailed over the last three years of the pandemic. The results largely overlap with the results and recommendations of our research, i.e. the need for the rapid and consistent adaptation of social services to life-threatening situations, the design of a system of instructions and measures that take into account the specific needs, and the alleviation of the discomfort, of targeted groups of social services clients, and that provide recommendations concerning the introduction of digitalisation, the online provision and interconnection of services, the rapid resolution of the availability and distribution of personal protective equipment and financing concerns (1).

One of the most important recommendations concerns the exploration of the potential for the intensive use of the telemedicine approach. American experience in this respect points to the need to instruct the care providers with whom persons with intellectual and developmental disabilities are familiar and have confidence in in terms of explaining and recommending new anti-pandemic measures to their clients, including preventive measures such as vaccination. This involves the transfer of personal communication to video conferencing, the use of social networks on a daily basis, etc. Experience has shown that it makes no sense to expose the majority of social services clients to standard sources of information on the introduction of anti-epidemic measures, nor to leave the task of communicating information to family members. Both the World Health Organisation and the European Union recommend the continuous provision of targeted tuition for vulnerable groups of the population, their families and care providers, focusing particularly on bridging the inequalities and limitations resulting from their specific position in society. The various barriers should be defined and analysed in as much detail as possible and support should be provided for intervention that prioritises improving the quality of life of disabled groups, including via support for health intermediaries and community networks at the local level in accordance with national recommendations (25-27).

It is necessary to consider the fact that social services clients comprise an incoherent and diagnostically very diverse part of the population. In particular, persons with intellectual and developmental disabilities and mental conditions (autism, ADHD, bipolar disorders, schizophrenia, depression and anxiety) are often unable to rationally perceive the world around them, suffer from an inability to understand common instructions (including the precautionary measures introduced during the pandemic) and, in many cases, are unable to take care of themselves. Serious problems concerning the wearing of personal protective equipment soon became apparent, i.e. the best way to position and wear respirators and face masks, as well as compliance with personal hygiene requirements (thorough hand washing) and the maintaining of the prescribed non-contact distance between people. This was accompanied by the negative psychological impacts on clients when in contact with health and social workers wearing protective overalls, masks, gloves, etc. Many clients who were inadequately prepared for such significant changes suffered from serious stress reactions, which led to psychological problems and the inability to cooperate (7, 28, 29). The reverse analysis of American data relating to the first waves of the spread of the SARS-CoV-2 pandemic (30) revealed the significantly higher representation of those who suffered from severe Asperger’s syndrome in the total number of infected and hospitalised persons (of all age groups, regardless of gender) than of the “healthy” population. The staff of the facilities that provided care for these patients reported repeated problems with respecting isolation and quarantine regulations, maintaining personal hygiene and wearing masks and respirators. Parents of child patients with Asperger’s syndrome struggled with the problems of not being able to follow a daily routine, closed day care centres and suspended educational programmes and rehabilitation sessions and, consequently, an increase in their children's aggressive behaviour and an overall deterioration in their psychological condition. A study by *Foster, et al, 2020* (15) highlighted a 65% increase in the probability of infection and the risk of transmission of infectious agents in groups of people with psychiatric diagnoses. The situation was further complicated by the fact that such people often live in communities and social facilities with the need for close contact with their loved ones and care providers.

A further issue concerned the problems experienced by social services workers themselves, especially the risk of mental burnout. A study by *Schwartz-Tayri, 2022* (19) determined that the stress values experienced by a group of social services workers during the pandemic were the same as before it commenced. The authors believe that this finding demonstrates the high capacity for resilience and adaptation of the monitored group. However, the fact that the stressful situation is still ongoing may have influenced the unchanging perception of the stress load. Moreover, the study did not confirm the relationship between the perception of the usefulness of the profession and a lower incidence of burnout or secondary trauma. On the other hand, the research results did confirm the necessity to support social service workers in terms of the prevention of burnout. The likelihood of the incidence of burnout and secondary trauma is undoubtedly higher for those social services workers who see a deterioration in the outcomes of their clients and the lower impact of their work on their wellbeing. Therefore, the efficient supervision of such workers and the provision of additional support in terms of their mental health are essential.

Approximately 1.5 million people are classified as at risk in the Czech Republic, of whom almost 100,000 are children under the age of 6 and approximately 180,000 adults over 65. Prior to the outset of the pandemic caused by SARS-CoV-2, the most common infectious diseases suffered by this part of the population who, as mentioned previously, were susceptible to increased morbidity, were viral hepatitis A, B and C, tuberculosis and scabies. Such persons are often characterised by tri-morbidity, i.e. a combination of physical illness, mental illness and health problems caused by addiction. Our research on the Czech population focused on the given issue from the comprehensive point of view, i.e. we did not limit the analysis to the impacts on certain groups (e.g. clients only, social services workers or managers). Moreover, we deliberately did not focus only on partial problems that arose during the pandemic, e.g. hygiene measures or restrictions on the provision of social services. In general terms, we commenced from a summary of the measures that were introduced during the pandemic – resolutions of the Government of the Czech Republic, measures introduced by the Ministry of Health and recommendations issued by the Ministry of Labour and Social Affairs.

Israel (Ministry of Health report, 2021) serves as a very positive example and possible lesson for the future in terms of the detailed and practically applicable agenda in place for people at risk (persons with intellectual and developmental disabilities, health disabilities, seniors, etc.). This is due to the geographical position of Israel and its historical experience of conflict in the Middle East. An example is provided by the approach applied by the staff of centres for persons with disabilities during the second intifada. In the event of a conflict, be it military or the Covid-19 pandemic, employees are required to remain with their clients at the respective facility on a constant basis. The principle is applied of prioritising the care of clients over that of oneself and one's family. The Israeli state system has been designed to cope with such situations and reflects the moral attitudes and professed values of Israeli society in general. Therefore, from the very beginning of the SARS-CoV-2 pandemic, the Israeli government was the only one globally to consider persons with disabilities who live permanently in social services facilities and their care providers in their response to the emergency. Our analysis showed the need to prioritise all persons with disabilities regardless of whether they are placed in residential social services facilities, attend day care centres or are cared for by their families (31).

Newly-conceived American public health programmes approach this issue in a similar manner, and include so-called indexes of pandemic severity, i.e. the mortality ratio - the proportion of deaths among clinically ill persons. The resulting information serves as the decisive factor for the categorisation of the severity of the pandemic. The severity index is designed to improve the prediction of the impact of pandemics and to provide local decision-making authorities with recommendations that correspond to the severity of the situation. The starting point of this approach reflects the acknowledgement of the high degree of improbability of determining a tool for the mitigation of the consequences of a pandemic (i.e. an effective vaccine against the biological agent) at the outset of the pandemic. This means that the entire American population, including socially weak groups of the population, must be prepared to face the first wave of a subsequent pandemic without a vaccine and, possibly, even without sufficient amounts of medicines. Thus, at the outset of a pandemic, all the measures concerning the protection of the public must be prepared and announced before an effective vaccine becomes available based on reliable scientific data and respecting the relevant ethical considerations. This approach also assumes the application of common sense. Federal, state, local and territorial governments and the private sector have important and inter-dependent roles in terms of preparing for, responding to and recovering from a pandemic. Public officials at all levels of government must provide clear and consistent guidance throughout the crisis that allows for effective planning and helps all segments of society to recognise and understand the extent to which their collective action will affect the course of the pandemic. In this way, the approach promoted by the state administration authorities will help public officials to maintain the trust and respect of the community. So-called community planning guides for mitigating the consequences of a pandemic are currently available; they provide targeted information on the planning of anti-epidemic measures at the enterprise and other employer levels and in terms of the creation of programmes that cover childcare facilities, primary and secondary schools, universities and higher vocational schools, church and community organisations, individuals and institutions, as well socially weak at-risk groups of the population. All these recommendations correspond to a general axiom - it is not a question of whether we will face another pandemic, but a question of when it will happen and which biological agent will be behind the pandemic (32).

Conclusion

The Covid-19 pandemic caused by the highly-infectious SARS-CoV-2 virus caught the population, as well as state institutions worldwide, by surprise. Many European governments have characterised the SARS-CoV-2 pandemic as the biggest European challenge since the end of World War II with potentially far-reaching political, social and economic consequences that go beyond the impact on public health.

Currently, a number of analyses are available that address, inter alia, how various countries worldwide approached the crisis management of the pandemic. These studies point both to differing solutions to situations that arose during the pandemic, and to approaches and solutions that coincided. However, it remains an indisputable fact that the provision of care for persons with disabilities during the pandemic in the Czech Republic continues to be seen as a marginal issue and that, after almost three years since the outset of the pandemic, no unified and comprehensible procedure for solving similar situations in the future has been determined. Therefore, it is essential that particular attention be devoted to reports that focus on this issue and to support at all levels of the social services system, i.e. from frontline social services providers to the relevant ministries, the careful consideration of the situations of, particularly, vulnerable groups of the population and the inclusion of their requirements in targeted pandemic plans so as to avoid the mistakes made during the SARS-CoV-2 pandemic.

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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.

References

1. WHO: https://ec.europa.eu/social/main.jsp?catId=1169&langId=en
2. Fantini J, Yahi N, Azzaz F, et al. Structural dynamics of SARS-CoV-2 variants: A health monitoring strategy for anticipating Covid-19 outbreaks. J Infect. 2021;83:197–206

3. Colson P, Fournier PE, Chaudet H, et al. Analysis of SARS-CoV-2 variants from 24,181 patients exemplifies the role of globalisation and zoonosis in pandemics. MedRxiv; 2021
4. Ratzon A, Farhi M, Ratzon N. Resilience at Work, Burnout, Secondary Trauma, and Compassion Satisfaction of Social Workers Amidst the COVID-19 Pandemic Int J Environ Res Public Health. 2022;19(9):5500
5. Wu Z, Yu B, Chen YM, et al. A new coronavirus associated with human respiratory disease in China. Nature. 2020; 579(7798):265–269
6. Peinado, M; Anderson, KN. Reducing social worker burnout during COVID-19. Int. Soc. Work 2020, 63, 757–760
7. Orrù G, Marzetti F, Conversano C, et al. Secondary traumatic stress and burnout in healthcare workers during COVID-19 outbreak. Int. J. Environ. Res. Public Health 2021;18:337
8. Abrams L, Dettlaff A. Voices from the frontlines: Social workers confront the covid19 pandemic. Soc. Work. 2020;65:302–305
9. Fakhruddin B, Clark H, Robinson L, et al. Should I stay or should I go now? Why risk communication is the critical component in disaster risk reduction. Prog Disaster Sci. 2020;8. Available from: https://www.sciencedirect.com/science/article/pii/S2590061720300764
10. Barsky A. Ethical Exceptions for Social Workers in Light of the COVID-19 Pandemic and Physical Distancing. New Soc. Work. 2020;27:4.
11. Ben-Porat A; Itzhaky H. Burnout among Social Workers: The Contribution of Personal and Environmental Resources. J. Soc. Work. 2015;15:606–620
12. Danilovich M, Norrick C, Lessem R; et al. Responding to COVID-19: Lessons Learned from a Senior Living and Social Service Organization. Geriatrics. 2020;5:98.
13. Brown N. Social Service Workers Mitigating the Impact of COVID-19. Available online: http://socialserviceworkforce.org/resources/blog/social-service-workers-mitigating-impact-COVID-19
14. Senreich E, Straussner SL, Steen J. The work experiences of social workers: Factors impacting compassion satisfaction and workplace stress. J. Soc. Serv. Res. 2020;46:93–109
15. Foster K, Roche M, Giandinoto JA, et al. Workplace stressors, psychological well-being, resilience, and caring behaviours of mental health nurses: A descriptive correlational study. Int. J. Ment. Health Nurs. 2020;29:56–68
16. Cleary M, Kornhaber R, Thapa DK, et al.The effectiveness of interventions to improve resilience among health professionals: A systematic review. Nurse Educ. Today. 2018;71:247–263
17. Gonçalves L, Sala R, Navarro JB. Resilience, and occupational health of health care workers: A moderator analysis of organizational resilience and sociodemographic attributes. Int. Arch. Occup. Environ. Health. 2022;95:223–232
18. Ben-Ezra M, Hamama-Raz Y. Social Workers during COVID-19: Do Coping Strategies Differentially Mediate the Relationship between Job Demand and Psychological Distress?, The British Journal of Social Work. 2021;51:1551–1567
19. Schwartz-Tayri TM. On the frontlines: The impact of the COVID-19 pandemic on social workers' well-being. Br. J. Soc. Work. 2022;52:1724–1746
20. Martínez-López J, Lázaro-Pérez C, Gómez-Galán J. Predictors of burnout in social workers: The COVID-19 Pandemic as a scenario for analysis. Int. J. Environ. Res. Public Health. 2021;18:5416
21. Moynihan R, Sanders S, Michaleff ZA, et al. Impact of COVID-19 pandemic on utilisation of healthcare services: a systematic review. BMJ Open. 2021;11(3):e045343
22. Murphy A, Pinkerton LM, Bruckner E, et al. The impact of the novel coronavirus disease 2019 on therapy service delivery for children with disabilities. J Pediatr. 2021;231:168–177
23. Asbury K, Fox L, Deniz E, et al. How is COVID-19 affecting the mental health of children with special educational needs and disabilities and their families? J Autism Dev Disord. 2021;51(5):1772–1780
24. Jong W. Meaning making by public leaders in times of crisis: An assessment. Public Relat Rev. 2017;43(5):1025–1035
25. Franciosi EB, Tan AJ, Kassamali B, et al. The impact of telehealth implementation on underserved populations and no-show rates by medical specialty during the COVID-19 pandemic. Telemed J E Health. 2021;27(8):874–880
26. Hwang SW, Burns T. Health interventions for people who are homeless. Lancet. 2014;384(9953):1541–1547
27. Lewis JH, Whelihan K, Roy D. Vaccination capability inventory of community, migrant, and homeless health centers: A survey report. JPHMP. 2020;26(2):139–145
28. World Health Organization. Advice on the use of masks the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak. 2020. Available from: https://www.who.int/docs/default-source/documents/advice-on-the-use-of-masks-2019-ncov.pdf

29. Truell R. News from our societies – IFSW: COVID-19: The struggle, success and expansion of social work – Reflections on the profession's global response, 5 months on. International Social Work. 2020;63(4):545-548
30. Mutluer T, Doenyas C, Aslan Genc H. Behavioral implications of the COVID-19 process for autism Spectrum disorder, and Individuals' comprehension of and reactions to the pandemic conditions. Front Psychiatry. 2020; 11:561882
31. Shlomo B; Levin-Keini N. Once in a Hundred Years: Does COVID-19 Present an Opportunity to Restructure the Professional Image of the Social Worker in Israel? Br. J. Soc. Work 2021;51:1568–1584
32. www.cdc.gov