

Descriptive Quantitative Analysis of Support Calls to the #delamcomuzu Project and its Implications for Three Concepts of Community Social Work

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Abstract

Community social work is an approach that has been present in social work since its inception as a distinct field. The Covid-19 pandemic and its effects have once again shown its importance. The study aims to draw possible implications for community-based social work from the realised descriptive analysis of the data, which were obtained during contacts with the clients of the #delamcomuzu project. As part of the descriptive analysis, proportional representation, confidence intervals and, in justified cases, also correlation coefficients were used. The conclusions of the analysis of the data itself are in line with the findings of foreign research. The difficulties addressed tend to vary over time as well as between age groups. From a gender point of view, the smaller representation of men and the gendered nature of the topics of work and relationships in the family appear to be significant. The data can be used both to prepare for eventual conflict moments caused by possible further interventions of the state in the lives of citizens and also for the present time in favour of various methods of community social work.

Keywords: Covid-19, community, social work, issues of difficulty, age, gender

Introduction

When Sen and colleagues reflected on the themes of articles published online between March and June 2020 on the topic of the Covid-19 pandemic and social work, they identified as one of the themes the assumption that the potential benefit of the pandemic for social work is the realisation that the value of the profession lies precisely in its 'closeness to the community'. For this reason, it is necessary to turn attention towards community social work.¹ The importance of community during the pandemic was not only present in the reflections of social workers themselves,² but

1 Robin Sen et al., 'Social Work under COVID-19: A Thematic Analysis of Articles in SW2020 under COVID-19 Magazine', *British Journal of Social Work* 52, no. 3 (2022): 1779, <https://doi.org/10.1093/bjsw/bcab094>.

2 I use the generic masculine for the sake of greater simplicity of the text. By that I really mean both men and women, i.e., both male and female social workers, both male and female clients, both male and female authors, etc. If gender is reflected in the analyses, the division into women and men is mentioned explicitly.

also in the context of considerations about mental health and well-being in general.³ For social work, this accentuation of the community perspective is not new, as work with the community was at the beginning of the formation of the field. Today, it is seen by some authors as an adequate response to growing inequalities between people and to the effects of a neoliberal world view,⁴ in opposition to individually conceived social work.⁵

This rediscovered closeness to the community that Sen and his colleagues talk about can also take its form in reflecting on the responses of different population groups to the pandemic as such and the taken measures related to it. This reflection could be used as a tool for fitting ‘into the preparedness planning’⁶ in similar cases. However, the data that can be used for this reflection does not have to come only from the social work sector as such and can be drawn from both state and non-state activities.⁷ The presented text focuses on this area, more specifically on the possible implications of the quantitative data of the #delamcomuzu project (hereinafter referred to as the Project) for three more general concepts of community social work. Following on from this, the objectives of the article are formulated as follows:

- 1) To describe the degree of representation of topics addressed by the Project’s clients;
- 2) To describe the relationship of the proportion of subjects to available client characteristics (gender and age) and to the months in which services were provided;
- 3) To offer possible implications for individual concepts of community social work.

The purpose of the text is, on the one hand, to expand the knowledge that is available about the impact of Covid-19 on the Czech population.⁸ The data presented by Winkler and colleagues indicate changes from the point of view of psychiatric problems (rate of anxiety, depression, or alcohol use in relation to demographic characteristics); the data given here present information about the topics addressed, which the Project’s clients perceive as burdensome and demanding. On the other hand, for discussion, the article wants to offer the possible implications of the findings for three concepts of community social work. With this in mind, the basic features of the concept of community social work will first be defined, and then the current knowledge of the effects of Covid-19 will be described from the perspective of the community. In the next parts of the article, the methodological framework of the investigation, the nature of the analysed data, and the presentation of the findings, including possible implications, will be described.

Community social work

Community social work (hereinafter also referred to as CSW) can be understood as one of the

3 Anam Feroz et al., ‘Impact of the COVID-19 pandemic on mental health and well-being of communities: An exploratory qualitative study protocol’, *British Medical Journal Open* 10, no. 12 (2020): 1–2, <http://dx.doi.org/10.1136/bmjopen-2020-041641>.

4 Walter Lorenz, ‘Social Work and New Social Order – Challenging Neo-liberalism’s Erosion of Solidarity’, *Social Work and Society* 3, no. 1 (2005): 93–102; Lorraine Gutiérrez, Larry Gant, ‘Community Practice in Social Work’, *Social Service Review* 92, no. 4 (2018): 622, 637, <https://doi.org/10.1086/701640>.

5 Ping Kwong Kam, ‘Strengthening the empowerment approach in social work practice: An EPS model’, *Journal of Social Work* 21, no. 3 (2021): 332, <https://10.1177/1468017320911348>.

6 Abigail M. Ross et al., ‘“You Never Stop Being a Social Worker:” Experiences of pediatric hospital social workers during the acute phase of the COVID-19 pandemic’, *Social Work in Health Care* 60, no. 1 (2021): 23, <https://doi.org/10.1080/00981389.2021.18885565>.

7 Afomachukwu Okafor, ‘Role of the social worker in the outbreak of pandemics (A case of COVID-19)’, *Cogent Psychology* 8, no. 1 (2021): 3, <https://doi.org/10.1080/23311908.2021.1939537>.

8 For example, Petr Winkler et al., ‘Prevalence of current mental disorders before and during the second wave of COVID-19 pandemics: An analysis of repeated nationwide cross-sectional surveys’, *Journal of Psychiatric Research* 139, (2021): 167–171, <https://doi.org/10.1016/j.jpsychires.2021.05.32>.

established macro-level methods of social work, which can be defined very generally as a targeted focus on the community. It supports processes of change leading to greater solidarity and cooperation among the community members. This generality of the definition of CSW is due to the relatively large heterogeneity of approaches to working with the community.⁹ This heterogeneity also reflects different approaches to defining the term community itself. In very simple terms, a community can be perceived in the context of its local boundaries, where a potential collective identity related to the territory is manifested (expressible by the statement: we are residents of this or that locality, city, village, part of the city, etc.). In addition, however, the community can also be thought of as a system of relationships that are not created by geographical boundaries, but by boundaries given by a common interest (the nonplace-boundary; expressible by the statement: I am part of this or that community that has such interests and goals).¹⁰ At the same time, there is an assumption that CSW can influence both organisations and families and individuals through interventions at the community level.¹¹

One possible way to define CSW is to trace certain models that are applied to or discussed in a specific socio-cultural environment. In our linguistic context, CSW can be distinguished between social action, social planning, and community development. In all three cases, the community is considered in relation to the territory. Social action can be seen as the use of deliberate pressure on individuals or groups, which subsequently influence the possibility of achieving chosen goals and changes for specific target groups of the community. Social planning focuses on determining social problems, or problems generally identified within the community, and the creation of such a plan that would lead to their reduction or elimination. The last mentioned model (community development) then focuses on supporting the involvement of different groups within the community. It is aimed at defining the community's difficulties and the steps needed for its development. The ideal goal is a certain degree of cohesion in the community and the perception of the community as essential for the members, which subsequently causes the community to develop independently and is as self-sufficient as possible.¹² In this CSW model, the focus is on the citizen as such, not on the citizen as a user of services, which could be perceived in the other two models.¹³ These concepts have their response also within periodicals written in Czech. The concept of CSW as a social action is mainly reflected in approaches based on the inclusion of marginalised groups or in a critical and feminist perspective on social work.¹⁴ Social planning is seen above all in community planning (social services); the concept of CSW as community development can subsequently be seen in the narrative approach or in the concept of CSW as citizen participation (see Table 1). However, it is necessary to point out that from the point of view of techniques and procedures, the individual models may overlap. For example, the community planning described by Šťastná¹⁵ has elements of both social planning and community development, which in its narrative form is described by Kappl.¹⁶ Interweaving also depends to a large extent on practical implementation. As shown by Kubalčíková and Krchňavá, the practical implementation of

9 Pavel Navrátil, *Teorie a metody sociální práce* (Brno: Marek Zeman, 2001), 131.

10 David Hardcastle, Patricia Powers, and Stanley Wencour, *Community Practice: Theories and Skills for Social Workers* (Oxford: Oxford University Press, 2011), 96–97.

11 Ibid., 2.

12 Donna Hardina, *Interpersonal Social Work Skills for Community Practice* (New York: Springer, 2013), 2–3.

13 Stephen Clarke, *Social Work as Community Development* (New York: Routledge, 2018), 20–21.

14 Radka Janebová, 'Feministické perspektivy v praxi sociální práce', *Gender, rovné příležitosti, výzkum* 7, no. 2 (2006): 13; Radka Janebová, 'Pátrání po „kritické sociální práci“ v České republice', *Aktuální otázky sociální politiky: teorie a praxe* 9, no. 1 (2015): 22.

15 Jaroslava Šťastná, *Když se řekne komunitní práce* (Praha: Karolinum, 2016), 46.

16 Miroslav Kappl, *Konstruktivismus v sociální práci s komunitou* (Hradec Králové: Gaudeamus, 2009), 25–26.

community planning of social services can be perceived as a process of community development, depending on the level of citizen participation.¹⁷

Table 1: Principle focus of the CSW concept

Concept of CSW	Focus	Important points/elements	Response in the Czech language context
Social action	Identifying a specific marginalised/threatened group and exerting pressure on the community to change the distribution of power structures	Awareness of power distribution; empowerment of the marginalised; possible reform of the system	Inclusion of marginalised groups; feminist perspectives; critical social work
Social planning	Identifying problems in the community and planning to address them through services/organisations	Participation of the triad (contractor, provider, user of services); joint planning of services and their focus	Community planning of social services; community planning
Community development	Fostering community connectivity and functioning; identifying the problems experienced and supporting their solution by the community	Fostering mutual relationships; promoting solidarity; promoting community self-sufficiency; citizen activation	Narrative CSW; civic participation

Community and Covid-19 - a brief reflection on research findings

There are not many conducted pieces of research that directly relate to CSW and Covid-19, neither in the Czech nor foreign context. In his autoethnographically conceived article, Sethi points to the perceived necessity of CSW in view of the growing individualism of contemporary society and the associated risk of a higher representation of experienced loneliness. But at the same time, he also raises the question of whether the importance of the community perspective will be preserved even after the *Post-COVID crisis*.¹⁸ Other research essentially reflects on the experience of social workers and points to the need to build and support connections within communities.¹⁹ The emphasis on the need to support their vulnerable members (such as very old people, members of ethnic minorities, etc.) is not surprising, but there is also the requirement to be specifically prepared for those who will newly need CSW support due to the deterioration of their situation.²⁰

This reflection of the perceived need to support relationships within the community, especially

17 Kateřina Kubalčíková and Anna Krchňavá, 'Komunitní plánování jako prostor pro účast uživatelů na rozhodování: realita, nebo iluze?', *Sociální práce / Sociálna práca* 10, no. 3 (2010): 112.

18 Bharati Sethi, 'Will someone knock on my door? COVID-19 and social work education', *Qualitative Social Work* 20, no. 1–2 (2021): 116–122, <https://doi.org/10.1177/1473325020981075>, 120.

19 Silvie Fargion, Mara Sanfelici, and Alessandro Sicora, '"A Community no matter what": fostering social work professional connections in Italy in COVID-19 times', *Social Work Education* 39, no. 8 (2020): 993–1001, <https://doi.org/10.1080/02615479.2020.1829581>; Kim Robinson, Linda Briskman, and Ring Mayar, 'Disrupting Human Rights: A Social Work Response to the Lockdown of Social Housing Residents', *British Journal of Social Work* 51, no. 5 (2021): 1714, <https://doi.org/10.1093.bjsw/bcab115>.

20 Dana Franceschini et al., 'Covid-19: A critical time for cross-sector social work care management', *Social Work Health Care* 60, no. 2 (2021): 202, <https://doi.org/10.1080/00981389.2021.1904319>.

for the most vulnerable, is also brought about by the results of examining the communities themselves. Harlem²¹ carried out a quantitative study where weaker or more vulnerable communities (in terms of education, poverty, and availability of health services) showed a statistically significantly higher proportion of more severe Covid-19 courses. Similar conclusions are reached by Ingram and colleagues at the level of education and number of people in one house.²² Thus, weaker communities seem to be more affected by the disease as such. This in turn also affects the availability of health services in the community, manifestations and forms of violent acts within the community,²³ and subsequently also the relationships between individuals, families, and the community. In general, when the impacts of Covid-19 and the measures taken on the community are spoken about, it is about the impact in the form of financial insecurity and crisis in the communities, the already mentioned level of availability of health services, as well as the changes caused by the disruption of the normal routine for a large part of adults and for the majority of children affected by school attendance restrictions.²⁴

Siette and his colleagues²⁵ examined the impact of Covid-19 on seniors from New South Wales, Australia, and concluded that although a decline in perceived quality of life for seniors was detected in 2020, this decline was not statistically significant and there was no disruption to the social network, even though face-to-face contact was replaced by online resources at the time of the lockdown. However, the use of online resources is not an a priori solution to the need to replace all social contacts. The adopted measures had a negative impact on the possibility of realising spiritual and religious needs and activities.²⁶

Methodological framework

The relationship of the Project to the researched topic

The #delamcomuzu project operated during the period of free services (from 15th March to 25th May 2020) as basic psychotherapeutic support for those who needed support and could not use the services offered due to absence during this different situation. It brought together psychotherapists who were willing to offer part of their working time for free for the Project's clients. The Project's free services were terminated after the gradual loosening of anti-epidemic measures and the resulting improvement in the availability of normally offered services. The services were promoted mostly within the online space and were designed as a short-term support.

In order to interpret the data, it is necessary to briefly address several areas. Regarding the origin of the data, it should be noted that these are records of calls (conducted online or by phone) of the individual experts involved (n=99). Due to the fact that these are data from services provided by a large number of psychotherapists, it is not possible to measure agreement between data creators in any way. On the other hand, these were experts who have been providing services for a long

21 Gunness Harlem, 'Descriptive analysis of social determinant factors in urban communities affected by COVID-19', *Journal of Public Health* 42, no. 3 (2020): 468, <https://doi.org/10.1093/pubmed/fdaa166>.

22 Carolyn Ingram et al., 'Cumulative Impacts and COVID-19: Implications for Low-Income, Minoritized, and Health-Compromised Communities in King County, WA', *Journal of Racial and Ethnic Health Disparities* (14th June 2021): 7, <https://doi.org/10.1007/s40615-021-01063-y>.

23 Irshad Altheimer, Janelle Duda-Banwar, and Christopher Schreck, 'The Impact of Covid-19 on Community-Based Violence Interventions', *American Journal of Criminal Justice* 45, no. 4 (2020): 811, <https://doi.org/10.1007/s12103-020-09547-z>.

24 Anam Feroz et al., 'Impact of the COVID-19 pandemic', 1–2.

25 Joyce Siette et al., 'The impact of COVID-19 on the quality of life of older adults receiving community-based aged care', *Australian Journal on Ageing* 40, no. 1 (2021): 87–88, <https://doi.org/10.1111/ajag.12924>.

26 Shaima Hassan et al., 'The impact of COVID-19 social distancing and isolation recommendations for Muslim communities in North West England', *British Medical Journal* 21, no. 1 (2021): 5, <https://doi.org/10.1186/s12889-021-10869-8>.

time, and therefore it is likely that they can describe the themes of the calls well.

The data did not come from a random selection of the population: it was self-selection. Confidence intervals (hereafter also as 95CI) are thus understood, following this possibility of use,²⁷ as an illustration of the assumed representation of the phenomenon in the population. This could be characterised as people who have access to the Internet and are active on social networks who need to share the problems they are experiencing and look for solutions as they perceive the impossibility of solving them by their own efforts.

From the point of view of the Project's relationship to the researched topic, it is necessary to state above all that, although the Project was created as a reaction of the therapeutic community to the situation; it is not a community provision of services, nor is it a service that would be placed in the context of social work. This entails being unencumbered by the field specificity of social work, or the specific concept of social work as such and also the concept of CSW. In this sense, data can be seen as inspiration from the outside.

Given the nature of the Project, it is also necessary to point out that the data speak more about those who can turn to community services first than about a specific vulnerable group from certain communities. The Project's clients probably do not belong to the usual target groups of social work; it is not obvious if they come from excluded locations or experience any specific difficulties (violent relationships, multi-problem families, etc.). In the absence of a pandemic and established anti-epidemic measures, they would probably do without specific support.

Table 2: Variables used and justification for the choice of measurement level

Variable	Measurement level	Specifications
Dating of the call	Nominal; coded as March, April, May	Information was available on the month in which the call was made, not the exact date of the call/contact.
Age	Ordinal; categories 15–30, 30–60, 60+	The categories were put into the Project matrix, where the specific age of the clients was not entered, but only the general age category.
Gender	Nominal; male/female category	Delivered as part of Project data.
Thematic focus of the call	Nominal; coded based on the identified topic or topics in the conversation conducted by project staff	Coding took place on the basis of information from the Project data according to Table 3.
The beginning of the solved problems	Nominal; labelled as COVID and non-COVID	The determination took place on the basis of whether the beginning of the topic marked by the client as problematic was determined in the first three months of the Covid-19 pandemic, or even before the pandemic.

The nature of the data

According to the agreement, the data was sent by the Project management and contained the information shown in Table 2. The recording of the call was always carried out for a given month;

27 Howard Barkan, 'Statistics in clinical research: Important considerations', *Annals of Cardiac Anaesthesia* 18, no. 1 (2015): 79, <http://doi.org/10.4103/0971-9784.148325>.

for this reason it was not possible to follow the development other than after months. Age was recorded in the mentioned categories within the Project, which could have caused differences in the inclusion of clients who were 30 and 60. However, in this regard, it was not possible to rearrange the categories in the usual way in order to avoid overlapping intervals. Regarding the category of gender, it should be noted – in addition to the fact that it was also included in the original data of the Project – that it is essentially an ontic concept of gender, that is, a reflection of the identified gender of the clients. The thematic focus of the call was taken from the recording of calls/contacts of the Project. The topic or topics of the conversation were briefly recorded by the Project therapists, therefore these recordings were coded according to the criteria described in Table 3.

Data analysis

Interview records were processed into a data matrix that contained the above variables. A total of 309 client contacts were recorded. From this set, 24 recordings (7.8%) were excluded for analysis due to the ambiguity of the recording, which made it impossible to code the call. From the point of view of the following text, it is also necessary to draw attention to the difference between a contact (one implemented intervention between a client and a worker; $n = 285$) and a topic (a topic mentioned within a conversation, while several topics could be recorded within one conversation; $n = 386$).

For data analysis, with regard to the nominal and ordinal level of measurement, the calculation of the proportional representation (relative frequency; p) of individual categories was used. The normalised nominal variance (*norm.nomvar*²⁸) was used for the measure of variability. A measure of variability was calculated for those items that contained more than three categories. The mode comes from the individual relative frequencies and is therefore not reported. Both relative frequencies and normalised nominal variance were calculated manually. The significance level for CI calculation was set following the practice at 5%. The degree of association was calculated via Kendall's tau, the magnitude of which was interpreted according to de Vause's recommendation.²⁹ Considering the different representation of the total number of conversations/calls in individual months ($n_{\text{March}} = 57$, $n_{\text{April}} = 192$, $n_{\text{May}} = 36$), it is necessary to take this difference into account when reporting and interpreting the proportional representation of individual problems/topics. The use of proportional representation (%) is possible due to the nature of the data and its origin, although the total numbers are quite different.³⁰

Table 3: Coding of the thematic focus of calls

Code	Usage criteria	Code	Usage criteria
Looking for more experts	Requesting additional support	Difficulty with work	Calls focused on changes in work, loss of work, reduction of working hours, or forced interruption of work

28 Ladislav Rabušic, Petr Soukup, and Petr Mareš, *Statistická analýza sociálněvědních dat (prostřednictvím SPSS)* (Brno: MUNI Press, 2019), 102–103.

29 David de Vaus, *Analyzing Social Science Data: 50 Key Problems in Data Analysis* (Los Angeles: SAGE, 2012), 272.

30 Gary Grunwald, Adrian Raftery, and Peter Guttorp, 'Time Series of Continuous Proportions', *Journal of the Royal Statistical Society* 55, no. 1 (1993): 103–116.

Setting the operating mode	Calls regarding the topic of how to structure the day in terms of activities	The problems of others	Conversations focused on problems experienced by others and ways to respond to them
Worrying about the virus	Questions about virus, transmission, danger, and virus protection questions	Fear for loved ones	Calls focused on concerns about the health and life of loved ones and family
Loneliness and isolation	Calls regarding loneliness, isolation, reduced contact with others, and the difficulty of distance contact with others	School	Calls dedicated to fulfilling and managing school duties and the school's approach to clients
Other personal topics (deterioration)	Deterioration of one's own psychological state outside the area of loneliness and isolation	Death of a loved one	Calls focused on reactions to the death of a loved one
Other	Calls with content not falling under the other areas listed	Family relationships	Calls about conflicts in the family, communication in the family, divorce, separation from partners

Government measures in the monitored period

To illustrate the context in which the services were provided, I will only briefly describe the anti-epidemic measures taken. According to the Ministry of Health of the Czech Republic, a state of emergency was declared on 12th March 2020. Subsequently, on 16th March, respectively on 18th March, it banned the use of a large number of services and introduced a ban on the free movement of people. On 19th March, a ban on movement without masks was brought into effect. The gradual release of restrictions (from the point of view of the first three months of the pandemic) began on 14th April 2020. The Project (or its first free part) was implemented from mid-March to the end of May 2020. According to the Ministry of Health of the Czech Republic, in the given period, the daily number of infected people ranged from several tens to hundreds for the entire Czech Republic. However, it was not clear how risky SARS-CoV-2 was in terms of mortality and speed of spread.

Findings – univariate analysis

In the monitored period, 285 consultations were made. In terms of gender, there were 70 consultations with men (24.6%) and 200 with women (70.2%), and the gender was unspecified in 15 contacts (5.3%). In terms of age categories, 119 consultations (41.8%) were conducted with clients under 30, 147 consultations (51.6%) with clients between 30 and 60, and 19 consultations (6.7%) with clients over 60. Despite the small representation of the 60+ age group, it can be said that it is not possible to observe a concentration in the case of a specific category in the data ($norm.nomvar = 0.833$).

From the point of view of the topics addressed (see table 4), the topic of personal problems, which

manifested themselves more significantly or for the first time in the context of the Covid-19 pandemic (experienced anxiety, uncertainty, depression, reduced energy and motivation for activities, or insomnia) was the most represented. According to the confidence interval, 26.7 to 36% of the population defined above could resolve these topics. This deterioration in mental status is consistent with the findings of Winkler and colleagues, who detected a prevalence of mental disorders varying from 29.6 to 31.4% of the population from data collected in May 2020.³¹ As the second most common topic, difficulties in family relationships (from arguments and more demanding communication to situations of separation and divorce) were addressed, which would range from 15.7 to 23.7% of the aforementioned population. This was followed by the themes of loneliness and isolation, difficulties in setting up a daily routine due to government measures, difficulties at work, and fear of the virus. For this last category, which was represented by 5.18% in terms of topics (with a 95% confidence interval from 3.0 to 7.4%), it is important to note that none of the calls were with clients who had contracted Covid-19. The degree of concentration considering the frequency of topics is low ($norm.nomvar = 0.941$), although a larger gap can be observed between the first mentioned topic and the others.

Table 4: Representation of topics/difficulties

Topic	Frequency/%	95CI %
1) Personal issues and deterioration	121/31.3 %	26.7; 36.0
2) Relationships in the family	76/19.7 %	15.7; 23.7
3) Loneliness and isolation	42/10.9 %	8.0; 14.4
4) Setting the operating mode	33/8.56 %	5.8; 11.3
5) Difficulty at work and job loss	27/7.0 %	4.6; 9.5
6) Fear of the virus	20/5.2 %	3.0; 7.4
Other issues	67/17.6 %	-----

In terms of identifying the beginning of the problem, 61 (25.2% of the valid) conversations were about problems that clients had already been dealing with before the pandemic, but the pandemic had made them worse, including the unavailability of previously used services. Difficulties related to the pandemic and the changes that occurred in society were addressed in 181 contacts (74.8%). For 43 contacts, the beginning of the problem cannot be identified.

Table 5: Thematic units based on gender

Topic	Frequency/proportion of women in %	Frequency/proportion of men in %	95CI women	95CI men	95CI for the difference in proportions
Personal topics	71/28.4	33/36.3	22.8; 34.0	26.4; 46.1	-19.2; 3.5
Relationships in the family	62/24.8	14/15.4	19.5; 30.2	8.0; 22.8	0.3; 18.6

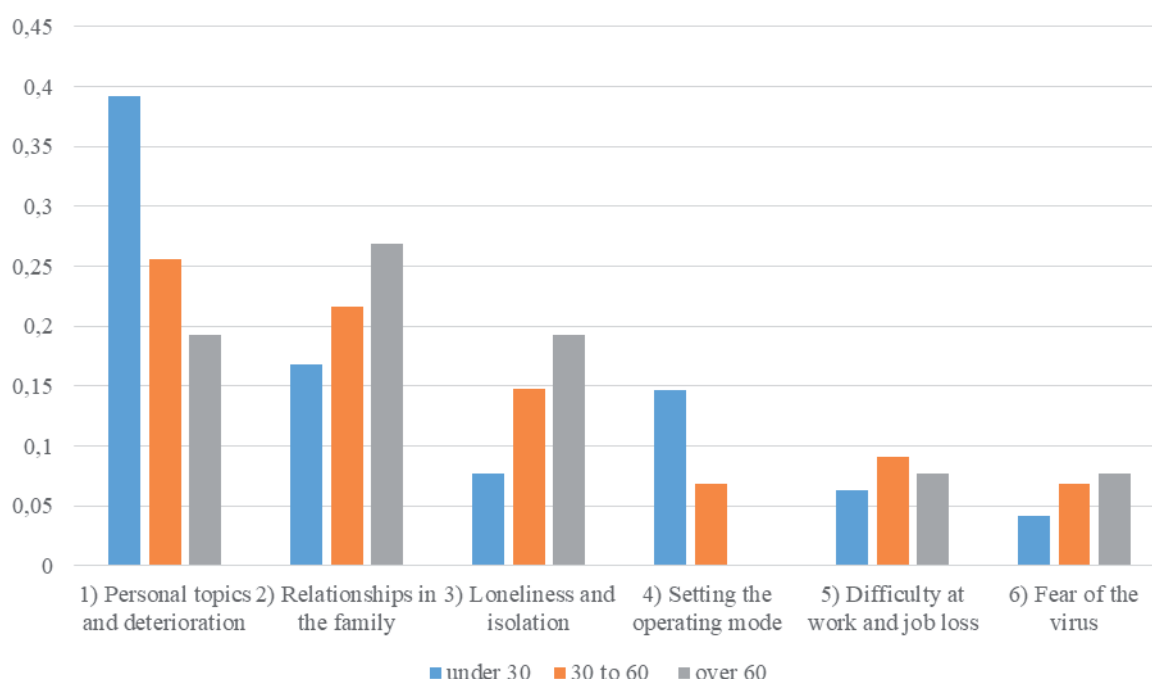
31 Winkler et al., 'Prevalence', 169.

Loneliness and isolation	26/10.4	16/17.6	6.6; 14.2	9.8; 25.4	-15.9; 1.5
Operating mode	25/10.0	8/8.8	6.3; 13.8	3.0; 14.6	-5.7; 8.1
Difficulty at work	25/10.0	2/2.2	6.3; 13.8	0.0; 5.2	3.0; 12.6
Fear of the virus	10/4.0	10/11.0	1.6; 6.4	4.6; 17.4	-0.3; 6.1
Other issues	31/12.4	8/8.8	-----	-----	-----

Findings – bivariate analysis

If we were to observe the influence of the month in which the call was made, together with the representation of problems (topics) that started before the pandemic, but worsened during its initial course, it is possible to observe a decrease in the frequency of those that were first detected by clients during the pandemic. While they accounted for 82.6% (n = 38) of March contacts, in April it was 78.7% (n = 133) and in May 37.0% (n = 10). Then, logically, the representation of problems of which their onset was determined by clients before the pandemic changed in inverse proportion (i.e., it grew from 17.4 to 63.0%). In terms of topic, the most striking changes can be observed in the proportional representation of personal themes, family relationships, and loneliness and isolation addressed. Although the proportional representation of other thematic units also developed within the months of March to May, the shifts were not so significant. Personal topics accounted for 33.8% of calls in March. In April, the number increased to 43.7% and in May it decreased to 9.1%. Troubled family relationships were addressed in 21% of the topic calls in March and April, rising to 45.5%. Considering loneliness, there was an increase from 14.1% (in March) or 10.2% (in April) to 30.3% in May.

Graph 1: Relative frequency of representation of topics according to age groups



In terms of rankings, both men and women were most burdened by personal topics and the deterioration of the condition in connection with Covid-19 and the measures taken (see table 5). This was followed by topics focusing on family difficulties as well as perceived loneliness and isolation. For both women (*norm.nomvar* = 0.945) and men (*norm.nomvar* = 0.917) there was no tendency to lean towards one of the categories. Regarding the order of difficulties according to the importance of representation, it seems that women and men do not differ much ($\tau = 0.6$). The degree of the order of representation of individual topics is relatively strong according to the degree of correlation. If we use the information from the confidence intervals for the difference between proportional representation, then the topics of difficulties in family relationships and difficulties at work, which were more addressed by women, present themselves as potentially gendered.³² Considering the application of 95CI as an indicator, the topic of fear of the virus, which was addressed by 4% of women and practically by 11% of men, can also appear as a potentially gendered topic. In the broader population, based on the 95CI, 23 to 34% of women and 26.5 to 46% of men would address personal topics and problems. Relationship topics (difficulties in the family and feeling lonely and isolated) would then be addressed by 23 to 42.5% of men and 29 to 41% of women.

In the category of age groups, both upward and downward trends can be observed for individual thematic units. Only for the topic of difficulties at work and job loss is the topic proportionally the most represented in the age group 30 to 60 (9.1%). From the point of view of downward trends between age categories, more significant decreases can be observed in personal topics and deterioration of the condition (from approx. 39 to 19%) and the setting of the functioning mode (from approx. 14.5 to 0.0%). The increase can be observed in the topics of problems in family relationships (from approx. 16.5 to 27%), feelings of loneliness and isolation (from 7.5 to 19%) and concerns about the virus itself (from approx. 4 to 7.5%). Graphically, these shifts are shown in Chart 1. Based on Kendall's tau-b, it can be said that the age groups 30 to 60 and 60+ are the most similar in terms of ranking of importance (in terms of the degree of representation) of individual topics. We can consider the tau-c value (0.759) as a very strong correlation, the correlation between the groups under 30 and 30 to 60 then as substantial (0.683), and finally the correlation between the age groups under 30 and 60+ as moderate (0.37).

Reflection on the data and possible implications for community social work

In the following part of the text, the findings obtained from the Project data are firstly reflected in comparison with relevant existing research. Subsequently, possible implications for CSW are described for each data area, which are formulated as inspiration or as a stimulus for possible discussion. The individual data of the Project are related to the characteristics of individual CSW concepts (see table 1 above) and where certain conclusions can be formulated, these are proposed as possible responses to the given issue.

The first significant finding in the context of the focus of the article is the fact that contacts with people in the 60+ age group formed only 6.7%. This confirms assumptions about the existence of the digital divide, which can be traced around the 1960 birth date in the Project data. It appears that people born before this date may not have sufficient access to online media, which may have reflected both their low awareness of the Project and its use by this age group. This also corresponds

32 Those subjects where the calculated confidence interval did not contain the value 0.0 were chosen. As NHST principles and procedures were not applied, the chi-square test calculation was not chosen.

to foreign research and review articles.³³ Information about the representation of problems in contexts can also speak in favour of the assumption considering the existence of a digital divide. If we look at the 60+ age group (compared to the other two groups), people in this group deal more with relationship topics (family relationships and feelings of loneliness and isolation) and health information topics (fear of the virus). The existence of increases in the representation of the area of fear of the virus can be seen in line with the theses of Dubey and colleagues.³⁴ They talk about the impact of the amount and focus of information (the infodemic) on the subjectively perceived ability to manage the situation and concerns about the experienced situation.

One response option is to adapt existing services in order to be able to respond to identified themes specific to the 60+ age group, particularly loneliness and isolation as well as concerns about the virus. In addition to supporting the transmission of adequate information, even proactively in places that are common for people aged 60+, it is possible to consider (also taking into account the increase in the number of calls on the topic of loneliness and isolation) the creation of a temporarily functioning telephone service that would primarily focus on the reduction of feelings of loneliness and isolation. Although the impact was measured in terms of longer-term contact, and despite the indisputably more positive impact of personal contact, some studies demonstrate a positive impact even in the case of long-distance contacts (e-mail, telephone).³⁵ At the social action level, consideration of community-based interventions, respectively specific stakeholders, could be recommended which could influence the attitude of companies providing data connections for online communication towards more accessible services, and thus support alternative contacts between people from selected target groups, for example, in the framework of Corporate Social Responsibility (CSR), etc. It would also make sense to support such organisations or services that focus on the development of computer literacy (within the framework of social planning). At the opposite pole age-wise (the group of people under 30), interventions can be considered at the level of social action towards those who are competent to influence the construction of such facilities that would allow the structuring of free time even within the possible restrictions of contacts. In this way, it would be possible to react both to the absence of time structuring (by creating offers for its active consumption), and subsequently to positively influence the psychological state.³⁶ At the level of social planning, it seems appropriate to recommend support for crisis intervention or counselling services with a low threshold for their use, or possibly increasing their capacity in the case of the limited availability of other services. Another conceivable way of processing some topics could be ideas and instructions in the form of leaflets or other forms that would not depend on personal contact.

In addition to age as a specific risk factor, we can also perceive gender as another factor. On the one hand, there are topics that seem to have a greater impact on women. These are the topics of family relationships and difficulties at work (see Table 5). At the same time, however, it is also necessary to point out that from the point of view of confidence intervals, this difference (women's greater need to resolve the mentioned topics) could be practically minimal in the estimated population (0.3 or 3.0%). The upper limit of the same confidence intervals is 12.6, respectively 18.6%.

33 Teodosio Pérez-Amaral et al., 'Digital divides across consumers of internet services in Spain using panel data 2007–2019. Narrowing or not?', *Telecommunications Policy* 45, no. 2 (2021): 4, <https://doi.org/10.1016/j.telpol.2020.102093>.

34 Souvik Dubey et al., 'Psychosocial impact of COVID-19', *Diabetes and Metabolic Syndrome* 14, no. 5 (2020): 780, <https://doi.org/10.1016/j.dsx.2020.05.035>.

35 Michael Green et al., 'Social contact and inequalities in depressive symptoms and loneliness among older adults', *SSM – Population Health* 13, (March 2021): 5, <https://doi.org/10.1016/j.ssmph.2021.100726>.

36 Grazia Maugeri et al., 'The impact of physical activity on psychological health during COVID-19 pandemic in Italy', *Heliyon* 6, no. 6 (2020): 6, <https://doi.org/10.1016/j.heliyon.2020.e04315>.

The data from the Project also supports the findings of some research (e.g., Milliken et al.³⁷) that just by introducing working from home during the pandemic did not improve the ability to reconcile work and family life. On the contrary, according to Milliken et al., there has been a growing confusion between work and private life, and thus more collisions between family and work life. This situation may have contributed to growing problems in family coexistence. On the other hand, the overall smaller representation of men (25%) corresponds to the findings of a gender-based conflict between the perceived problematic nature of a certain situation and the attitude towards seeking help. Seidler and colleagues conducted a systematic review study in which they also pointed out that, despite changing social norms, men's attitudes towards seeking out helping organisations are still strongly influenced by classic gender stereotypes. Seeking help is seen as characteristically feminine.³⁸

From a gender point of view, within the framework of social action, it would be possible to support such activities that would both affect the change of attitude towards the use of services (as in the case of community development mentioned below), and at the same time exert pressure on employers to create jobs that allow for greater security, both from the point of view of the opportunity itself to go to work, and from the point of view of the possibility of generating financial advances for unexpected loss of income. It also seems meaningful to support organisations that actively work with gender stereotypes, already at the level of social planning or community service planning. From a family relations point of view, this would be the support related to the capacity of services and its increase, not necessarily in the first month of emergency measures.

A specific area is the interventions proposed for the development of communities. The approach presupposes the creation of such a story of the community, which will support its cohesion and also its independence.³⁹ In this respect, the promotion of good ties itself can work as a prevention of the development of difficulties, as well as a tool used to encourage one to turn to his community in the case of difficulties. In terms of gender impact, it could then lead to the creation of new income alternatives that would be alternative to the usual market. In addition, foreign practice shows that these platforms of production and consumption can arise as a natural response to crises and are more anchored in the community as such.⁴⁰ Although such a concept of social work, that is, in its form of community economy, might seem strange or atypical, it is perceived by some as a viable alternative to other forms of the field.⁴¹ Within the framework of community development, gender stereotypes affecting both the use of services and the choice of a person responsible for the operation of the household and the functioning of the family could also be reflected, primarily by supporting such narratives that would emphasise the interconnectedness of various tasks and the right to use assistance regardless of the applicant's gender. Fostering relationships within the community could also encourage greater involvement of younger people in helping community members in need (helping with shopping, etc.). This would simultaneously offer a meaningful structuring of time for the younger generation. The influence of perceived connectedness with the community on the level of volunteer activities was demonstrated in the context of the investigation of the Covid-19

37 Frances Milliken et al., 'Implications of the COVID-19 Pandemic for Gender Equity Issues at Work', *Journal of Management Studies* 57, no. 8 (2020): 1770, <https://doi.org/10.1111/joms.12628>.

38 Zac Seidler et al., 'The role of masculinity in men's help-seeking for depression', *Clinical Psychology Review* 49, (2016): 114, <https://doi.org/10.1016/j.cpr.2016.09.002>.

39 Kappl, *Konstruktivismus v sociální práci s komunitou*, 25–26.

40 Amalia Morales-Villena, Paloma Martín-Martín, and Joana Mestere-Miquel, 'Community work and citizen activism as a response to the crisis in Spain', *European Journal of Social Work* 24, no. 6 (2020): 10, <https://doi.org/10.1080/13691457.2020.1793106>.

41 Oldřich Chytil, 'Důsledky modernizace pro sociální práci', *Sociální práce / Sociálna práca* 7, no. 4 (2007): 68.

pandemic, for example, by Wakefield, Bowe, and Kellezi.⁴²

Looking at the change in the representation of themes over time (from March to May), a similar representation of personal topics and relational topics (difficulties in the family and feelings of loneliness and isolation) can be observed at the beginning of the pandemic. While personal topics and deterioration of the condition due to the pandemic decreased in terms of frequency of occurrence, the proportional representation of problems associated with family relationships and the absence of relationships (loneliness and a feeling of isolation) increased from March to May, roughly doubling for both thematic groups. Data from the Project correspond to Pentini and Lorenz's assertion regarding the emphasis on the erosion of collectivity within the pandemic in comparison to the erosion of individuality, that is, that the collective is more affected by the pandemic and the measures taken.⁴³ However, as was shown above, CSW reacts to this fact, that is, increasing individualisation, by its very nature.

Conclusion

The following goals were formulated in the presented text: to describe the degree of representation of the topics addressed by the Project's clients (1); to describe the relationship of the proportion of topics to available client characteristics (gender and age category) and to the months in which services were provided (2); and to offer possible implications for individual concepts of community social work (3). Personal topics and deterioration seem to have been addressed the most, followed by family relationships. However, family relationships and feelings of loneliness and isolation rose as a topic among Project conversations within proportional representation from March to May 2020. Considering age, it is possible to notice, above all, the absence of clients in the 60+ age group, and from the point of view of gender, there is a significantly smaller representation of male clients (25%). The topics of difficulties at work and relationships in the family can be perceived as gendered. Younger cohorts needed to discuss time structuring and personal topics more, while older cohorts were more likely to discuss family relationships and feelings of loneliness and isolation.

Not all findings can be used in order to offer implications for social action, social planning, and community development. In a simple way, social action could use knowledge of potentially more vulnerable groups (in terms of gender and age) in relation to the issues they are addressing and take steps to support key stakeholders or community-level organisations in intervening in those areas. Social planning would then focus more on the availability of services, both of a temporary nature (services responding to the increase in loneliness and isolation) and of a longer-term nature (supporting crisis intervention and counselling services). Community development is then generally aimed at promoting community cohesion and perceived ties of belonging to the community. This in itself could act as a preventative measure against identified topics of difficulty stated by Project clients in the event of further government restrictions on services and leisure.

42 Juliet Wakefield, Mhairi Bowe, and Blerina Kellezi, 'Who helps and why? A longitudinal exploration of volunteer role identity, between-group closeness, and community identification as predictors of coordinated helping during the COVID-19 pandemic', *British Journal of Social Psychology* 00, (04 February 2022): 11, <https://doi.org/10.1111/bjso.12523>.

43 Anna Aluffi Pentini and Walter Lorenz, 'The Corona crisis and the erosion of the "social" – giving a decisive voice to the social professions', *Journal of Social Work* 23, no. 4 (2020): 548, <https://doi.org/10.1080/13691457.2020.1783215>.

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