Article

The impact of the COVID-19 pandemic on the client base for social services

by

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Abstract

The COVID-19 pandemic has rampaged through the daily life of individuals, increasing existing vulnerabilities and bringing about new ones. Social service workers act in close proximity and connection with these vulnerable groups, and measures taken to decrease the COVID-19 contamination rate — such as working from home, reducing social contacts and most of all lockdowns — negatively affect the core tasks of social service workers. Consequently, these professionals have had to find other ways to reach out to clients. This may potentially change the type of clients who have been reached and prioritized during the pandemic. Moreover, the profile of clients may have changed due to the pandemic. With this study, we address three research questions: (1) Which clients were prioritized by social service workers?, (2) Which clients were not able to be reached by social service workers?; and (3) Do social service workers expect a new vulnerable client base to emerge as a consequence of the COVID-19 pandemic?

To help answer these questions, we used data from the Social Work COVID-19 Survey, obtained from 2,815 social service workers and collected in April and May 2020 during the first Belgian lockdown. The results indicate that urgent cases in need of essential, vital care were prioritized, with social service workers relying more on their gut instincts than on the customary procedures. Second, clients who could not be reached were those with limited access to modern communications, or with lower levels of digital skills. This often coincides with more vulnerable groups (such as people with mental health issues, financial issues, a small social network, the homeless and the elderly). Third, with regard to possible new clients, social service workers anticipate a ‘less standard’ and ‘more temporary’ client base, with more ‘middle-class families’ who have become vulnerable due to the economic consequences of the COVID-19 pandemic. Moreover, social service workers expect the pressure in the private life of individuals to increase, and have observed several mental health consequences of the COVID-19 pandemic.

Keywords: social service work, clients, COVID-19, social service practice, Belgium

Introduction

In December 2019, the first outbreak of the COVID-19 virus appeared in China, more specifically in the city of Wuhan. From there, it spread throughout the entire world, badly affecting all continents at certain points in time. According to reports from the World Health Organization (WHO, 2021a) at the beginning of 2021, Europe was among the hardest hit regions in the world, accounting for 35% of all new cases. Overall, it is clear that this pandemic has taken a high toll on the world population, with over two million deaths approximately 14 months after its outbreak (WHO, 2021a). In Belgium, centrally located in Western Europe, the COVID-19 pandemic has had a severe impact on the health of the population. During the first wave in particular, an unusual peak in mortality could be observed around 8 April 2020 (Sciensano, 2021).

Given the severe impact of the COVID-19 virus on the population's health, the Belgian government put in place various measures to attempt to 'flatten the curve', or in other words, slow down the spread of the virus within the population. The most drastic measures were taken in the third week of March 2020 (on 12, 17 and 20 March), with the so-called 'lockdown light' (Federale overheid, 2020b, 2020c). This lockdown entailed that all bars, restaurants and non-essential shops (shops other than pharmacies and those selling food) were closed, all cultural, sports and social activities or events were cancelled, all schools and childcare facilities were closed with the exception of the children of parents in 'essential' professions such as healthcare or the food industry, and everyone had to work from home if possible. Eventually, all the country's borders were also closed, thus making tourism impossible. Moreover, social contacts were limited to people living in the same household, and it was strongly advised to stay inside and only leave the home for physical exercise, such as running or cycling. All playgrounds were closed, as sitting around in parks was also prohibited. This 'lockdown light' lasted for approximately a month and a half. At the end of April, the Belgian government revealed an 'exit strategy' to gradually reduce health and safety measures, depending on the further evolution of the pandemic (Federale overheid, 2020a).

Consequently, the daily life of individuals, families and communities was heavily affected by the COVID-19 measures. Concerns about this were voiced early on in

public debate by social service professionals (Blomme, Hubar, & Morelli, 2020; Ham, 2020; Maenen, 2021; Schepens, Vandermeeren, & Deschoemaker, 2020). Subsequent scientific studies have reported that health and safety measures had some (unexpected) latent effects, which increased existing vulnerabilities and brought about new ones (Dominelli, Harrikari, Mooney, Leskošek, & Tsunoda, 2020; Kinderrechtencommissariaat, 2020; Richardson, Carraro, Cebotari, Gromada, & Rees, 2020; University of Antwerp, 2020a 2020b). More often than not, circumstances worsened for already vulnerable groups, and new vulnerable groups appeared. The demand for social work and social services became more apparent than ever, but due to the measures, also became more difficult to carry out. This was primarily because the core tasks for social work practice require proximity (Vandekinderen, Roose, Raeymaeckers, & Hermans, 2019), and hence needed to be redefined. Accordingly, social workers and social service professionals had to find other ways to reach out to clients (Bocklandt, 2020; Nijs, Custers, Dekelver, & Loyen, 2020), potentially changing the type of clients reached and prioritized during the pandemic. Moreover, the profile of clients may have changed due to the pandemic. Therefore, the aim of the current study is to examine the impact of the COVID-19 pandemic on the client base of social work. Before discussing the parameters of the study in greater detail, we shed some light on the research literature pertaining to vulnerabilities in the COVID-19 era on the one hand, and on factors playing a role in potential changes in the client base of social service work during COVID-19 on the other.

Literature Review

Increased vulnerabilities due to the COVID-19 pandemic?

As mentioned in the introduction, the measures taken by the Belgian government during the COVID-19 pandemic have increased existing vulnerabilities, as well as possibly bringing about new ones (Kinderrechtencommissariaat, 2020; University of Antwerp, 2020a, 2020b). Although scientific research examining the impact of the pandemic on various vulnerabilities is still ongoing, several studies have already uncovered less than optimistic results with regard to vulnerabilities in society. As the current study relies on Belgian data, its focus is first of all on the increase in vulnerability of the Belgian population. However, we do compare Belgian studies with ones from other countries where possible.

On the one hand, the COVID-19 pandemic appears to have had a substantial, negative impact on the economy. According to a research review report from FPS Economy (2021), there has been a 6% decrease in overall turnover for Belgian companies, with tourism, aviation, transport and culture being the worst affected sectors. Moreover, a study by the Economic Risk Management Group indicates that Belgian companies estimate a 12% decrease in revenue compared with previous years, and have no high hopes for 2021 (Nationale Bank van België, 2021). In December 2020, the Organisation for Economic Co-operation and Development estimated that the Belgian gross domestic product would have decreased by 7.5% in 2020 (OECD, 2020). Furthermore, a study by UNICEF (Richardson et al., 2020) predicted a fall in economic growth of 8.9% after one wave of COVID-19 for Belgium, and of 11.2% after two waves. This is larger than the overall average for the 41 high-income countries included in the UNICEF study. Nevertheless, this is not an exclusively Belgian scenario. The OECD suggested that worldwide economic activity would decrease by 4.2% in 2020, but would recover in 2021 (OECD, 2020). For the EU and Europe as a whole, the European Commission estimated that there would be a significant negative impact of the COVID-19 pandemic on the EU and the Eurozone, leading to a 7.4% decrease for the European Union's gross domestic product in 2020; yet, they also expected a recovery of 4.1% in 2021 (FPS Economy, 2021).

The economic impact of the COVID-19 pandemic is also visible at the individual level. According to the weekly coronavirus study by the University of Antwerp (2020a), 24% of the 19,500 respondents who participated on 24 September 2020 experienced a loss of income that year. Only a very small minority saw an increase in their income. Based on their report regarding families and children beyond COVID-19 in 41 high-income countries, UNICEF (Richardson et al., 2020) predicted that child poverty would increase in the five years after 2020. Child poverty in Belgium was already relatively high before the COVID-19 pandemic, with one in five children growing up in poverty (Richardson et al., 2020). The predicted increase in child poverty will result in greater numbers of vulnerable children and families, as child poverty is also a predictor for both learning and health outcomes. Moreover, governmental support packages for families will not suffice to counteract this rise (Richardson et al., 2020).

On the other hand, and possibly less apparent, the COVID-19 pandemic has also impacted on the private life of individuals and families, leading to various vulnerabilities within the private sphere that may be less outwardly visible. From the weekly coronavirus study by the University of Antwerp (2020b), it is evident that for the almost 22,000 respondents during the week of 19 October 2020, the average score on the GHQ-12[1] increased to levels only seen in the first wave of the COVID-19 pandemic (which coincided with the 'lockdown light'). Overall, the coronavirus study (University of Antwerp, 2020b) shows that the GHQ-12 score has been worse than the Belgian average (as established by the General Health Survey in 2018) for the entire COVID-19 pandemic. Furthermore, a study carried out among more than 44,000 children and adolescents by the Flemish Office of the Children's Rights Commissioner (Kinderrechtencommissariaat, 2020) indicated that 77% of children and 64% of adolescents are more often bored, and reported increased feelings of loneliness and stress. Families have also become more vulnerable, as the same study reveals that one in two children reported more domestic quarrels, with one in 10 even reporting physical or verbal domestic violence (Kinderrechtencommissariaat, 2020). An international study with social workers carried out in 16 countries also indicates that the COVID-19 pandemic has put a great deal of pressure on the private life of families and individuals (Dominelli et al., 2020). Despite important differences in national contexts, some similarities regarding vulnerable groups can be found. Overall, social workers have observed an increase in domestic violence, an increase in substance abuse, a lack of care for homeless people, a decrease in the well-being of both children and the elderly and an increase in vulnerability for people with healthcare problems.

COVID-19 and its challenges for social services practice

While systematic research into the impact of the COVID-19 pandemic on social services practice has recently started to be carried out, both social service workers

[1] GHQ-12 refers to the short General Health Questionnaire of 12 items. The goal of this questionnaire is to screen the general population for minor psychiatric disorders by examining the inability to carry out normal functions, as well as the appearance of new and distressing phenomena. Higher scores indicate a lower general health.

and researchers have pointed out several challenges that this pandemic has brought to the social work field — in terms of the client base of social services practice.

First of all, the COVID-19 pandemic has caused the practice of social work to reinvent itself in the context of health and safety measures. According to Debruyne, Naert and Grymonprez (2020), the COVID-19 pandemic, like any crisis, might have led to the transformation of social work practice. Social work as a profession remains of essential value, given its focus on social service, social justice, dignity and integrity, and human relations, all of which have been put under pressure during the COVID-19 pandemic, according to Walter-McCabe (2020). Nevertheless, some services and organizations had to close their doors due to the COVID-19 measures taken by the government, while others had to reorganize their activities so as to meet the urgent needs of clients. Accordingly, the groundwork for social services — such as the distribution of food or other material aid, and the practice of outreaching and providing basic services — has returned to the front line (Debruyne et al., 2020). Moreover, as Tonui, Ravi and Rodriguez (2020) point out, empowering clients has also become of even greater importance during the COVID-19 pandemic, as clients are more in need of assistance in searching for and finding help. Given these changes in the daily practice of social work, the prospective client base might also have shifted.

Second, it has become visible that one of the building blocks on which social work is based, namely proximity (Vandekinderen et al., 2019), has been redefined from physical proximity to being present in the life of clients (Debruyne et al., 2020). Empathy, however, remains a key element in the social worker–client relationship, and has become even more important, given that physical contact has become much less central in social work practice during the pandemic (Tonui et al., 2020). This often translates into a quick shift to ‘telehealth’ (for a definition, see WHO, 2021b), but some authors wonder if telehealth practices are reaching all the clients who need to be reached, and if everyone has equal access (Amadasun, 2020; Walter-McCabe, 2020). Personal contact remains central to social work and social services practice, but has partially been halted due to the COVID-19 pandemic. This in turn has put pressure on the most vulnerable clients, given the negative consequences of isolation and of being closed off from the personal aspect of aid (Debruyne et al.,

2020; Walter-McCabe, 2020). As a consequence, some clients might not be reached anymore.

Third, several new coalitions and alliances have seen the light of day. In these, social service workers, actors from civil society, local governments and private actors have cooperated in order to protect the people who have become the most vulnerable during the COVID-19 pandemic (Debruyne et al., 2020). As a result of this, a new client base for social work may be reached.

This study

The COVID-19 pandemic has impacted on both the vulnerabilities of individuals and families and the practice of social work. On the one hand, vulnerabilities have arisen or have become more apparent. On the other, social services practice has been challenged and redefined, as tasks could not be continued or needed to be organized differently. Consequently, we expect that the client base of social services practice has shifted. Building on the Belgian experience of the COVID-19 crisis, this study will attempt to answer three research questions: (1) Which clients were prioritized by social service workers?, (2) Which clients were not able to be reached by social service workers; and (3) Do social service workers expect a new vulnerable client base to emerge as a result of the COVID-19 pandemic? Answering these research questions will allow us to gain insight into which type of clients are likely to become the most vulnerable in a health pandemic, according to social service workers, so they can be targeted as priority groups in any circumstances in which maintaining physical proximity is threatened, such as future waves of COVID-19 or future health pandemics. Even so, it is important to highlight the exploratory nature of this study: Its main goal is to come to grips with the earliest and most notable changes in the client base as perceived through the lens of social service workers. Accordingly, a broad field survey such as this one might prove to be an appropriate tool for registering signals pertaining to vulnerable groups in the early stages of crises.

Methods

Study population and data collection

The data for this study was collected on the basis of the Social Work COVID-19 Survey, a large-scale online survey carried out shortly after the lockdown on 18

March 2020. A standardized survey was developed as a web survey, and sent to professionals in the social sector in Flanders and the Brussels region (the northern and central part of Belgium). To reach this target group, the private network of social workers within the PXL Social Work and PXL Social Work Research was written to on the 6 and 9 April 2020. Moreover, the web survey was also distributed throughout Flanders on 14 April 2020; an available online social map (www.desocialekaart.be) was used as a sample framework to select relevant organizations. An email was sent to various organizations, and in order to reach the intended target group within them, it was directed to the level of the relevant individuals by addressing 'the social worker or other professional active in the broad field of social work'. The social map provides an overview of care facilities and care providers in Flanders and Brussels. The Decree of 3 May 2019 regarding this social map (B.S. 26/09/19, article 2) determines which care providers are and are not included. We excluded the subsectors, in which it is more likely that professional groups other than social workers or social sector professionals dominate in presence; for example, residential mental healthcare, assisted living centres, police, courts, lawyers, childcare, job placement services, special education, physical healthcare and other healthcare professions, with the exception of educational therapy. When sent, it was also stated that this web survey could be distributed to the recipients' own network.

The web survey was started by 2,815 respondents between 6 April and 4 May 2020. Out of these 2,815 respondents, 1,703 filled it in completely. The data used in this article comes from a subsample of approximately 1,850 respondents, who all answered at least the questions this article is based on.

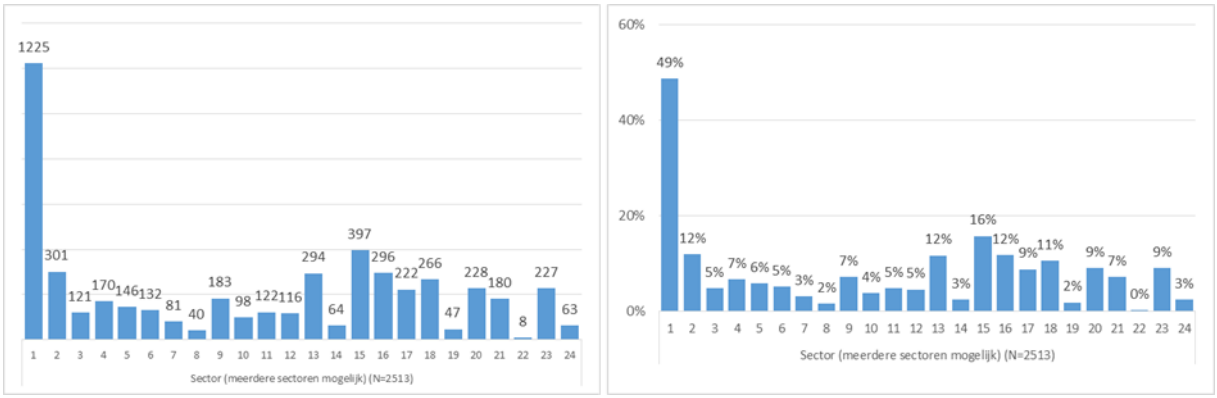
Realized sample

The majority of the respondents (84%) are women, 15.9% are men and 0.1% indicated 'other' as their gender. The median age is 36 years, with a quarter of the respondents being below the age of 29, and a quarter being older than 46. A little under two-thirds (65%) obtained their highest educational qualification at a university of applied sciences, 4.5% do not have a higher education degree or selected the 'other' category, and 30% have a university degree. In terms of study programmes, six in 10 respondents (61.4%) indicated that they have a degree in social work or social work and policy. A social and community work degree, which differs from

social work, was recorded by 17.7% of the respondents, with another 17.4% having a degree in the humanities. A little over 10% (10.8) have been educated in a study programme other than the above.

The answers regarding the sector(s) in which the respondents place their own work are indicated in Figure 1. Approximately half (N=1225) indicate that they work in general social services. A little over a further half of this group (N=688) selected this answer category solely. The categories children and families (N=397) and poverty/poverty of opportunity (N=301), were both indicated by more than 300 respondents. The categories of youth services (N=294), young people (N=296), the elderly (N=222), people with a disability (N=266), mental healthcare (N=228), and municipal, provincial, Flemish and federal governments (N=227) were selected by 200 to 300 respondents. Between 100 and 200 respondents placed themselves in the categories of homeless care (N=121), housing/social housing (N=146), education, training and informal education (N=132), budget counselling and budget management (N=183), meeting, neighbourhood and society development (N=122), migration and civic and non-civic integration (N=116) and home care (N=121). The smallest groups of respondents, in particular groups with fewer than 100 respondents, can be found in the categories of justice (N=81), legal services (N=40), culture and leisure time (N=98), relationships and sexuality (N=64), physical healthcare (N=47), living environment and international cooperation (N=8) and other (N=63):

Figure 1: Respondents per sector (N and in %)



1 = General social services (OCMW, CAW, etc.); 2 = Poverty and poverty of opportunity; 3 = Homeless care; 4 = Housing/social housing; 5 = Labour and (social) economy; 6 = Education, training and informal education; 7 = Justice; 8 = Legal services; 9 = Budget counselling/budget management; 10 = Culture and leisure time; 11 = Meeting/Neighbourhood and society development; 12 = Migration, civic integration and non-civic integration; 13 = Youth care; 14 = Relationships and sexuality; 15 = Children and families; 16 = Young people; 17 = The elderly; 18 = Persons with a disability; 19 = Physical healthcare; 20 = Mental healthcare; 21 = Home care; 22 = Living environment and international cooperation; 23 = Municipal, provincial, Flemish and federal governments; 24 = Other.

Analysis

In order to answer our three research questions, three open questions from the Social Work COVID-19 Survey were analysed using a thematic coding analysis. The results of this study, although distributed in the form of a survey, therefore derive from qualitative analytical techniques of coding and categorization. All the open answers of respondents for whom the question was applicable were analysed regarding similarities and differences in content, and consequently recoded into categories. Each respondent could give multiple open answers, all of which were recoded and included in our analysis and results. For each respondent who answered the question, at least one meaningful answer was hence included in the analysis.

With regard to the first research question, the questions analysed comprised a twofold question. The first was a closed question: ‘Have you made other choices in who gets priority for care since the beginning of the COVID-19 pandemic?’ The answer categories were only yes or no. If respondents gave an affirmative answer (which was the case for 728 respondents), they were presented with an open question: ‘How?’ A meaningful answer was given by 613 respondents, and these answers were recoded into 68 categories.

For the second research question, respondents first had to indicate whether they had been able to reach all of their clients since the start of the COVID-19 pandemic. If they had not, they were given the following question: 'Which characteristics distinguish the clients you do not reach anymore from those you do still reach?' In total, 1,077 respondents gave at least one meaningful answer to this question, and these open answers were recoded into 59 categories.

With regard to the third and final research question, respondents first answered a closed question: 'Do you expect an appearance of clients with a different profile due to the COVID-19 pandemic?' (yes or no). If respondents answered 'yes' to this question, they were asked an open follow-up question: 'Which characteristics will distinguish those new clients from the existing client base?' Of all the 784 respondents who gave a 'yes' to the former question, 667 answered the open one with at least one meaningful answer. Those 667 open answers were recoded into 50 categories.

Results

Which clients were prioritized?

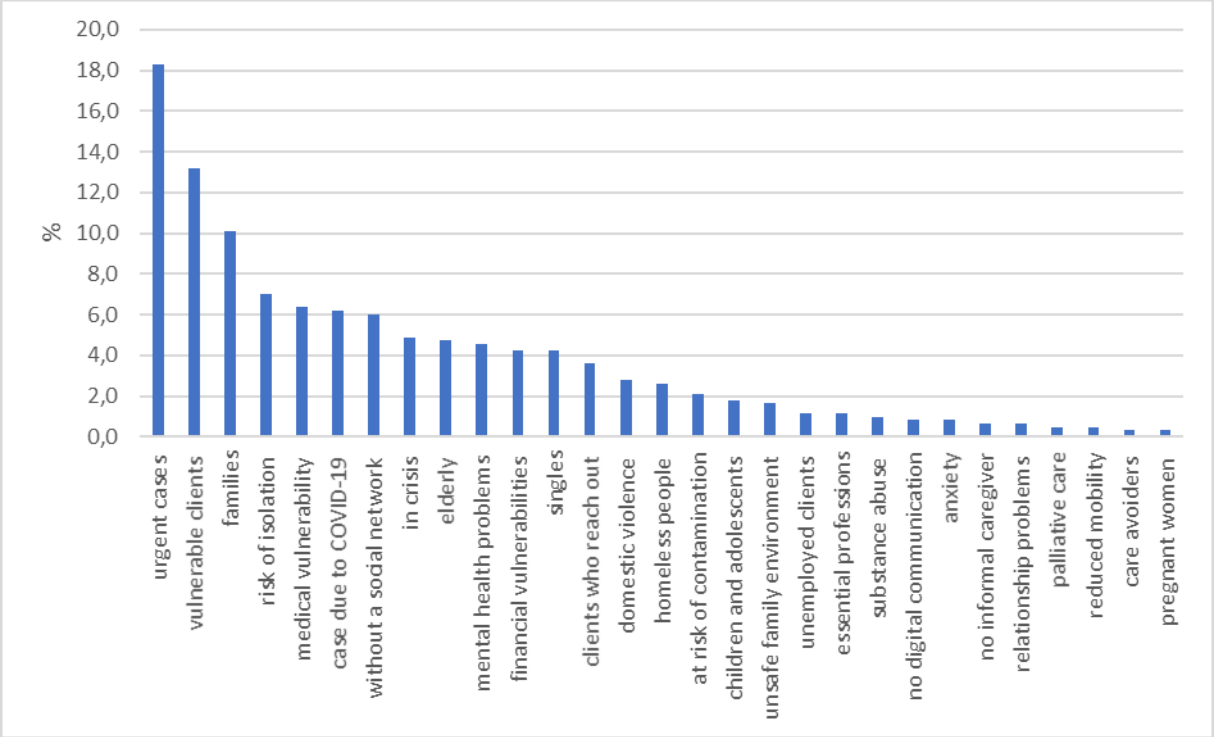
Overall, 40.5% of the respondents indicated that their priorities regarding which clients should be cared for had shifted due to the COVID-19 pandemic. When we asked these respondents how they decided who to prioritize, the characteristics of clients were primarily mentioned; however, to a lesser extent, the type of care and characteristics of the care trajectory also played a role in the decision. Some 1.8% of the respondents reported that every client is still cared for, but 4.2% indicated that care for new clients had lost priority. Furthermore, respondents revealed that during the pandemic, they relied less on waiting lists and more on the 'story' of clients, or on their gut feelings, in order to decide who was prioritized.

Figure 2 provides some insights into *the type of clients* that were given priority. Overall, 70.3% of the respondents reported that they prioritized based on the type of client. Some 18.3% stated they prioritized urgent cases in need of vital care, 13.2% indicated that they prioritized vulnerable clients (without providing a definition of 'vulnerability'), 6.2% prioritized clients who needed help due to the COVID-19

pandemic and 4.9% prioritized clients who were in crisis (without defining 'crisis'). Some 3.6% of the respondents prioritized clients who reached out themselves, and 1.1% prioritized clients who had an essential profession[2] during the crisis. Other respondents indicated specific vulnerable groups they prioritized. These included families under pressure with young children and/or less resilience (10.1%), clients at risk of isolation or in need of social contact (7.0%), clients with a medical vulnerability (such as a physical disability or chronic illness), clients without a social network (6.0%), the elderly (4.7%), clients with mental health problems (4.6%), those with financial vulnerabilities (4.2%), single people and especially single parents (4.2%), the homeless (2.6%), clients at a higher risk from catching COVID-19 (2.1%), children and adolescents under pressure (especially those living in a residential setting and cut off from their home environment — 1.8%), the unemployed (1.1%), clients with vulnerabilities in their private life, such as domestic violence (2.8%), an unsafe family or child-rearing environment (1.6%), relationship problems (0.7%) or substance abuse (1.0%). Other types of clients — for example, those without access to digital communication, with anxiety, without an informal caregiver, in palliative care, with reduced mobility, care avoiders and pregnant women — were also mentioned, albeit by fewer than 1% of the respondents:

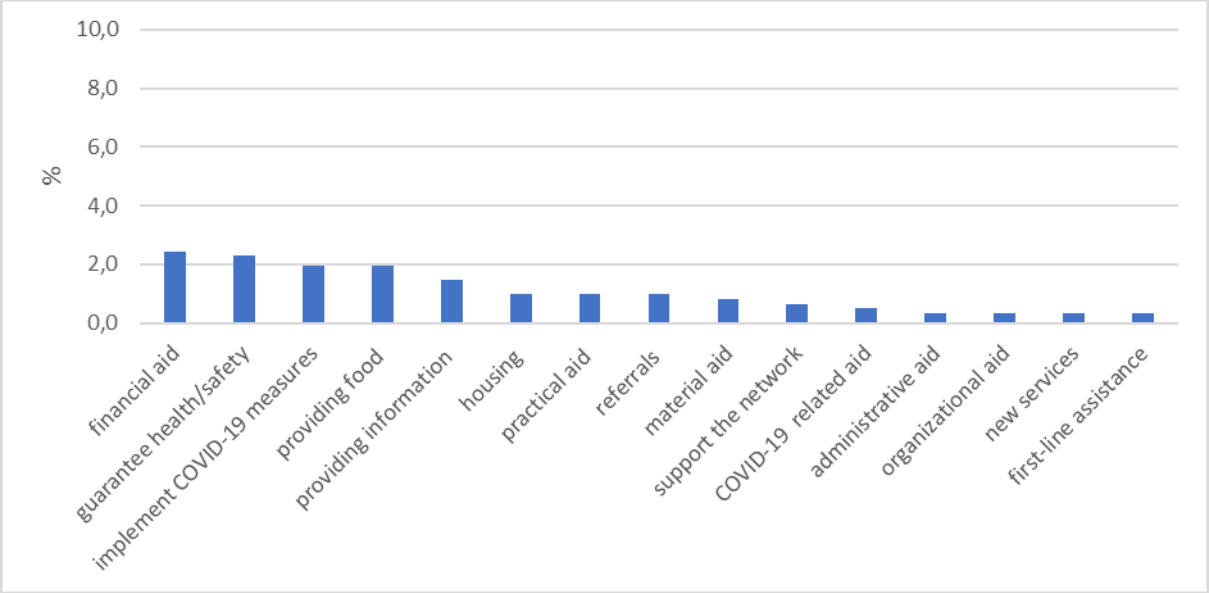
[2] As decided by the government.

Figure 2: Type of clients



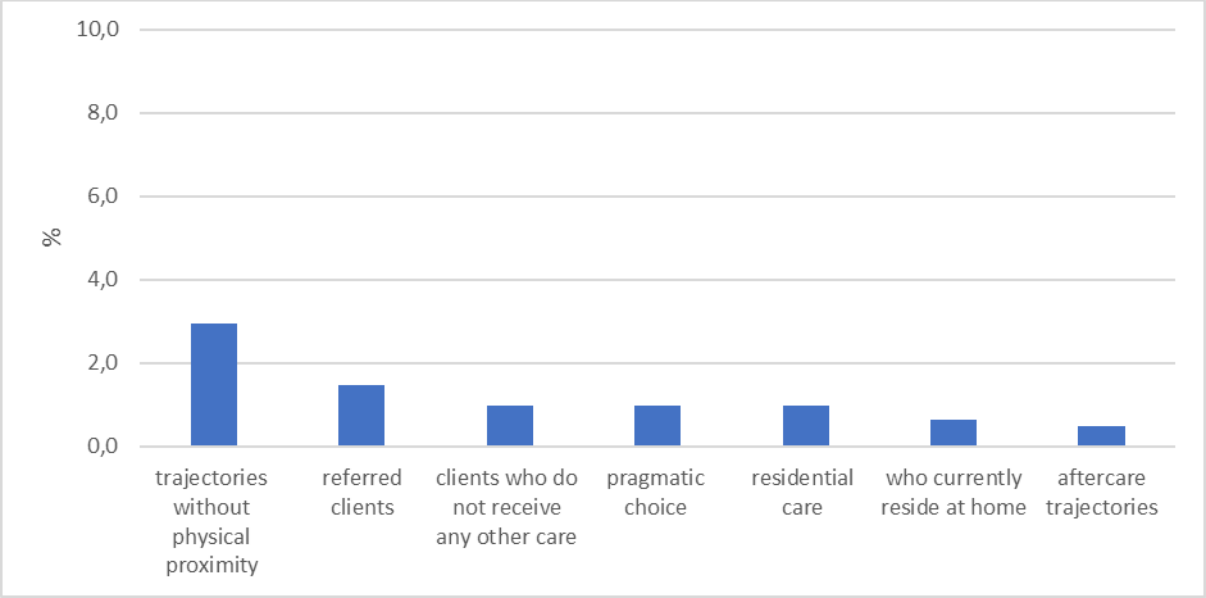
To a lesser extent, respondents based their priorities on *the type of aid* (15.0% of the respondents overall). Providing financial aid (2.4%), guaranteeing the health and safety of their clients (2.3%), providing food (2.0%) and implementing the COVID-19 measures taken by the government (2.0%) were mentioned most often as care priorities. Less frequently mentioned were providing information (1.5%), housing (1.0%), practical aid (1.0%) and referrals (1.0%). Other types of care were mentioned by fewer than 1% of the respondents, as shown in Figure 3:

Figure 3: Type of aid



Lastly, the *characteristics of the care trajectory* were also mentioned by 32.3% of the respondents in order to decide on priorities (see Figure 4). Some 2.9% reported giving priority to clients in trajectories that could be rolled out online or using the telephone, and thus did not require physical proximity, whereas 1.5% prioritized clients who were referred to them. A total of 1.0% of the respondents prioritized clients who did not receive any other care, and a further 1% made a somewhat pragmatic choice by giving priority to clients who were open to receiving help and care, or with whom respondents could move forward. Specific to residential settings, 1% of the respondents revealed that residential care received priority over ambulatory care. Other characteristics of the care trajectory on which priorities were based were mentioned by fewer than 1% of the respondents:

Figure 4: Characteristics of the care trajectory



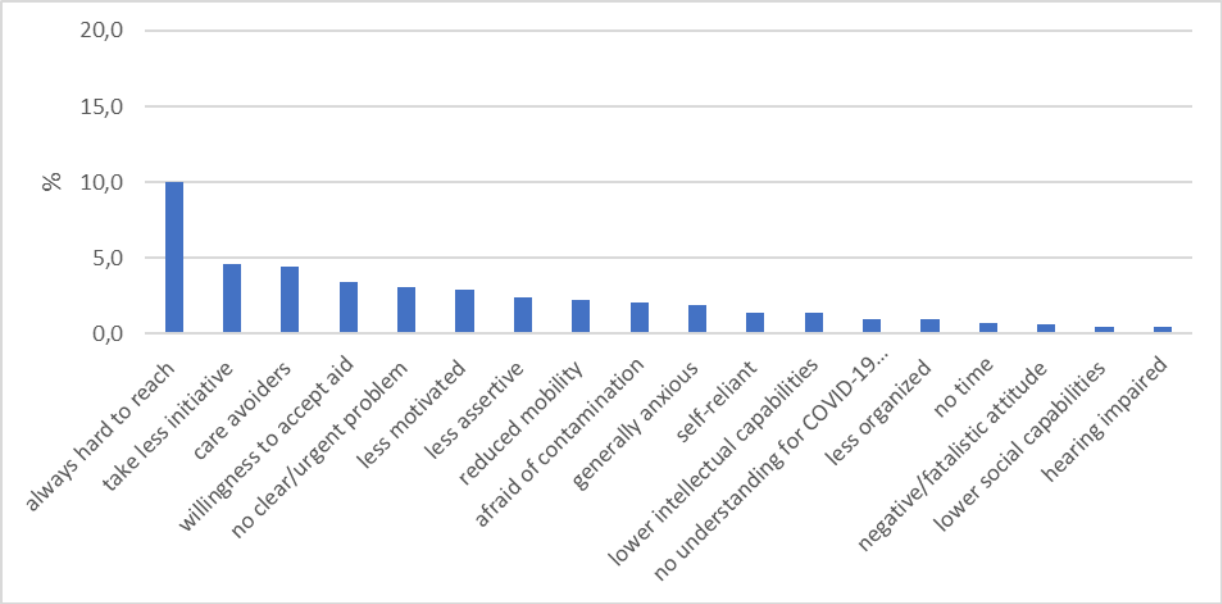
Which clients were not able to be reached?

Overall, the respondents indicated that on average they did not reach 19.6% of their clients. When examining in greater depth which type of clients were not reached during the lockdown, 59 types were revealed after recoding the open category question. Whereas 0.6% of the respondents indicated that they did not find any difference between the clients that they reached and did not reach, all other respondents mentioned characteristics of clients, characteristics of communication or characteristics of the care trajectory as important factors.

According to 43.5% of the respondents, the first reason for some clients not having been reached can be attributed to the *overall characteristics of clients* (see Figure 5). Some 10.0% of the respondents revealed that clients they could not contact were those who were always hard to reach (not answering their phone, leaving letters unanswered, etc.), 4.6% reported they were clients who always took less initiative themselves (due to being ashamed to ask for help, because they do not want to be a burden, because they have a more 'wait and see' attitude, etc.) and 3.4% reported they were clients who were always less willing to accept help. Moreover, individuals described as care avoiders (reported by 4.5% of respondents), less motivated (2.9%), self-reliant (1.4%) or without a clear or urgent problem (3.1%) were also types of clients that respondents were unable or less able to reach during the COVID-19 pandemic. Additionally, the personality traits of clients also played an important role according to the respondents. Clients who were less assertive (2.4%),

afraid of contamination (2%), generally anxious (1.9%), less organized (0.9%) or had a somewhat negative or fatalistic attitude (0.6%) were less likely to be reached. Lastly, respondents reported that certain capabilities of clients also played a role, such as reduced mobility (2.2%) and lower intellectual (1.4%) or social (0.5%) capabilities. Other characteristics of the clients were mentioned by fewer than 1% of the respondents:

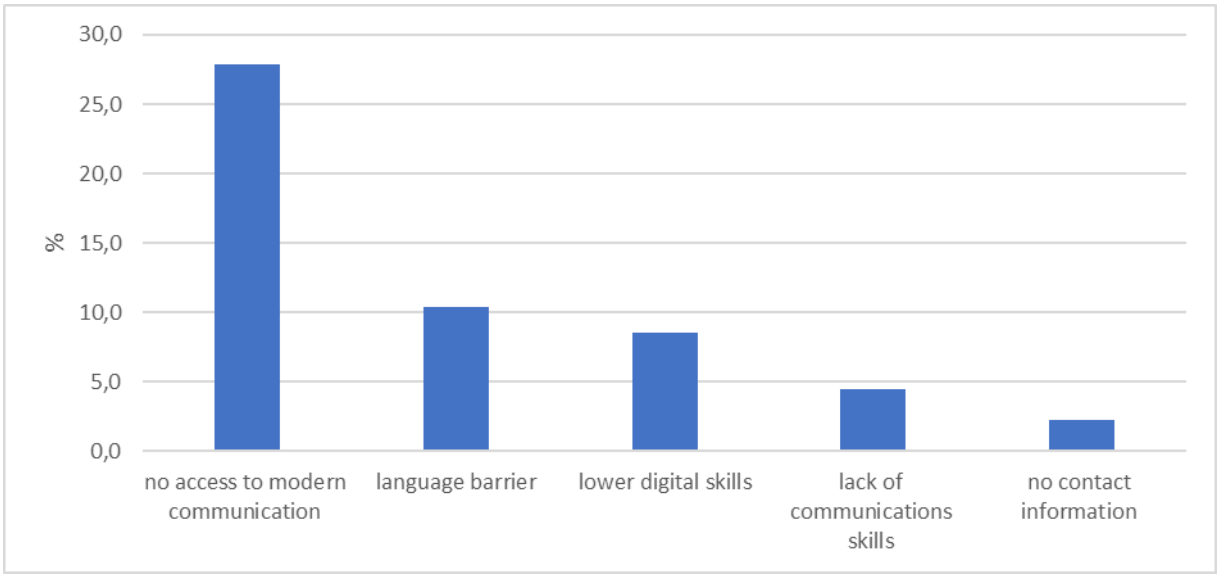
Figure 5: Characteristics of clients



The second reason why clients were not able to be reached, according to 35.3% of the respondents, is to be found in the *characteristics of communication with clients* (see Figure 6). Some 27.9% of the respondents revealed that they did not reach certain clients because the latter did not have access to modern means of communication, such as computers, smartphones, the internet and/or social media. Given that social service work was prompted to be redefined due to the COVID-19 measures, more digital and less face-to-face care was rolled out, thereby excluding clients without access to those means of communication. Another frequently-mentioned problem (by 10.4% of the respondents) was a language barrier, given that interpreters were less easily accommodated in these redefined practices. Furthermore, 8.5% of the respondents said they had not reached clients who had lower levels of digital skills. Although these people might have had access to modern digital communication technologies, they did not know how to use them. Moreover, some clients lacked overall communications skills (illiteracy or difficulties with

speaking, writing and/or reading), which made them difficult to reach, according to 4.5% of the respondents. These respondents also mentioned that they missed the non-verbal communication aspect of care tremendously. A smaller group of clients could not be reached because their contact information was missing, according to 2.2% of the respondents. This might have been due to GDPR regulations, but also to a lack of contact information (for example, homeless clients) or frequently changing contact information (often switching cell phones, addresses, etc.):

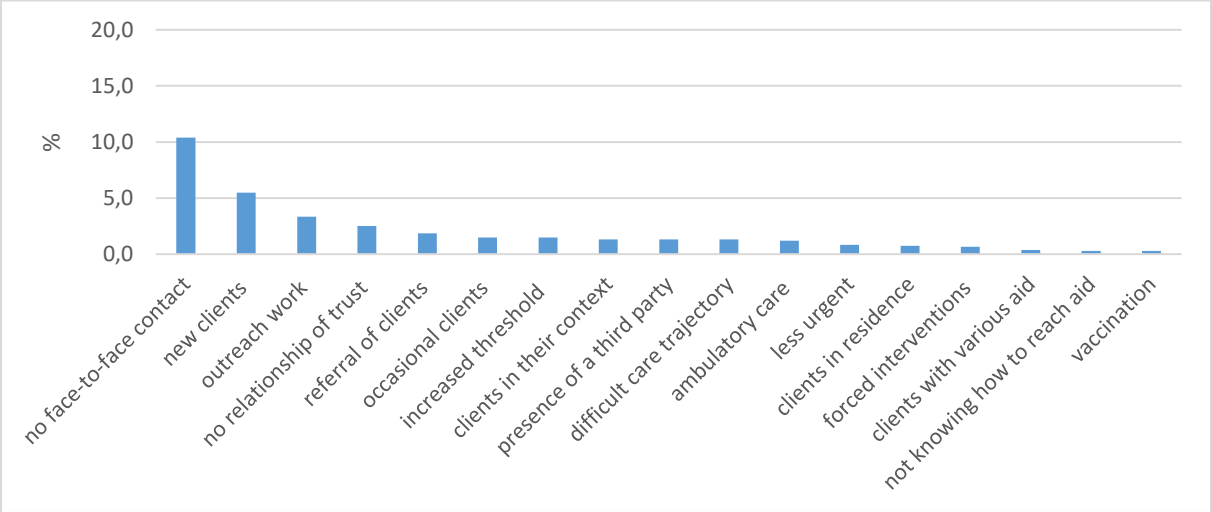
Figure 6: Characteristics of communication with clients



According to 27.6% of the respondents, the third reason why respondents were not able to reach certain clients can be found in the *characteristics of the care trajectory* (see Figure 7). Given the social distancing measures, it appears that for some clients, care by phone or online care was no replacement for the face-to-face equivalent, according to 10.4% of the respondents. Furthermore, 5.5% of the respondents revealed that they did not reach new clients or those clients at the very start of their care trajectory, because of the relationship of trust that was still lacking. Known clients with whom the relationship of trust was lacking (2.5%), or with whom the care trajectory had already had some difficulties (1.3%), were also less often reached. Moreover, if other people — such as a partner or a parent — were always present, certain types of care that require a safe environment to speak out, were not possible, according to 1.3% of the respondents. Certain types of care also appeared to be much more difficult, and sometimes even impossible, such as outreach work (3.3%), forced interventions (0.6%), referral of clients (given that some organizations were

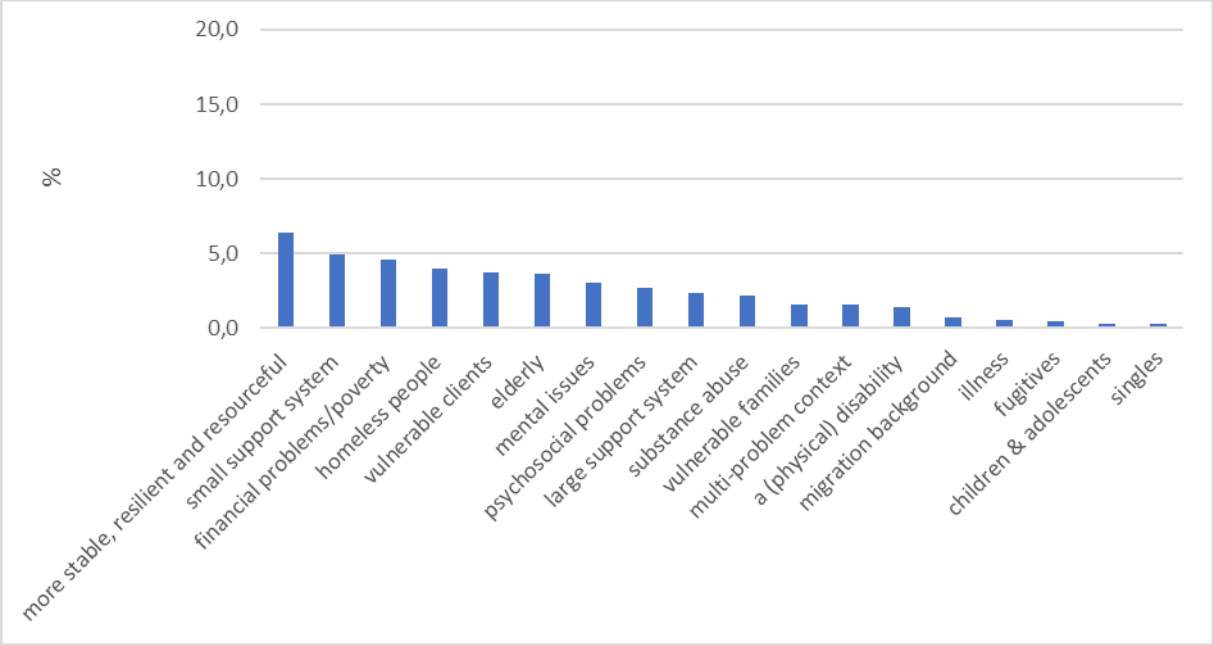
closed — 1.9%) as well as 'walk-ins' of occasional clients (1.5%). According to 1.5% of the respondents, the threshold for contacting clients also increased due to the digitalization of their care trajectories. For residential care specifically, respondents mentioned that clients who were staying with their family were reached less (1.3%) and ambulatory care also received less attention (1.2%). Other characteristics of the care trajectory were mentioned by fewer than 1% of the respondents:

Figure 7: Characteristics of the care trajectory



Fourth, 32.9% of the respondents reported that *certain target groups* were less likely to be reached during the COVID-19 pandemic (see Figure 8). On the one hand, less vulnerable groups were not reached, such as clients who were more stable, resilient and resourceful (6.4%), or those with a larger support system (a network of individuals they could rely on — 2.3%). On the other hand, more-vulnerable groups were also less likely to be reached, such as clients with a smaller support system (4.9%), those with financial problems or in poverty (4.5%), homeless people (4.0%), the elderly (3.6%), clients with mental health issues (3.1%) or psychosocial problems (2.7%), clients battling substance abuse (2.1%), vulnerable families with a problematic child-rearing environment, or who were experiencing domestic violence (1.6%), clients in a multi-problem context (1.6%) or clients with a (physical) disability (1.4%). Other types of vulnerability were mentioned by fewer than 1% of the respondents. Lastly, 3.7% of the respondents reported that they had not reached vulnerable clients, but did not specify the type of vulnerability.

Figure 8: Target groups



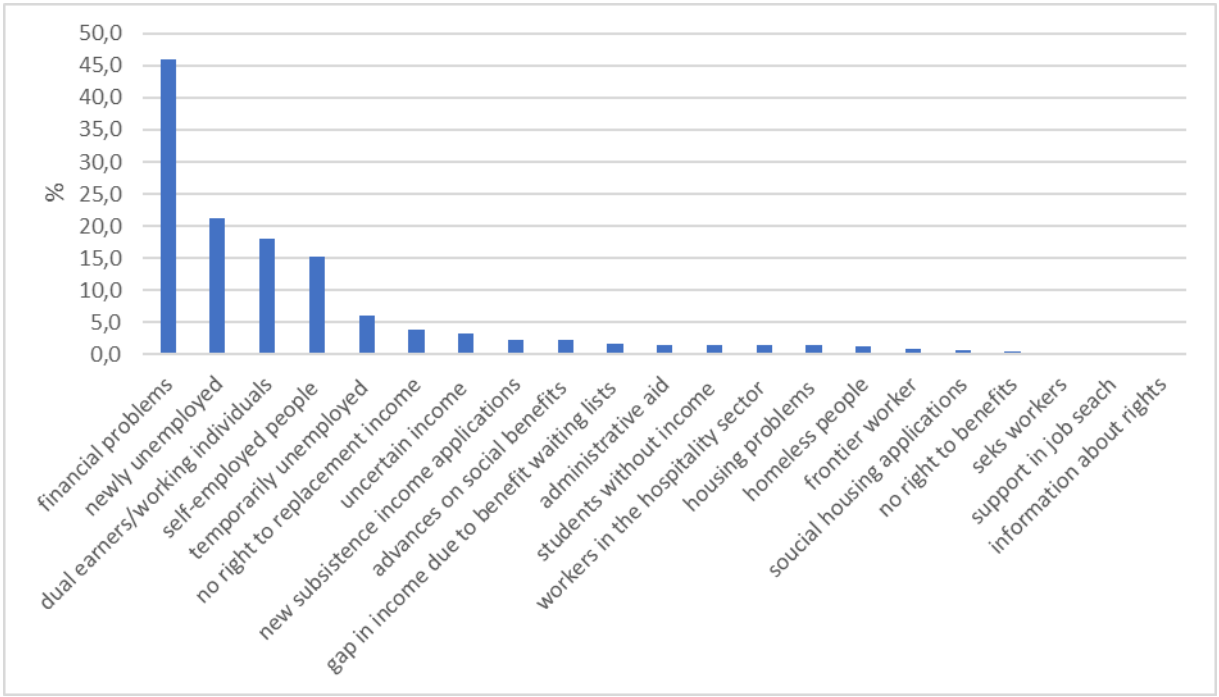
Do social service workers expect a new vulnerable client base to emerge as a consequence of the COVID-19 pandemic?

We last examined whether social service workers expected a new vulnerable client base due to the pandemic. When asked if they expected a new client base, 42.4% of the respondents answered in the affirmative. Most of them stated that a new client base was already the reality. Additionally, they specified that new clients would not necessarily have different problems compared to their old client base, but would be another type of client. Overall, social service workers had the impression that new clients would comprise individuals or families who could manage without help in normal times, but due to the pandemic, became vulnerable, and consequently in need of assistance. Accordingly, 16% of the respondents reported that new clients would be less 'standard', referring to middle-class families. Some 1.6% of the respondents expected new clients to have a temporary, rather than structural need for care. In addition, 0.9% of the respondents expected new clients to be more computer literate. Some respondents (1.2%) actually only expected more applications for aid, rather than a new client base.

Nevertheless, some groups were anticipated to be in greater need of help due to the COVID-19 pandemic than before. A first group of new clients, specified by 71.2% of the respondents, were *clients who had suffered an economic setback* (see Figure 9).

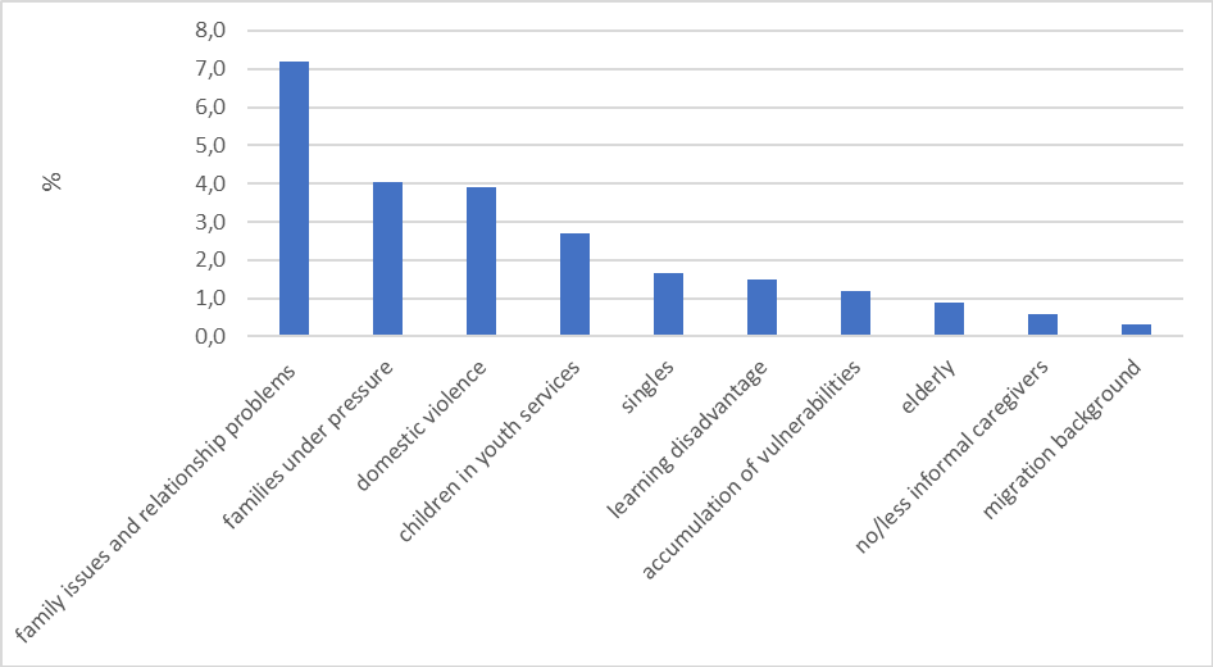
Almost half of the respondents (46.0%) expected new clients to have financial problems. This was separated into newly unemployed individuals (often due to the measures taken during the COVID-19 pandemic — 21.0%), working individuals or dual earners (18.0%), temporarily unemployed individuals (6.0%) or less-protected employees, such as those with an uncertain income including agency workers, freelancers and artists (3.1%), and students losing their income from student jobs (1.3%). Specific groups, for example, self-employed people (15.3%) or workers in the hospitality sector (1.3%), were also anticipated to become more vulnerable and in need of assistance. Furthermore, respondents anticipated new applications for help, including applications for a subsistence income (2.2%) or advances on social benefits (2.2%), as well as more of a need for administrative aid (1.5%). Some 1.3% of the respondents also expected an increase in housing problems, with 1.2% expecting more homeless clients. Lastly, due to flaws in the system, 3.9% of the respondents assumed there would be an influx of clients who did not have any right to a replacement income, whereas 1.6% of the respondents expected clients who were experiencing long waiting lists in order to receive their benefit(s), and had too little means to get by in the meantime. Other economic vulnerabilities of possible new clients were mentioned by fewer than 1% of the respondents:

Figure 9: Types of clients with an economic setback



A second group of new clients that 16.9% of the respondents anticipated comprised *families or individuals who had come under pressure due to the COVID-19 pandemic* (see Figure 10). Respondents expected an increase in family issues and relationship problems (7.2%), more families who had succumbed to the greater pressure (4.0%), more domestic violence (3.9%), more children or adolescents in need of specific youth services (2.7%) and more school issues such as learning disadvantages or failing to graduate (1.5%). Single people, especially single parents, were also assumed to have become more vulnerable by 1.6% of the respondents. Vulnerable families were believed to have become even more vulnerable, and possibly to have accumulated problems (1.2%). Other family or personal vulnerabilities of possible new clients were mentioned by fewer than 1% of the respondents:

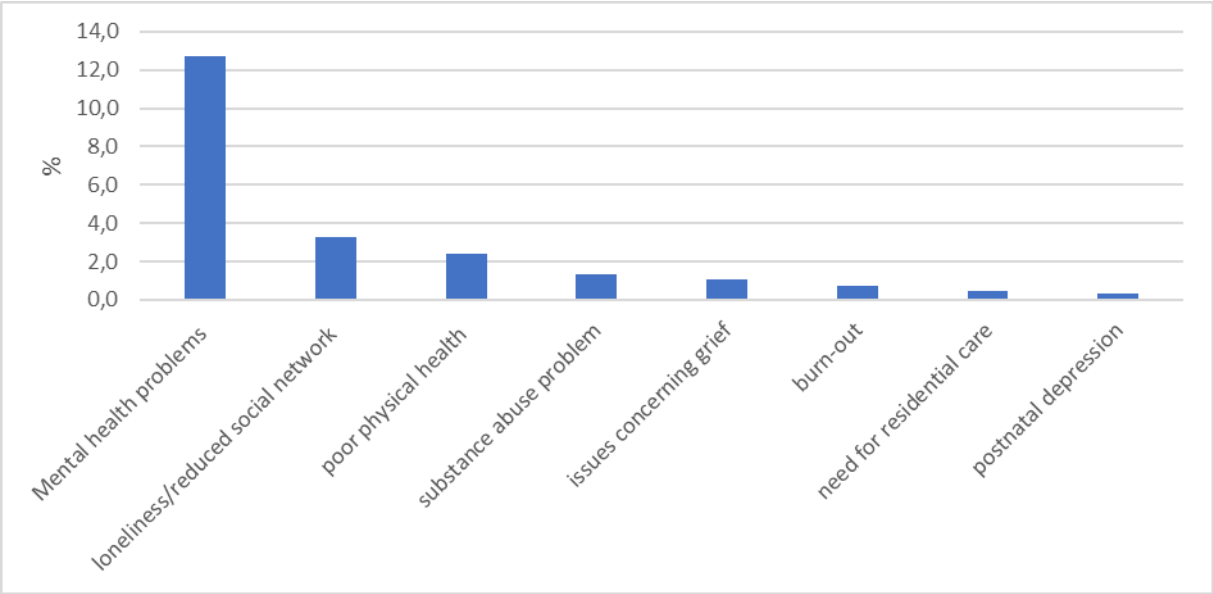
Figure 10: Types of families or individuals under pressure



Individuals who struggle with their well-being comprise a third group of the new clients anticipated by 18.0% of the respondents (see Figure 11). Mental health problems such as depression, stress trauma, anxiety and occasionally mysophobia were expected to increase among individuals by 12.7% of the respondents. Clients reporting feelings of loneliness or a reduced social network were also anticipated to increase (3.3%). Moreover, a new client base with poor physical health, or who had become less self-reliant due to the COVID-19 pandemic, was expected by 2.4% of the respondents, with 1.3% anticipating an increase in the number of clients with a

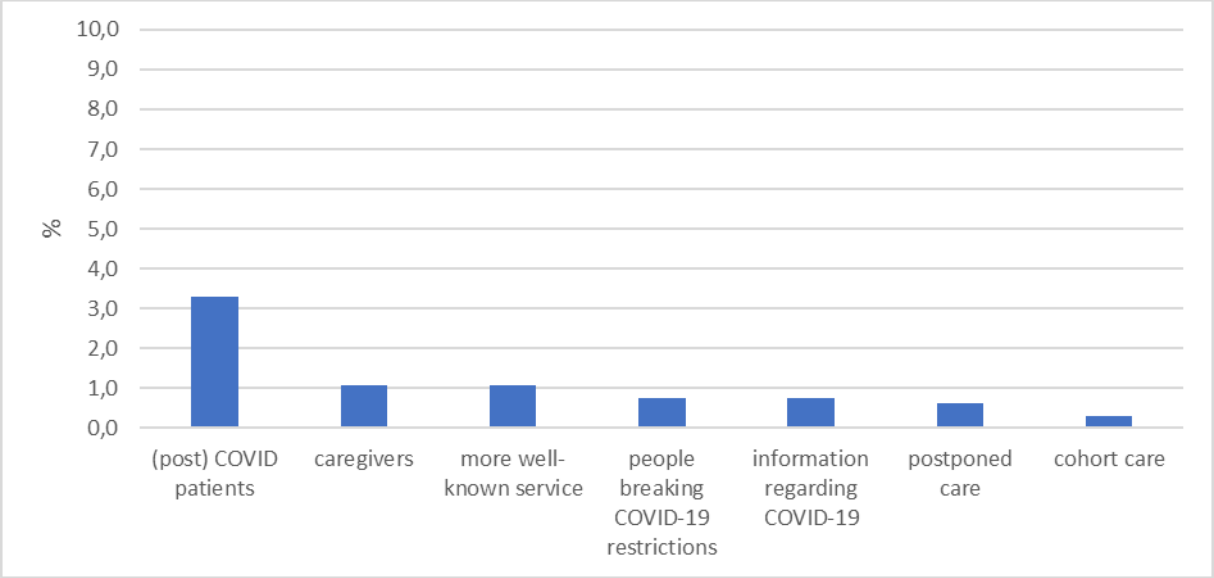
substance abuse problem that had developed or worsened during the COVID-19 pandemic. Other vulnerabilities regarding the well-being of possible new clients were mentioned by approximately 1% of the respondents:

Figure 11: Types of individuals with well-being issues



A last group that 7.3% of the respondents mentioned as forming a new possible client base were those *individuals who have problems characterized by the specificity of the COVID-19 pandemic* (see Figure 12). Some 3.3% of the respondents anticipated new clients to be people contaminated with COVID-19, whereas 1.0% assumed an increase of caregivers struggling with mental issues due to the consequences of working in COVID-19 sectors, and another 1.0% believed that their services would become better known throughout society due to the COVID-19 pandemic, and would accordingly attract new clients. Other vulnerabilities regarding the well-being of possible new clients were mentioned by fewer than 1% of the respondents:

Figure 12: Types of individuals with COVID-19 characterized problems



Discussion

Due to the COVID-19 pandemic and the measures taken to 'flatten the curve', individuals as well as families appear to have become more vulnerable, both at the economic level and in their private life (for example, through family issues and mental health problems). The core client base of social service work comprises those in vulnerable groups, but as the COVID-19 pandemic and corresponding measures have changed the practice of social service work, the client base may have shifted as well. In the current study, we have addressed three research questions: 1) which clients were prioritized by social service workers, (2) which clients were not able to be reached by social service workers; and (3) do social service workers expect a new vulnerable client base to emerge as a consequence of the COVID-19 pandemic? These research questions were answered using insights from the Social Work COVID-19 Survey.

With regard to the first research question — about the priorities of social service workers concerning their clients — the results reveal that urgent cases in need of essential care were prioritized, with social service workers relying more on their gut instincts than on customary procedures. Nevertheless, who is considered as being most vulnerable and in need of urgent/essential care, can differ across sectors in which social workers are employed, as well as across different care trajectories prior to the COVID-19 pandemic. In terms of the types of client, the five vulnerable groups

most often mentioned as being given priority during the COVID-19 pandemic were families under pressure, clients at risk of social isolation, those with a medical or psychological vulnerability and the elderly. Overall, because social service workers have relied more on urgency and gut feelings than on customary procedures, the COVID-19 pandemic and its consequences reveal certain barriers within the normal practice of social service work — according to some respondents, procedural complexities are sometimes perceived to get in the way of the basics of social service work; that is, supporting the most vulnerable groups.

For the second question, about which clients could not be reached during the COVID-19 pandemic (especially during the lockdown), the results indicate that those clients often do not have access to modern communications technology, have poorer digital skills or lack the communications skills to interact with modern-day technology. For those clients, real-life proximity in care trajectories remains a necessity, and cannot be replaced by other types of communication. It is also not possible to continue or start certain types of care for which proximity would be a necessity, automatically leading to specific groups of clients being unable to be reached by social service workers, especially clients who already have a more negative attitude towards care. Furthermore, groups with greater vulnerability, such as clients with a small social network, those with financial problems or with mental health issues, homeless clients and the elderly could not be reached. Consequently, when thinking about redefining the practice of social service work in the future, especially towards a blended practice, it is necessary to consider all the possible ways in which all types of clients can be reached. Moreover, it has become clear that for certain types of clients (not infrequently the most vulnerable ones), real-life proximity remains a necessity and cannot be disregarded when social services practices are redefined.

With regard to the third research question, social service workers anticipate a new client base they describe as ‘less standard’ and ‘more temporary’, but with the same vulnerabilities as their usual client base. On the one hand, they expect ‘middle-class families’ to become more vulnerable due to the economic consequences of the COVID-19 pandemic, such as (temporary) job loss, increased debt or other economic setbacks. On the other hand, social service workers anticipate the pressure in individuals’ private life will increase, and accordingly expect to observe various

psychological consequences of the lockdown, such as burn-out, mental health problems, family violence and loneliness. In addition to those new clients with known vulnerabilities, social service workers also expect a new client base particularly linked to the COVID-19 pandemic and its specificity, such as contaminated clients in long recovery processes, as well as health workers who have succumbed to the high work pressure, or may even be traumatized. This new client base, having its origins in the COVID-19 pandemic, only makes the need for social service work more apparent and will increase its necessity in the future, although some social service workers believe that the effect of the pandemic on the vulnerabilities will be partially temporary.

When interpreting the results of this study, some shortcomings should be noted. First, the impact of the COVID-19 pandemic on the client base of social service work is based on the views and opinions of social service workers themselves, rather than on longitudinal data. Therefore, true causal relationships regarding increased vulnerabilities cannot be derived from this study. Nevertheless, as 'watchdogs' of society, the impressions of professionals regarding vulnerabilities that arise during a crisis such as the COVID-19 pandemic cannot be ignored. Second, the data collection took place during the first and most strict lockdown in Belgium; therefore, the respondents answered within that specific framework. During the second wave in the autumn of 2020, some measures no longer applied. As no data was collected during this second lockdown, a comparison of results is not possible. Lastly, the answers were given from a variety of (sub)sectoral perspectives within the field of social service work. Further research will be needed to generate clear results on the challenges and experiences within each of these subsectors.

Although the aforementioned shortcomings of this study should be taken into account, it nonetheless contributes to the emerging body of literature concerning the practice of social service work during the COVID-19 pandemic. From the results, it has become clear that according to social service workers, certain types of clients have become the most vulnerable during the pandemic. As a consequence, it could be expected that future health pandemics may create the same or similar vulnerabilities. The identification of these clients is accordingly highly important for the future of social service work, as these groups should be targeted as priority cases

in need of care and help in future waves of COVID-19 or other health pandemics. Moreover, preventive aid could be put in place specifically for these groups. It has also been shown that when rethinking social service work as a blended profession, a process set in motion by this COVID-19 pandemic, it is of the essence to reach all vulnerable groups and even actively contribute to the opportunities for certain vulnerable groups of clients to take part in the digital revolution that the COVID-19 pandemic has accelerated. Even so, it is equally essential that social service work remains a profession in which proximity in real life is at its core, and measures taken in future waves of COVID-19 or future health pandemics should take this into account, in addition to recognizing social service work as an essential profession.

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