The impact of pandemic containment measures COVID-19 on social work research with older people

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Abstract

Researching people's everyday lives, exploring and working out answers together with people are fundamental processes of social work, whether working with individuals, different groups or communities. Without research, we cannot possibly know what specific tasks we can undertake or what social work goals we can achieve when it comes to helping situations. In recent decades, social work with older people has directed research toward the area of exploring the needs of people in long-term care, which has been shaped primarily by the COVID-19 pandemic. Measures taken to contain the pandemic have limited or even prevented opportunities to research the real-life situations of people in long-term care. Social work research with older people was limited in its ability to determine the impact of the pandemic on the lives of older people, which was a violation of fundamental ethical values in providing tailored care in the new life situations of the most vulnerable, frail, and needy members of society. This paper highlights the importance of social work research that addresses the immediate living environment in order to fully understand people's life situations that impact the development of both the profession and the science of social work. However, the barriers to research due to pandemic containment measures have impacted the profession and the development of social work science.

Keywords: Long-term care, Social work, Needs of older people, COVID-19 pandemic

1. Introduction

The COVID-19 pandemic invaded the world in 2020 and will probably determine the course of our lives for years to come. Older people have been the most affected, with a 15 % increase in old-age mortality in the first wave of the pandemic (Morley & Vellas, 2020). Among older people, the most vulnerable to the disease were those who had multiple comorbidities and thus needed intensive health care. In Slovenia, these groups of people are usually cared for in older people's homes; therefore, the data provided by Flaker (2020), who stated that older people's homes are almost exclusively "corona ground", is not the least surprising.

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It is worrying that the concept of social isolation, following the principle—the less contact one has with people, the less likely one is to fall ill—was introduced worldwide as a preventive measure to protect oneself against the disease. The older population that is already suffering the consequences of social isolation due to ageing was the hardest hit mainly for two reasons. First, ageing is an extremely stigmatised social phenomenon (Berg-Weger & Schroepfer, 2020) that makes older people isolated, excluded from social events and bereft of social power. Second, due to the reduced social contacts with peers that is the consequence of the natural process of dying in old age and smaller social networks. In both instances, the result is loneliness. Even before the pandemic it was known that loneliness is one of the most serious phenomena in old age that determines the quality of human life (Flaker et al., 2008; Mali, 2008b). For now, the extent of the consequences of loneliness that is a by-product of measures of social isolation in the wake of the COVID-19 pandemic can only be anticipated.

Very early, the pandemic exposed some social phenomena that in social work simply cannot be overlooked. The measures taken on by the countries to prevent the spreading of the disease and protect the citizen have prompted a wave of inequalities among people, poverty, abuse and distress about how to make ends meet in new circumstances. The pandemic has drawn attention to the notions of ageism that have penetrated all the pores of our social action. (Berg-Weger & Schroepfer, 2020) highlight the fact that the politics have neglected the attitude towards older people which is manifested at the state level in terms of the adoption of protocols that are not tailored to older people's needs, the lack of gerontological content in education curricula of various professions dealing with providing help to older people and the inequality in providing sources of help during the pandemic, since older people are often not entitled to receive them.

Social work is a discipline and profession that tends to rapidly and flexibly respond to the social phenomena that prompt inequalities and violations of fundamental human rights (Berg-Weger & Schroepfer, 2020). The same was true also during the pandemic. The core values and principles of the ethics of social work require the provision of care for the most vulnerable, frail and needy members of society. Miller and Lee (2020) describe some of the most urgent roles of social work that are not to be neglected during the pandemic as they present a starting point of new practices and forms of help: ensuring social justice, fostering interpersonal relations, providing autonomy and dignity of older people, education and training for mutual understanding and help. Recent experiences in social work with older people (Beltran & Miller, 2020; Brennan et al., 2020; Kusmaul et al., 2020; Miller & Lee, 2020; Morley & Vellas, 2020; Perry et al., 2020) show how unprepared the society is to deal with older people's distress, and how unprepared the field of social work education is to increase the number of social workers in the field of support for older people, which is a matter of extreme concern. They show the prevailing dismissing attitude towards the ageing of population and addressing the needs of older people.

In the context of issues, dilemmas and changes that were brought about by the pandemic in the field of social work with older people, the area of research is also facing numerous changes. The first section of the paper brings forward the specific characteristics of social work with older people. Due to the lack of clarity in the development of long-term care in Slovenia at the systemic level, social work brings attention to the urgency to research the needs of older people in need of long-term care to be able to develop forms of help and care that would efficiently respond to their needs, wishes and distress. The second section brings forward our research in the last 14 years on that topic. The changes introduced in research in the area of long-term care of older people with the COVID-19 pandemic are discussed in the third section. The focus is on the relevance of direct research in the field, among the people,

because social work research can only take place in real-life situations at the very moment when the distress is most present. Unfortunately, some measures to contain the pandemic made such research virtually impossible and still tend to set limitations to it. The final, fourth section brings forward a critical view on the consequences of the measures to contain the pandemic in recognising its impact on the lives of older people in need of long-term care with an aim to act differently in the future, particularly to a greater benefit in addressing the long-term distress of older people.

2. Research on social work with older people in the context of long-term care

Social work with older people, due to its development more than a decade ago had a great potential to become a specialised area of social work. Since the end of the 20th century, the increase in the share of old population brought attention to the phenomena accompanying old age, ageing and older people. However, social work with older people remained relatively invisible and an almost overlooked area of social work (Mali, 2012, 2016; McDonald, 2010; Ray et al., 2009). The discussions on the future role of social work in the new millennium (Payne, 2005) centred around supporting the development of specialisation in the area of social work with older people. Nathanson and Tirrito (1998) drew attention to social work as a dynamic discipline that responds rapidly to the new circumstances in society. Phillips (1996) attributed a special role to social work with older people, since he felt that the existence of social work depends on this very area. In the new millennium, the older population meant a great challenge for social work. Nevertheless, up until now there is very little literature, research and education programmes available that would develop specialist knowledge to be able to act in this area.

Similarly, in Slovenia we were convinced that the specific topics associated with knowledge on old age and changes that are brought about by old age required a specialised area of social work. We were concerned; while abroad this area is referred to by the topical idea of gerontological social work, in Slovenia, gerontology as a science is not developing in a way that would bring together and unite scientists and disciplines in the field of ageing and thus enable the development of specialised science of ageing—gerontology.[1]

The gerontological social work, as it is called in some places abroad, is not developed in Slovenia; here, we discuss social work with older people. At the Faculty of Social Work in Ljubljana, there are undergraduate study programmes and a Master programme in social work with older people as well as, since 2020, a Chair of Long-Term Care. We believe that the content and subject matter of social work with older people require specialised knowledge to be able to act, implement tasks and provide skills that define the specialised role of social workers also within social work. However, social workers need generic knowledge of social work and of other disciplines that develop knowledge for a better understanding of old age. The association of generic social work and specialised social work with older people is inevitable, but not necessarily unidirectional, since specialist knowledge may impact the generic one. A more intense inclusion of older population in social work and response to the needs of older people bring forward new methods and skills in social work. For the boundaries between theory and method are fluid in social work. Social work is all about theories on how to act in particular situations, it is not about the substantive theories on the nature of this or that object (in the case of social work—a human and a society), in order to be able to "act" on it, or treat it (Flaker, 2003). The dynamics of social work is therefore not

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[1]See Mali (2008b) and Mali and Hrovatič (2015).

only about the ability to respond to social change; there is also a dynamic within social work, between theory and methodology. It is possible for the theories in social work to show how to act and work in practice, but it is equally possible that the methods design or adapt theories.

In the last decade, a specialised knowledge in the area of social work with older people has been associated with long-term care. When an expertise debate on long-term care started in social and healthcare policies, we felt the need to present our own experiences and findings in this area. We have carried out a lot of research on people's needs and how to find out what type and quality of help they need in long-term care and how to respond to them. This approach was developed based on years of research into the living world of people in need of long-term help and support (Flaker et al., 2008). Older people are the largest group of people in need of long-term care and this is why we have linked the development of social work with older people with the topic of long-term care. The course of this development was published in five monographs, i.e. the pentalogy of writings on long-term care: the first part defines long-term care (Flaker et al., 2008), the second part presents how to set it up and introduce it (Flaker et al., 2011), the third shows the methods to implement it (Flaker et al., 2013), the fourth how to set it up and maintain it in a concrete local environment, more precisely, in Ljubljana (Mali, 2013), and the fifth part presents the innovations brought about by long-term care in older people's homes (Mali et al., 2018).

Our research findings show how the response to people's needs extends to different levels of society and the individual—macro, mezzo and micro—because in reality long-term care is about setting up the whole system, about the changes in organising and setting up concrete services for concrete users. Despite the fact that the levels are interconnected across the board, they must be treated separately, but there should be a constant connection between them.

The micro level shapes and legitimises organisational and methodological solutions, organisational forms and structures, and their interrelationships, including the relationship with informal forms, individualised and concrete services, rights, and formal measures through strategies, principles, paradigms, and the system and legislation. Laws, policies, the system, and legislation are not only the top of the hierarchy of response to people's need, but more importantly are expressions of political relationships and the effects of political power. To discuss long-term care, there must be professional discussion, analysis of needs and responses, and political processes that create a real possibility for implementing abstract plans. The mezzo level includes the operational and organisational levels (operationalising the micro level). Reorganisation of existing services is necessary to redesign larger facilities, distribute services, ensure connection and change in the work of professionals, and eliminate the punitive perspective in residential and other structures. In addition to the restructuring of existing services, new services and structures must be created, in a way that involves the organisation of new spaces (housing, socialisation and employment), new forms and methods of work in different organisations (key workers, individualisation). In addition to providing new services, we also need to enable new activities by linking the organisations with activities outside their own area of interest, allowing greater choice, more events (because one of the characteristics of life in organisations that care for vulnerable groups is vegetation), but above all collaboration and involvement of users in the planning and implementation of services. In this case, we need to ensure the flow of funds that will allow innovation and change and provide transparency. At this level, we could also establish the register of (new) methods, which also means operationalisation, but at the level of guiding procedures, ways to achieve goals, and not so much at the level of organisational means, but rather with clearly defined patterns, a basic approach to human distress, understanding and (co-)redesigning of one's living world. In addition to the forms (social care, help and support) at this level, there are

also programmes and projects, forms and projects of training, cultural and artistic activities and social capital as an intermediate level of structering help and support. The micro level consists of services, means, rights, procedures and the introduction of innovations in all their dimensions. The latter need to be based on the lack of services, polivocality (the ability to respond to a greater number of needs, but not in a uniform way), the degree of transversity (linking different levels of life) and productivity (creating a new quality of life).

Our work to date shows that social work with older people has a great potential in the context of long-term care. When considering the future of social work in the area of long-term care the current situation of the COVID-19 pandemic cannot be ignored as the pandemic has also affected the area of social work and revealed many unresolved and traditionally overlooked topics. Neglecting the development of long-term care and focusing on the development of institutional care has proved to be inappropriate, since the infections spread most rapidly in older people's homes where the mortality among the residents was the highest (Flaker, 2020). Not only residents were affected by the consequences, but also older people living in home environment, as they were deprived of home care due to underdevelopment of community care, which are additional reasons for intensive research in the field of contemporary social work.

3. The changes in the field of research in social work with older people due to the COVID-19 pandemic

The pandemic has also had a major impact on the field of social work education, since in the first year and a half of the pandemic all forms of teaching were carried out at a distance, using information and communication technology (ICT) that does not allow direct contact with students. During the first and second waves of the pandemic the implementation of practice was particularly challenging, especially in the field of long-term care, since older people's homes closed their doors to all outside workers, did not admit any new residents, home-based care was provided only with strict measures on the use of protective equipment, while intergenerational centres, day-activity centres and day-care centres closed their doors. Gaining experiences for social work with older people took place remotely. This may be seen as a new form of acquiring knowledge, but it cannot possibly replace the direct contact with people. During the second wave of the pandemic another challenge appeared. Namely, the students in social work were not allowed to do field research. The Ministry of Education, Science and Sport justified this measure on the ground that the teaching process was part of the research activities of social work students. As the teaching process was carried out at a distance, the research was also to be carried out at a distance. However, it was precisely the people in need of long-term care who were disadvantaged, as the existing ICT was not adequate to be able to research their difficulties and problems.

In social work, research has a special place for various reasons and tasks that are done by social workers. Most often research is a part of social work practice, when we do research along with users and try to find out about their life situation (Alston & Bowles, 2020) to be able to understand their distress as much as possible and what they are dealing with in their everyday lives, which are usually quite different and more complex than our own. The researchers establish a special and specific relationship with people and are expected to provide solutions to the distress that the users experience in their lives which makes it difficult for them to live. The solutions they thought would help them have proved unsuccessful. Social work does not know any universal solutions to people's distress, social work does not heal life distress with drugs, it does not prescribe medicine, does not have laboratories

available to make examinations. Our "laboratory" are real-life situations of people and that requires direct contact, a relationship, not at a distance using a mobile phone or computer. It is difficult to imagine that a daughter whose mother died due to the consequences of COVID-19 and was not even able to say goodbye to her, would trust us her feelings, emotions and distress through Zoom. It is even more difficult to imagine that an older lady would confide in us that she experiences domestic violence—physical and emotional—or that she would give us a call because she needs help.

ICT is useful in social work as a tool of communication, but we cannot possibly implement social work concepts with it because it makes direct human relationship impossible. Our ethical stance does not allow us to accept universal solutions that are considered applicable to all groups of people, all life situations, and all possible distress experienced during the pandemic. The distress of people who need long-term care is specific; we know that and we recognised that early on, in the early stages of research on the needs in long-term care. Therefore, research in this area is also specific, especially adapted to the capacities and capabilities of people that current ICT does not cover in all dimensions.The next specific characteristic of research in social work is the fact that it is necessarily intertwined with social work practice. The implementation of research is therefore most often associated with qualitative research, since it makes possible getting to know people's life situations that are related with a research problem and research questions. Mesec (1998) claims that qualitative research is relevant for social work for at least three reasons: (i) it is directed towards researching the real problems of people and not towards distant academic debates, (ii) it is open to various data on research phenomena and not only to data that stem from the existing theories, (iii) it enables research on various social unities in their everyday life context. Further on, each of the mentioned perspectives is discussed in more detail and embedded in the context of research in the area of long-term care during the COVID-19 pandemic.

3.1. Researching real (authentic) life-situations of people (social work users)

In social work, we define research problems as those situations in people's lives that are relevant to the research participants. We depart from more or less known situations that are perceived in society, while the research problem according to Mesec (1998, p. 30): "is formulated from their point of view". For instance, in the area of long-term care research is most often focused on the research of the need for long-term care in order to make the forms of help as adequate as possible. The expected outcome of the research are the findings that are directly applicable to people in need of long-term care, to experts in long-term care who provide help, and to social workers who can use the research findings to improve their methods of help.

In new social situations we tend to research the topics we know little about as well as areas of research that are relevant to social work, but we still need to find out more. For instance, there is a field of care intended for the dying, known in healthcare as palliative care. Social workers are becoming increasingly recognised as experts in this field (Beresford et al., 2007; Reith & Payne, 2009), and social work methods need to be developed, adapted to new knowledge in this field, while social work needs to evolve and be placed alongside the medical and health professions that are currently the dominant ones in this area. Knowledge to develop social work in this way is gained through qualitative research, which enables palliative care users to talk about their situation, to tell us how they experience situations, to present their own understanding of their situation in specific life situations of dying. What we do not know sufficiently is how the situation and the measures taken against the COVID-19

pandemic affect this field.

Qualitative research uncovers a wide variety of life situations, varying from person to person and uses them to identify the diversity and uniqueness of people, individuals and groups. The researchers enter the area of identifying the specific characteristics that mark humanity and civilisation. They may identify real-life situations that are specific for a community of people as they show how various communities act in relation to the cultural, historical, geographic and other characteristics. Research always reveals the specific characteristics in order to design help that is effective in social work, but only if it stems from the identification of users' experiences, because the users know what works for them and what does not.

The experience of living with the COVID-19 virus for almost two years has also had a profound effect on the field of research in social work. It has affected the life situations of people who need long-term care, because among them there prevail older people (Organisation for Economic Co-operation and Development, 2021). Even though they have been recognised as a particularly vulnerable group of population during the pandemic, such a mark does not mean much to social work. In social work, we need to find out what is it that makes older people particularly vulnerable during the pandemic. It is not only about the virus that threatens them. For social workers, it is not enough to have the statistics on higher mortality rates in 2020 and a higher share of deaths in the 75+ age group available (Statistical Office of the Republic of Slovenia, 2021). The daily data on the number of infected, dead, hospitalised and in intensive care do not tell us much. Such data can be used as a starting point to be able to formulate a research problem and reflect on the real problems that the pandemic brings to lives of older people. But this can only be researched in the field, along with older people, in their home environments, whether it be in their homes or in institutions. Research also has to include the representatives of their social networks, partners, relatives, acquaintances, friends, neighbours and experts who provide long-term care. But not only them. First, the older people and then other participants in the processes of help.

The perspective of older people in the pandemic where the state is taking measures to prevent the spread of coronavirus disease is, ironically, the most overlooked. In social work we have a duty to draw attention to the situation of older people and that is why we need concrete and realistic data from the field (Mali & Grebenc, 2021). The lack of power that people can feel as users was also felt by researchers in social work when, during the epidemic, they imposed bans on field research as a measure to prevent the spread of the disease. While the researchers could have easily ensured the safety of contacts in the field in a number of ways (e.g. by having an appropriate safety distance in the open, by testing before the encounter and using all protective equipment, by using separate rooms or a glass partition), in the research we were pushed into a situation in which we were prevented from having direct contact with older people. The ICT to conduct interviews at a distance is virtually useless in the group of long-term care users, because it does not provide privacy (when using ICT older people usually need to be assisted by somebody who knows how to use it). It is equally inadequate for any conversation about personal distress and problems, because it does not provide genuine personal contact. Thus, a researcher or a social worker cannot possibly see the real life circumstances of the interviewee, because the ICT does not provide an in-depth perspective on older people's living environment. With ICT we are bereft of the possibility to observe, but observation is the component to research in social work.

3.2. *Openness to various data on research phenomena*

In research, social work departs from the existing theories, concepts and ideas, the ones that are characteristic of social work, but also other that appear in various areas of social sciences. Often, they are verified through research, they enable us to find out how they manifest in concrete life situations, they are either confirmed through research or rejected. The most frequently used research method in long-term care is verifying the existing index of needs for long-term care (Flaker et al., 2008; Mali, 2013). However, this is not the only method. Even in cases where the index of needs is used as a starting point, it is used in a way as to be open to new findings, the ones that the existing theoretical assumptions (e.g. the index of needs for long-term care) do not perceive. Mesec (1998) claims that in research in social work we tend to pay attention to any events taking place with the people we research, even when we cannot locate them with the concepts of one or another theory. In other words, we could say that research in social work is spontaneous in much the same way as life is spontaneous. It is the consistency of research methods, the justification of procedures, the careful monitoring and documentation of process and information, analytical thinking and theory building that elevate research above the ordinary experience of everyday life. Such open and flexible research relationship is also the fundamental guideline in social work as it is the only one that provides direct contact with the world of everyday life of people (Mali & Grebenc, 2021).

The openness to research new, diverse research data or yet undefined research phenomena propels the development of profession, it is its potential and gives social work a fundamental characteristic of adapting to new findings, the findings of the things that take place in society, the changes in communities and the ways of people's lives. Such approach is necessary to be able to preserve the way the profession of social work is linked to science that provides new theoretical findings to be able to act professionally. The direct association of theory and practice of social work is of key relevance to the development of social work profession and science and it is this very association that is put under test during the pandemic. More than ever, it is clear and unequivocal that research is the key link between the profession and science of social work. If there is no research in the field of long-term care, the development of concepts and methods of support in the field of social work with older people is not successful.

3.3. *Researching various social unities in everyday life context*

Mesec (1998) highlights that qualitative research in social work is directed towards four areas: (i) researching the unity, (ii) the context, (iii) the past and the development of life situations, and (iv) researching in everyday environment. These tasks are fairly complex and social workers perform them in practice in a more or less analytical way. For a better overview and its application to the current circumstances of research during the pandemic we shall present them further on.

Researching the unity means that we are striving to understand the life-situations of people who need long-term care, integrated and holistic. Although we focus on an individual, we aim to understand how they function in a smaller community, such as family, in a wider community, e.g. the local environment where they live, how they are affected by social structures, e.g. the accepted social, health and other political guidelines in national programmes that deal with the area of long-term care, since there is still no single legislation governing this area. For the sole purpose of identifying the characteristics of people's lives, distress, situations, we identify these community registers separately, but otherwise we aim to identify the full context of an individual's life-situation in the community.

During the pandemic it is important to get to know the lives of the residents in older people's homes or individual groups of residents (people with dementia, residents in need of intensive healthcare as well as those who are still able to live more or less independently), but their lives are to be understood in relation to the changes that are defined by the guidelines for the care provided in older people's homes that were adopted at national level by the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities. We know that the instructions from both ministries were such that in older people's homes they were forced to create white, grey and red zones (National Institute of Public Health, 2020). The residents who were not suspected of having SARS-CoV-2 infection were placed in white units, the residents who were suspected of having the virus were placed in grey units and the residents who were confirmed to have the virus but did not require hospital treatment were placed in red units. The movement of residents was very limited within and between zones. We can only imagine how such limitations of movement, from one zone to another, and the disease affected residents' lives.

Visits from relatives, acquaintances and friends were banned, the contact with staff was limited and there were few volunteers or students. The contacts the residents had with each other were already limited, while the contacts with other important people in their lives became even more restrained. In some places they were replaced by ICT, but not all residents benefited from this technology. For people with dementia, calling a relative on Skype was often more tiring than the fact that they were banned to have visits, because they did not recognise their relatives on the computer or phone, did not understand where the voice was coming from, why the picture had voices. In general, nonuse of the Internet among people aged 65 and older was widespread before the COVID-19 pandemic, and intergenerational solidarity in Internet use was primarily related to tasks such as buying something online, searching for information, or sending emails, rather than strengthening social contacts (Dolničar et al., 2018).

We know very little about the distress experienced by the residents of older people's homes during that period. We do not know the extent of the impact of these measures on their experiences in the home, on relations between the residents and the relatives, on relations between the residents and staff. We also know very little about the impact of the measures on the working lives of the staff who was also experiencing daily distress, because they did not know how to provide the best quality care. The research conducted during the pandemic could analyse relevant moments, characteristics, changes in the institutional life of all those involved in order to have a truly integrated and complex understanding of the impact of the pandemic on life and care in older people's homes.

Understanding research in terms of a holistic approach to the phenomena points towards researching the context—the next relevant characteristic of research in social work. Social work is interested in the context in which people's distress appears, because we are all part of a wider environment, but at the same time this environment affects our lives. Researching life situations of the residents in older people's homes that was described above, is associated with the context of an institution, an older people's home. We know that some characteristics of older people's homes are institutional, they bear the characteristics of total institutions (Goffman, 1961; Mali, 2008a), such as: invasion of privacy, concern for all aspects of an individual's life, concern for a crowd of people in one place, disciplinary procedures, etc. It is imperative that we take them into account, that we include them in our design regardless of the focus of our research. If we had had to explore life in older people's homes after the zones were established during the pandemic, we would have had to take into account the well-known fact that, even before the pandemic, the control over the lives of

the residents was already common and manifested in inappropriate invasion of the residents' privacy (Mali, 2008a). While we do not know how well the aspect of privacy was handled by staff during the pandemic, the instructions on the establishment of zones during the pandemic that were provided by the National Institute of Public Health do not discuss this factor in any detail (National Institute of Public Health, 2020). It may only be concluded that the practice in those older people's home, which even before the pandemic tended to organise care that was tailored to the residents' needs, wishes and interests, was also more adapted to these factors at a time of the implementation of the measures and residents' voices were heard while their opinion was taken into account to a greater extent than in those older people's homes that had not already developed their care in this way before the pandemic.

Knowing the context requires the researchers in social work to have prior knowledge that also helps to create the conditions for research and thus makes them become a part of that context. As researchers we should not enter older people's homes with prior assumption that all older people's homes are dominated by the sort of care that violates the residents' privacy and that the pandemic has only exacerbated this practice. Such approach will not make us enter the institution. However, we may express doubt, scepticism, concern over this factor during the pandemic and show with research that the context of care in terms of providing privacy during the pandemic has changed or at least point out where it got stuck.

It is essential that we know the past, the history and the development of the context of our research. This is the only way to get comprehensive knowledge on the research problem. While we research the lives of the residents in older people's homes, it is important to know the historical perspective on the development of older people's homes (Mali, 2008a) in order to get to know when social work appeared there and how it established its role. That makes it easier to understand the role of social workers during the pandemic, why they experienced distress when the zones were set in older people's homes, why they experienced conflicts with experts who coordinated the setting of the zones and similar. When researching the experiences of the residents during the pandemic, it is essential to know the situations and the reasons that brought them to an older people's home. We are always interested in a part of history to understand the present in order to make suggestions for the future. Such an orientation requires an integrated understanding of people's life situations.

4. Conclusion

Research in everyday settings is a necessity for social work and without it we are deprived of the knowledge we need to plan help as well as of the knowledge we form the theoretical level social work concepts on. Research in social work has to take place in users' everyday life, since this is the only way to explore specific situations that people find themselves in when they need long-term care. That is the only way to be able to get to know the complexity of life situations, understand the specific position of our users and plan together with them the solutions to their distress. This is the part where qualitative research gets as close as possible to social work. The same goes for practice, in direct relationship with users, when a social worker explores the characteristics of users' lives in the context of everyday life. They use the same research principles as qualitative research methodology—the user is at the centre of the research, not the social worker. The social worker seeks to understand the users' life context, their needs and difficulties in an integrated way and based on this understanding seeks solutions together with the user.

During the pandemic we need to strive in social work to make research take place in the context where people live as this is the basic premise of our research. The ICT is not of

much use here as it does not convey information on the living environment of people. Even if we move the computer camera around to see the place where a user lives, we may only perceive a part of his real life situation. Social workers need a complete image of users' life situation, they have to experience, feel and perceive in what sort of settings the users live. A resident who lives in the red zone of older people's home may respond to our questions via telephone, but this will only provide us with partial answers. We shall not be able to see how their answers correspond to the context of living in the red zone. It is quite possible that they do not provide critical answers, because they are afraid of being sanctioned, it is quite possible that they are too critical, because they are ill with COVID-19 and do not feel well or they were moved to a different room in the red zone and this did not change their experience of living in an older people's home during the pandemic. The real everyday context of their life in older people's home may only be guessed if we talk to them on the phone. In a direct conversation with a resident a researcher can adapt the course of the interview to the real situation, the current setting, the questions may be set in a spontaneous way, while the context of the research problem provides valuable additional information to learn about the resident's real life situation. The good thing about ICT is that it saves time, the conversation can be recorded, played back to the resident, the conversation may often be rearranged etc. However, we cannot get any other, more important and more valuable information to truly grasp the resident's life.

The limitations of research in the area of social work with older people that were imposed by the national guidelines in order to control the spread of the pandemic have had irreversible consequences for the recognition of the impact of the pandemic on the lives of older people in need of long-term care. Fewer research opportunities during the pandemic have had a fatal impact on the provision of advocacy for those groups of long-term care users who are limited in expressing their needs, interests and preferences. This has prevented social work from being able to live up to the basic ethical values of caring for the most vulnerable, frail and needy members of society.

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