

SOCIAL INTERVENTIONS IN THE FAMILY IN THE POST-COVID PANDEMIC PERIOD

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ABSTRACT

Aim. The main aim of the authors of this study is to indicate the problem areas of individuals and the families during the pandemic and post-pandemic situation which occurred in connection with a deteriorating social and societal situation.

Methods. Using a literary descriptive and deductive method, the authors identify, indicate and analyze not only epidemiological measures and the possibilities of applying social interventions in the individual and in the family, but also draw attention to state measures taken to manage new conditions of family life.

Results. The analysis indicates a broad issue that affects individuals, families, and groups, as well as societal sectors. The authors point to the provision of interventions through social work, which takes into account the basic characteristics of the family. Social intervention therefore becomes an important tool in solving problematic situations of any small or large social group.

Conclusion. The pandemic and post-pandemic situation brought about a number of problematic situations that had to be solved dynamically and, in many cases, through crisis intervention. Forms of assistance to individuals and families brought cohesion and unity, but also brought a number of other concerns reflecting the current adverse societal situation into the wider environment.

Keywords: social intervention, pandemic, post-pandemic situation, social work

FAMILY PROBLEMS IN A PANDEMIC SITUATION AND THE CONSEQUENCES FOR ITS FUNCTIONING

The unprecedented new situation associated with the events surrounding the Covid-19 pandemic leads to reflection on the issue of interpersonal relations. Authors Zuzana Budayová (2020), Lucia Ludvigh Cintulová et al. (2021), Budayová & Ludvigh Cintulová (2021) have also investigated questions relating to the impact of the Corona crisis on the emotional mood and interpersonal relationships in the family.

Another area of interest is the ability of household members to seek new ways out and adapt to these changed living conditions. The need for human socialization, contact and communication also leads to reflection on the role of media and communication technologies among contemporary children and youth (Kobylarek, 2021; Králik, Roubalová, Hlad et al., 2022; Králik, Roubalová, Judák et al., 2022).

Epidemiological measures related to the Coronavirus result in household members staying together more frequently. The unusual and unexpected situation which came about in families was caused by a whole series of changes, first and foremost among them the restriction of full-time school attendance, as well as leisure and extracurricular activities. Among these activities we can include, for example, interest groups, but also the natural playing activities of children outside the home. In the case of adult members of the household, the preference for working from home and other changes related to the performance of work or the method of working was a novelty. All these changes affect a person's emotional state in a particular way.

For both parents and children, the situation associated with measures in such an exceptional form was a new one. In this regard, the need for communication between adults and children is essential so that children do not feel threatened, afraid of the unknown or of someone close, and other negative emotions. Adults should be honest with children. They should not lie, because children can detect lies, and this can affect their confidence and self-confidence. Parents found themselves in a situation in which it was necessary to explain to the children and calm any possible fears, whilst at the same time they themselves did not have to come to terms with their own fears. When answering children's questions, it is important not to forget their feelings and concerns (Alliance2015, 2020; Ludvigh Cintulová, Budayová et al., 2022).

Long-term stress has unpredictable consequences on human health. From mid-October 2020 to mid-December 2020, Alliance2015 research was conducted in 25 countries globally on a sample of over 16,000 women, men and non-binary people from urban and rural environments. The results show that more than 40% of men and more than 50% of women felt a constant state of anxiety, sadness, experienced mood swings or had trouble sleeping. As a result, various defence and adaptation mechanisms are activated in the human body, which try to return the person to a normal emotional state. Thus, the individual gradually begins to perceive the changed reality as a new everyday life (Alliance2015, 2020).

Children experience fear in different ways. Children are afraid of all kinds of phenomena, things, and persons, but also, for example, solitude or tasks that they are unable to solve. I consider (who is I?) drawing to be a very effective and suitable method for research with children. Artistic expression conveys and makes available the child's opinion and a certain way of looking at the problem. Children's drawing provides a wide diversity of their own experiences, it shows to what extent their experiences common and diverse are, and their everyday experience. From such material, it is possible to continue a combined discussion and analysis of artistic expression. For children, drawing is a kind of second language for expressing thoughts, as it represents the subjective perception of the objective world. It is influenced by the age and maturity of the child – as soon as the child is able to express their feelings well verbally, they gradually abandon drawing. This is not always the case (Žaloudíková, 2013).

The mental burden during measures taken against the spread of Covid-19 is not only associated with a feeling of loneliness and separation, but also with conflicts between household members, which arose, for example, as a result of a drastic change in lifestyle. Let us first describe what restrictions and changes are associated with the often used English term "lockdown". This refers to measures such as the isolation and closure of homes, districts, and even states). During the lockdown there were fundamental changes in the daily regime of family functioning. Because schools at all levels were closed, there was a need to help parents with their children's education, as

well as provide all-day meals and other functional services. In the long run, this situation has become very exhausting for a full-time working parent. I noticed (who is I?) problems in living together, especially in a family from a village. The parents were forced to remain in cramped spaces, where they worked from home (home office) together with their children, who at the same time were undergoing compulsory school attendance in the form of online teaching. On the contrary, a mother from a family in the city, who was working from home rather intermittently and was not employed for part of the lockdown period, did not feel any significant restriction or drastic change in the functioning of the household (Proboštová, 2020).

There is a strong bond between the worlds of parents and children. Children learn by observing and imitating those around them – parents, grandparents, teachers, peers, etc. They adopt patterns of behaviour, reactions and opinions from discussion. Parents who harboured fear, anxiety or anger about the Coronavirus had children who felt similarly. On the contrary, optimistic-looking parents often had positive children who showed no signs of fear or stress from the disease. However, all these emotions changed during the pandemic in response to individual events. With the passage of time, it was possible to observe the development of all kinds of feelings and strong emotions in families, such as fear, confusion, reconciliation, feelings of belonging, reciprocity, solidarity and cohesion, anger and disagreement, exhaustion, resignation and others. Children, adults and seniors, who were left alone in their house or apartment due to the measures, without the possibility of a personal meeting with extended family, friends, colleagues or classmates, faced a lack of social ties. Children lacked contact not only with their peers, friends or extended family, but also with their parents, who were physically present but often overworked. Family members usually solved such discomfort by meeting a circle of like-minded friends. It was often a specific group of people with whom families engaged in regular activities – for example, nature walks, excursions or just sitting at home.

POSSIBILITIES FOR APPLYING SOCIAL INTERVENTIONS IN THE FAMILY

It was the increased care for children that became a fundamental problem during distance learning, which in turn disrupted normal work, family and private life. Working life means paid employment, and family life means caring for children and the household as well as joint leisure activities. Private family life includes self-care, own activities and the individual interests of its members. The coordination of these individual spheres is different for each family, while it is affected by both external and individual influences. Of the individual ones, it can be the adoption of concepts from the original family of one of the parents connected with the parent's own

values and preferences. External influences can be considered, for example, the current family policy and its defamilization trends, but especially the Coronavirus crisis, which significantly affected this sphere of family life.

An interesting area is the adaptation mechanisms with the help of which the families tried to cope with the stressful situation. Education is an activity aimed at acquiring and improving human abilities and qualities. The development of child-rearing is transmitted and shaped from generation to generation. The educational style also depends on the social status of children and the associated norms of behaviour and goals to which the parents lead their children and the conditions they create for them in life. In our society, the main function of the family is to ensure the safety of its members, and the upbringing of children. In the family, children learn the language, customs and traditions of their group. Through games of imitation and identification with parents, they create their own personality, shape their character and move from egoism to altruism (Králik et al., 2019; Laca, 2013).

Cristina Lluch et al. (2022) point out the “compassion anxiety” which characterizes therapists during Covid and post-Covid era, because of the increase in the number of parents that were under stress and needed help themselves. The post Covid era shows that parents a population that needs support in order to cope with the personal, emotional and social problems that their children experience.

Laura Gutermuth Anthony et al. (2005) argue that the stress that parents experience affects the social welfare of their children even when they are in educational frameworks and not at home, so any improvement in parents’ feeling will help the social abilities of the child. In a survey conducted in Israel in July 2022, 238 therapists were asked for their opinion about what could help parents in handling the functioning of their children social-wise. 72% of them suggested that community and school services for parents should expand; 71% suggested support groups for parents, and 64% suggested support groups for children in schools. They emphasized that the intervention should be within the educational system, with a strong shift from the didactic focus to social-emotional focus, offering a variety of treatments, workshops, art therapies, and developing life skills, all provided in school. Parents should also benefit from therapies that will be included in schools and will help the pupils as well as the parents to cope in difficult times such as post Covid. Also, it was recommended that teacher training include elements of therapy and knowledge on resilience and on the psychology of parenting.

Among the techniques used to help families in danger are: crisis intervention, techniques that help communication, monitoring of implemented measures, family mediation, motivational interviews, family conferences, networking and accompanying. All this, provided that the family is willing to cooperate, has the potential to eliminate the risks of pathological behaviour in children and adolescents, and thus prevent difficult and critical situ-

ations in the life of the adolescent, as well as the entire family. If we want to change or improve the functioning of the family, it is important to know the services and institutions which are available where the family can get help. Likewise, strengthen the family's internal resources and help it to find contacts and information. The goals of family rehabilitation and applied accredited programs can be considered:

- Coping with a conflict situation in the family;
- Providing coping models for a possible conflict situation in the future;
- Helping family members understand their own situation and interests;
- Helping family members to better understand the essence and various aspects of the conflict situation, and reduce them to a level that is acceptable for them;
- Providing support for cooperation and a fair resolution of conflict situations – thereby improving mutual relations between family members and the surrounding environment;
- Mobilizing family members' strengths and abilities;
- Creating a common view of the situation in the family, or to the problem, and thereby orient individuals to themselves;
- Helping to establish open communication, calm expression of emotions and listening (Hudecová, 2020).

When helping a child or young person threatened by risks arising from the family environment, the child's interests and rights should be a priority. The most important interest should be in developing and strengthening relationships with those close to us. The removal of a child from the family environment should be contemplated only in exceptional cases. We work with the family in its natural environment. We focus on the specific needs of the family. The expert who works with the family must be discreet and maintain impartiality. Last, but not least, services for families should be free, as at-risk families are often also families with a low socio-economic status. The ultimate goal of helping the family can be to start the family towards its own self-help through strengthening the resilience of the family members and activating their coping strategies and the aforementioned family resources. Such activation leads to functional relationships, which subsequently support the child's resistance to other risks (Lieberman & Lieberman, 2003).

MEASURES TAKEN BY THE STATE TO COPE WITH THE DIFFICULT LIFE SITUATION IN THE FAMILY

The concept of social functioning discusses how an individual or a family manages the demands made in their lives. Social functioning represents the way in which an individual fulfils their life tasks and how they manage the events of everyday life. Pavel Navrátil (2007) states that the core of this con-

cept is the permanent interaction of people and their environment, which imposes certain demands on a person. and that person is forced to respond to those demands. Some people manage these requirements with the help of people close to them, and some do not (Matoušek, 2013; Navrátil, 2007; Navrátil et al., 2014).

Some people cannot handle even the slightest difficulties, and some can successfully handle even the most terrifying experiences. This means that some people and families are resistant, they know how to use their resources, for example the help of relatives and friends, yet other people or families are not so resistant and cannot cope with the demands placed on them. The coronavirus era puts a lot of these demands on families. The coping process is called coping, which expresses coping with demands that are high for an individual or family and require increased effort (Paulík, 2017).

Coping is an ever-changing cognitive and behavioural effort to manage specific external or internal demands that are appraised as demanding or exceeding the person's resources. Coping requires the mobilization of efforts, and it is also a process characterized by the continuous reassessment of the relationship between a person and their environment, and the result of coping is a change in the environment or a change in the meaning of the event, what is taking place and what can be done next. Coping is a response aimed at reducing the physical, emotional and psychological burden that results from everyday difficulties, or the stress of life events and considers reactions effective in reducing unwanted psychological burden as coping strategies. Life is filled with experiences and events that allow people to learn and grow from these challenges, and coping is part of the very essence of human change. Resilience is also closely related to coping, as it helps the individual to withstand the strong demands of their environment. Resilience is based on how people manage the emotional and practical challenges that follow after surviving negative experiences or adversity (Punová, 2012).

According to these authors, the pandemic caused by the Covid-19 disease will have unpredictable socio-economic and cultural consequences. These consequences are changes in the economic and social sphere of people's lives, and an increase in demands for individual management of the overall situation (Džuka et al., 2021; Judák et al., 2022).

On March 11, 2020, the World Health Organization declared Covid-19 a pandemic because it had spread to 117 countries and territories (WHO, 2020). On March 12, 2020, a state of emergency was declared in the Czech Republic due to the threat to health in connection with the evidence of the presence of the Coronavirus, and a number of extraordinary measures were introduced, such as the closure of schools, restaurants, shops, services, sports fields, theatres, cinemas, a ban on gatherings and travel across borders (Kubal & Gibiš, 2020).

Jan Bittner (2020) stated that the so-called lockdown meant that economic activity had been closed in some economic sectors, or had been lim-

ited due to the mandatory avoidance of social contact. Only some professions had the opportunity to work from home, even during the lockdown (Bittner, 2020).

Some people lost part of their income or job, and for some people the social isolation caused by the mandatory quarantine led to mental illness (Džuka et al., 2021).

According to the research "Life during a pandemic" (2021), the Coronavirus epidemic had an impact on the mental health of young adults under the age of 24, members of severely financially affected households and women with under-age children (Tkacová et al., 2022).

The consequence of these measures can be a crisis in all areas of life, such as employment, family finances, children's education, household management, mutual relations, worries about the future, and stress. Social support represents all the resources we receive from other people, be it family, friends or other close people – in short, our social network. It represents ties of varying intensity and density connected to the interpersonal contacts of an individual (Radková et al., 2022). Social support can take a variety of forms, and accordingly it is divided into several types. Emotional support is characterized by providing a sense of love, hope, or safety, valuative support by providing respect and acceptance, instrumental support by providing practical help, and information support by providing information and advice. The last one, group support, is expressed by the feeling that an individual belongs somewhere and is a member of a certain group. Social support is also an important element in regulating stress, whatever its source. As long as we know that we have people close to us whom we can trust and turn to in case of need, a potential negative situation then seems manageable. It is important to note that in order for social support to be really effective, it is necessary to target the real needs of the individual, not the ideal ideas of those who provide social support (Výrost et al., 2019).

If we want to help a family at risk, it is necessary to look at it as a whole. In the context of the systems approach, the family is understood as a system of elements that are interconnected through mutual interactions and relationships. It is an open system, limited to the surroundings (Hudecová, 2020).

From what we have stated so far, it is clear that in order to achieve a change in behaviour, or when trying to prevent behavioural and emotional disorders, it is important for the family to be functional. Despite the potential risks, we also try to find resources in the family for correcting the individual's problems and strengthen their resilience (Kachlík et al., 2017; Tryma, 2021).

Such corrections can only be achieved if the functioning of the family as a whole is also corrected. Through well-designed intervention, we can prevent the breakup of the family or the eventual removal of an adolescent child from the family environment. When helping the family, it is impor-

tant not to overlook any of its members. It is also necessary to take into account the wider environment and other influences that affect the family. The family is a system, therefore it is necessary to take into account its basic characteristics when providing intervention:

- Circular causality – a change in one element affects the others and the whole. An event that concerns one of their members affects everyone in the family and the entire family system. The child's problems (e.g. behavioural and emotional disorders) therefore affect the function of the entire family system and its balance (Mydlíková, 2018);
- Homeostasis of the family – the family tries to maintain stability and cope with newly imposed demands. If it is to maintain its functionality despite ongoing changes, it must be flexible to a certain extent (Mydlíková, 2018);
- Wholeness – the whole in a systems approach means more than the individual parts. We are talking about the interconnectedness of individual family members. Together, the family system can do what its individual elements could not do. If we want to help the family cope with a difficult situation, we need to know its circumstances and maintained relationships well. If we can rely on a functional relationship in the family during the intervention, we can thus strengthen the resilience of the individual (Mydlíková, 2018);
- Boundaries – boundaries are associated with the healthy functioning of the family. On the one hand, it concerns the boundaries that demarcate the family from the surrounding world, but also those that prevail within it. Ideally, boundaries should be set in such a way that they are accepted by all its members. If the boundaries are too strict, loose or unclear, it threatens the functioning of the family. As we have already mentioned, children with behavioural and emotional disorders often come from families with inconsistent upbringing and set of rules. If the boundaries of the family towards the external environment are set too strictly, the family becomes isolated. But by isolating the family, they won't even accept the necessary help or support from the environment. There is a risk of a lack of information that could help the family solve the problems that have arisen (Mydlíková, 2018);
- Equifinality – according to Eva Mydlíková (2018), it is not important what the situation is, but how the family reacts to it. Simply put, the same situation can have a completely different outcome in each family;
- Communication – when getting to know the family as a system, it is essential to know its communication process. Complicated communication often leads to increased tension in the family circle. Identifying how individual family members communicate with each other during applied intervention helps us to improve and strengthen communication. This will make the assistance provided and mutual relations more efficient (Hudecová, 2020).

If we want to achieve a change in the problematic behaviour of an individual, it is necessary to consider the family as an integral part of this process. The assistance provided must be focused not only on the functional behaviour of the individual, but also on their entire environment. Helping a family at risk is implemented using techniques that can be referred to collectively as family rehabilitation.

Rehabilitation of the family is defined as a set of socio-legal protection measures, social services and other measures and programs that can be provided or imposed on parents of children and children whose overall (biological, social or psychological) development is at risk. The basic principle of family rehabilitation is to support the child through changes in their family environment. Its goal is to prevent, eliminate, or mitigate the causes of child endangerment by also providing help to parents. Through this, we try to preserve the family as a whole. These are activities aimed at averting the removal of the child from the family, the implementation of the child's contact with the family if the removal has already taken place, or their return home. Rehabilitation of the family focuses on the implementation of qualitative changes in the family environment. In order to achieve such changes, the active involvement of the family is important. The problem is often the initial reluctance or low motivation on the part of the parents. Parents blinded by the chronically bad situation in the family do not see any reason for cooperation or why they need help. They do not see the need to change the way of family life which used to be adequate. They often fall into a state where they do not believe that change could really help them. Workers cooperating with the family should motivate the family. The prerequisite for effective rehabilitation is that the family agrees with the plan and is actively involved in it. If the parent continues to refuse participation, and the threat to the child persists or worsens, the socio-legal protection of the child and the social guardian are approached, often even without parental consent. In serious cases, the court acts in this way (Lieberman & Lieberman, 2003).

SOCIAL INTERVENTION

On June 24, 2021, SR Government Regulation No. 245/2021 Coll., supplementing SR Government Regulation No. 102/2020 Coll. on certain measures in the field of social affairs, family and employment services during a state of emergency, state of emergency or state of emergency declared in connection with the Covid-19 disease, as (was?) amended. The regulation in question regulates the provision of one-off financial assistance to households with dependent children who are entitled to assistance in material need during the pandemic, in the period from March 2020 to April 2021. The procedure for a one-off contribution of 333 euros for each dependent child is initiated at the initiative of the Labor Office, social affairs and

family that is, such a household does not apply for a one-off allowance (*Nariadenie vlády Slovenskej republiky, ktorým sa dopĺňa nariadenie vlády Slovenskej republiky č. 102/2020 Z.z. o niektorých opatreniach v oblasti sociálnych vecí, rodiny a služieb zamestnanosti počas núdzového stavu, núdzového stavu alebo núdzového stavu vyhláseného v súvislosti s ochorením COVID-19 v znení neskorších predpisov* [Regulation of the Government of the Slovak Republic supplementing Regulation of the Government of the Slovak Republic No. 102/2020 Coll. on certain measures in the field of social affairs, family and employment services during a state of emergency, state of emergency or state of emergency declared in connection with the COVID-19 disease, as amended], 2021).

When helping in a crisis, we distinguish between two types of solutions – informal help and crisis intervention. The term ‘informal help’ includes the possibility of self-help or mutual help. Before focusing directly on crisis intervention, I (who?) will also mention first, informal aid. As it turns out, this is also very essential for coping with the crisis, and professional help follows on from it (Hladet al., 2022; Špatenková, 2004, 2017).

By self-help, we understand such ways of coping, during which the individual «uses his own skills, abilities and possibilities», sometimes the English term «locus of control» is used. Defence mechanisms and coping strategies are mentioned in connection with this term. In the first case, it is about «deceptive, illusory, fantastic, reality-disrespecting and sometimes even confusing forms of coping with life’s difficulties». These mechanisms are considered unconscious and include, for example, escape, attack, displacement, regression or denial. At the opposite pole are coping and related coping strategies, which are formed and consolidated on the basis of experiences from early childhood and are learned ways of reacting to crisis situations. The concept of coping covers the thoughts and actions of a person who is in a situation that is unpleasant for individuals. But they perceive coping as a process, and not only as stable elements of coping. It could be argued here that with increasing experience, the individual’s coping strategies are adapted and updated (Špatenková, 2017).

Coping with a crisis through self-help can subsequently also use crisis intervention during crisis intervention (???). The worker can discuss with the client what strategies worked in the previous crisis management and which, on the contrary, proved to be ineffective. At the same time, the intervention begins to empower the client – it shows them that they are capable of solving problems on their own or with the help of those around them. It is the ability to take responsibility for one’s life that plays a significant positive role in difficult situations. (Petrikovičová et al., 2021; Vodáčková, 2020).

Another option for informal help is mutual help, because a person needs to see that they are not the only one with the problem, and that they have someone to confide in and cry with. By social support, which is so important and inflected for individuals, we understand «a kind of fund from which it is possible to draw in case of need, through which a person gets help in

trying to meet demands and achieve goals». Individual social relationships fulfill an informational and emotional function. While in childhood the primary gain is information, with age the need for emotional support from the environment gradually increases. However, a frequent stumbling block in mutual aid is belittling, trivializing, denying or, for example, moralizing. The environment of the individual is not equipped with training, courses or supervision, so sometimes well-intentioned advice may not meet with success (Budayová et al. 2022; Špatenková, 2017).

FORMS OF ASSISTANCE FOR FAMILIES

Thanks to our psychological adaptation, we are able to deal with many things. We can handle stressful situations, losses or changes, practically anything – we just need time. Mental resilience is a purely individual matter for each of us and is limited by our own boundaries. The way in which an individual processes stressful situations in their life probably has its roots in childhood. What is important is one's own disposition, the individual setting of the individual. Resilience depends on a whole range of factors, such as genetic makeup, upbringing and education, personality of the individual, skills acquired during life, motivation or current state. In a social context, adaptation is influenced by relationships that can help or harm in a crisis situation. The form of interaction and relations with the social environment determines our later behavior, how we view crisis situations. Thanks to a good personal maturity or balance, we manage the crisis sections of life without significant problems, we cope better with new demands and situations, we adapt better in the environment. If we have a problem with adaptation, we are not able to manage our own development and we are less able to deal with problems. Conflicts may arise the result of which is difficulty for us to manage obstacles. Increasing internal and external tension in the life of an individual disturb the state of balance of the individual with his surroundings. If the effort to solve a stressful situation according to one's own adaptation skills fails, the tension gains strength, and anxiety states or discomfort appear. A state of acute crisis occurs if our adaptation mechanisms work insufficiently. If the stressors do not disappear, or at least are alleviated, the organism becomes exhausted.

Hjalran Bang Carlsen et al. (2020; Bursová, 2021) state that social networks play a big role in offering support as an alternative to the suspended formally organized social services. Civil society promptly responded to the current situation and the related suspension of some social services, and on March 11, 2020, 56 new support groups were founded on Facebook. In three weeks, 247 support groups appeared and the number of members increased to hundreds of thousands.

The Covid-19 pandemic thus led to greater solidarity through volunteering across Europe. Complete statistics showing how many volunteers became

involved in 2020 and 2021 in helping others cope better are not available. However, some volunteer centers and organizations have published their own data on the increase in volunteers. In European countries, for example, it is France, where the Tous Bénévoles (All Volunteers) platform recorded a doubling of the number of those who registered as volunteers in 2020, namely 40,000 new volunteers. According to president Tous Bénévoles, this is one of the few positive effects of Covid-19. The International Committee of the Red Cross, in turn, speaks of an increase of hundreds of thousands of new volunteers worldwide – 48,000 new registrations were recorded in the Netherlands, 60,000 in Italy (EU Aid Volunteers, 2022). Although these numbers seem very high, this is only a fraction, which serves to give an idea that volunteering has increased in some countries. Slovakia was not far behind in volunteering either. Most often, there were volunteers from medical schools where they helped in the departments, but they also worked at mobile collection points. The Red Cross and various regional organizations voluntarily helped pensioners and socially vulnerable families.

In Slovakia, through the employment offices, several projects were implemented at the national level, which were primarily focused on help in the case of job loss. One such project was, for example, the First Aid project, which for almost two years was the main tool for protecting jobs and household income from the pandemic. It was prepared and implemented by the Ministry of Labour, Social Affairs and Family, taking into account the risk of the dynamic development of the pandemic. The project had a flexible framework of rules, thanks to which the state was able to modify it so that it was effective even after unexpected changes in the pandemic rules occurred, and could promptly react to instabilities in the economy and the labour market. As part of the First Aid project, a total of €2,475,824,280.58 was paid as of 6/30/2022 (First aid as an effective mood for the protection of working towns, 2022).

In order to slow down the rate of growth in the curve of the number of people infected with the Covid-19 disease, the governments of European countries approached measures to limit the transmission of the infection. There were various forms of restricting the movement of people, closing borders, limiting travel, the obligation to wear mouth and nose protection, maintaining social distancing and strict hygiene, and later testing for disease positivity, vaccinations, and the like. In Slovakia, since March (which year?), strict measures were taken, such as the closing of kindergartens, schools and universities, and the introduction of mandatory quarantine upon arrival from abroad. International airports were also closed, border controls were introduced, and various types of businesses and cultural facilities were closed. In the same month, the obligation to wear masks and observe two-meter distances was adopted. At the beginning of the pandemic, we saw that it became a big social topic and the initial tuning contributed to solidarity between people, when, for example, they sewed masks (Judák et al., 2022; Ludvig Cintulová, Radková et al., 2022).

Thanks to these and other measures, the spread of the disease was significantly limited, and due to this favourable course, the measures began to be relaxed at the end of May (which year?), respectively in June. However, in September, the epidemiological situation worsened again, due to which measures were again tightened and, for example, nationwide testing was introduced. At the end of the year, the number of cases increased significantly, which was attributed, among other things, to new mutations of the virus.

Nationwide testing of the population of Slovakia was carried out on October 31 and November 1, 2020. It helped to catch hidden outbreaks of infection and slow down the spread of the virus, which gave our doctors time and space to take care of the sick. During the weekend of November 7 and 8, 2020, area-wide testing of residents took place within 45 districts, where the number of people with positive test results reached the threshold of 0.7% or more within the area-wide testing of residents (Ministerstvo obrany SR, 2021).

The first round of nationwide testing took place between October 31 and November 1, 2020. The testing took place during a period when Slovakia was under a partial curfew. Testing was voluntary, but participation was recommended for all residents aged 10-65. All participants who tested negative were exempted from the curfew. The second round of nationwide testing took place on November 7-8, 2020, in those districts in which more than 0.7% of those tested positive for the new coronavirus were confirmed in the first round (so-called red districts). As in the first round, the second round of testing was voluntary, with the same rules and curfew exemptions applying. At the same time, all residents of "green districts" who planned to travel or stay in red districts during the ongoing curfew had to participate in the testing. Otherwise, they would not be subject to the exemption from the aforementioned curfew valid in red districts. The third round of nationwide testing on November 21-22, 2020 was completely voluntary and took place in municipalities where more than 1% tested positive after the second round. It was carried out in full in 548 municipalities. Participation was significantly lower compared to the first and second rounds of testing. However, the number of positive tests increased compared to the second nationwide round, which indicates that the voluntary third round was mainly attended by residents who already suspected that they might be infected (Ministerstvo obrany SR, 2021).

Exceptions were conditioned by the obligation to prove to the employer and, in the event of a request, to the authorized components, the original certificate issued at the collection point during the testing dates. A copy of the certificate, photo or scan was not accepted. Based on the results of the first round, Slovakia was conceptually divided into red and green districts. Those districts in which more than 0.7% tested positive for the Coronavirus were confirmed in the first round. Green districts, i.e. districts in which less than 0.7% of those tested positive were confirmed in the first round,

consisted of 25 districts, mainly in the south of Slovakia, together with the cities of Bratislava and Košice. The number of data collection points largely mirrored the number of electoral districts in the Slovak Republic. In the first round of nationwide testing, almost 4,900 collection points were created throughout Slovakia. In addition to general testing at collection points in municipalities, testing was carried out for employees of those companies that met the specified conditions, and also in individual departments of the state administration. Based on the availability of the necessary personnel, the numbers of these collection points were adjusted – some points were added, others were retracted. In the first round of nationwide testing, due to the lack of medical personnel, it was possible to open only 97.9% of collection points on Saturday and 99.5% on Sunday. In the second and third round of nationwide testing, 100% of collection points were opened. The throughput of the collection point, i.e. the number of people that the place could test, was approximately 500 people per day (Ministerstvo obrany SR, 2021). Problems arose during the mobilization of the Roma population and during the implementation of the testing itself due to the indiscipline and impatience of the Roma ethnic group (Budayová et al., 2020; Lešková et al., 2022; Ludvigh Cintulová, Budayová et al., 2022).

CONCLUSION

The impact of the pandemic on the individual and family caused on the one hand a disruption or reduction in respite and support services, but on the other hand brought recognition of the demand for these services. Crisis intervention brings help and support to the whole family, not only with material and financial support, but also with support in the form of complementary social and psychological services.

The pandemic situation has shown the challenges that bring opportunities to reform the care of individuals and families in social services, to change the ways of material and non-material support. The situation has also brought a different perspective on the availability of physical and mental health services.

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