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Social assistance and child protection during the COVID-19 pandemic in Switzerland. A survey of social services

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Summary

The present study examines how social services have been affected by the coronavirus crisis during the first four weeks of a pandemic-related “lockdown” in Switzerland, from mid-March to mid-April 2020. It also addresses how social services have responded to these challenges. The study focuses on economic and personal social assistance as well as child protection. It is based on a stratified random sample of 169 professionals. The social services come from the Swiss cantons of Aargau ($n=22$ professionals), Bern ($n=42$), Lucerne ($n=32$), Thurgau ($n=18$) and Zurich ($n=55$). Municipal and regional services with catchment areas of varying size are considered. All five German-speaking major regions of Switzerland are represented, but not the Lake Geneva region and Ticino. The main findings of the study may be summarized as follows:

- In the period from mid to late March 2020, the number of people who newly registered for social assistance almost quadrupled, compared to a reference period from January to mid-March. However, these numbers are based on a relatively small subsample of agencies ($n=34$).
- According to professionals, individuals most affected by the pandemic and associated lockdown are employees on hourly wages or with precarious part-time working hours, self-employed persons, people who can only work reduced hours due to obligations regarding the care of their children, and single parents (as a specific group of people with care obligations).
- According to the professionals, most agencies were fully able to provide economic social assistance in the time-period examined. However, 13.7 % of professionals report restrictions: These are mainly due to the more difficult and sometimes delayed processing of social assistance (benefits) claims. As a result, some people may find themselves in acute emergency situations. Conversely, a handful of professionals suspect the relaxation of controls has led to unjustified benefits.
- The provision of personal social assistance, i.e. the personal counselling of clients and their referral to external services or agencies, is currently impaired. Three-quarters of all professionals (74.1 %) report restrictions. Counselling sessions are mostly conducted by phone, and many are cancelled. External agencies and social support services have reduced or temporarily discontinued their services.
- Almost half of the respondents (45.1%) report restrictions in the provision of child protection. According to professionals, assessments of alleged child maltreatment are particularly challenged. Most home visits are no longer carried out, and there is a concern that children at risk are no longer being noticed because they are looked after exclusively within the family. External support services are temporarily discontinued or reduced.
- Looking to the future, some agencies fear a further increase in the number of new registrations for social assistance and thus an excessive demand on structures and staff.
- In dealing with the coronavirus crisis, agencies are meanwhile developing a variety of solution strategies. For example, requirements and sanctions for the recipients of social assistance are being lifted, digital tools are being used in working with clients, and organizational and spatial adjustments are being made to ensure the quality of the work as far as possible.

In conclusion, social services have faced considerable challenges in the time-period examined. By late March 2020, the Swiss Federal Council took actions that were meant to mitigate the economic impact of the coronavirus crisis and associated lockdown. These actions included measures such as interest-free business loans, compensations to businesses for short-time work and allowances for earning losses among the self-employed. It is probable that these measures have brought down new registrations in social assistance since then. However, the future of these measures remains uncertain, and they do not tackle the impact of the COVID-19 pandemic on *personal* social assistance and child protection. In the remainder of the year 2020, the resources needed by social services are likely to rise. Political administrations on the federal, cantonal and municipal level will have to make sure these resources are available, lest agencies will continue to be seriously impaired in delivering the basic services of personal social assistance and child protection.

Introduction

1 Why this study?

Social services and the agencies that provide them play a key role in ensuring the cohesion of Swiss society. In the case of people whose livelihood is threatened and who have no other means of securing it, the agencies are mandated by municipalities with the provision of *economic social assistance*¹. They also provide personal counselling to people in poverty and other situations of need and refer clients to external services, which is together referred to as *personal social assistance*.² In many regions of Switzerland, the services are responsible as well for carrying out risk assessments and implementing support services on behalf of Child and Adult Protection Authorities (CAPA) or family courts.

On March 16 2020, the Swiss Federal Council proclaimed an “extraordinary situation” and issued stringent measures to contain the Covid-19 pandemic. These measures have since been commonly called “the lockdown.” It is to be assumed that people dependent on the support of social services are particularly affected by the pandemic and the measures related to it. This is because many of them were already in financial, psychosocial or health crisis before the pandemic, situations that may now be getting worse. In addition, the economic consequences of the coronavirus crisis may mean that people who were economically independent previously will now also have to claim social assistance. Agencies are confronted with all these abrupt changes that have occurred in the lives of the people they support. They are also called upon to implement measures to protect their own employees and their clients. In their daily work, this means that personal direct contact is only possible to a limited extent.

Against this background, it is important to examine the extent to which the services are currently under strain and possibly impaired. This is a prerequisite not only for short-term measures, but also for long-term learning lessons. The study presented here provides such an examination. The following questions are addressed:

- Has the number of people claiming economic social assistance changed in the first two weeks after the lockdown?
- Which groups of clients are particularly affected by the consequences of the coronavirus crisis?
- Can social services still provide economic and personal social assistance in the current circumstances? If there are restrictions: What are these?
- Can social services fully carry out their tasks and obligations regarding child protection? If there are restrictions: What are these?
- What solutions are the services adopting in dealing with the coronavirus crisis—and more particularly, which of these solutions have worked well so far?

Due to the topicality of these issues, results are published immediately in the form of a working paper. Manuscripts submitted for peer-review publication will follow.

¹ The term economic social assistance covers all financial benefits that the system of social assistance in Switzerland provides. These include basic material security, which is made up of cash benefits for living requirements, eligible housing costs, and medical care. In addition, there are situation-related benefits which may supplement basic material security in individual cases, as well as income allowances and allowances for social integration. The latter two are subject to the fact that recipients of social assistance demonstrate that they have made special efforts to “integrate” with society (see SKOS, 2020a).

² More precisely, the concept of personal assistance refers to all non-monetary “benefits” which aside from economic assistance are intended to help recipients lead a self-determined life, actively participate in society and join the labor market. Counselling, referral to other services that provide financial or social support, and enlisting clients in job training programs are the most common forms of personal social assistance (see SKOS, 2020a). Personal assistance can be provided with or without co-occurring economic assistance. The present study relates to both types.

2 How was the study designed?

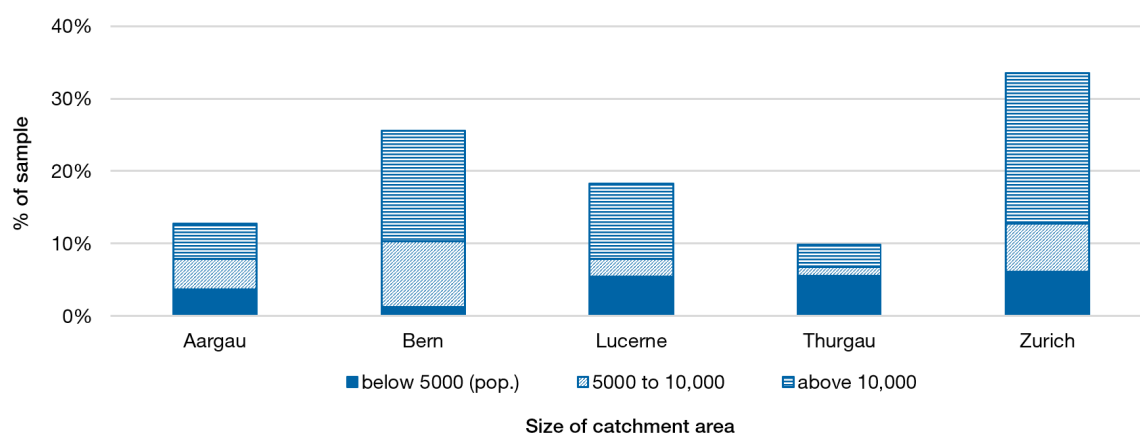
As chance would have it, the authors of the present study had already launched a representative survey of social services on a different topic when the Swiss Federal Council ordered the COVID-19 lockdown.³ This made it possible to ask a portion of the sample, at short notice, additional questions related to the crisis. In this part of the project, managers of 400 social services were contacted. They could take part in the survey themselves or delegate participation to selected professionals from their agencies.

The cantons of Aargau, Bern, Lucerne, Thurgau and Zurich were selected for the study. This way, the five major German-speaking regions of Switzerland are represented by one canton each (Northwest Switzerland, Espace Mittelland, Central Switzerland, Eastern Switzerland and Zurich, respectively). The selection of agencies was based on a stratified random sample: In the first step it was determined that services from urban, rural and agglomeration areas should participate in equal proportions in all cantons. Based on a list provided by the Swiss Federal Statistical Office, 80 municipalities were then randomly selected per canton for each of these three types of area, and the social services agency responsible for the municipality's catchment area was identified so that managers could be contacted. The survey was carried out via an online questionnaire, which was available to the professionals from April 1 to 15 2020. Therefore, results relate at most to the first four weeks of the lockdown (mid-March to mid-April).

3 Who participated?

169 professionals participated in the study. Roughly a third of them (36.1 %) represent their agency as managers, just over half are case workers (50.9 %), while one in six represent the agency in some other capacity (e.g. team leader without case work). The canton of Zurich ($n=55$ professionals, 32.5 % of the sample) had the highest participation rate, followed by Bern ($n=42$, 24.9 %), Lucerne ($n=32$, 18.9 %), Aargau ($n=22$, 13.0 %) and Thurgau ($n=18$, 10.7 %) (Figure 1).

Figure 1: Representation of the cantons in the sample, taking into account the size of the catchment area



The majority of agencies are municipal social services (63.3 %), i.e. they offer services with respect to a single municipality. The remainder are regional services (responsible for a region that consists of several municipalities) and a small number of special cases ($n=4$). About one-fifth of the municipalities for which the social services are responsible are villages or small towns with a population of less than 5000 people (21.3 %), and about one-quarter represent larger rural or agglomeration-type municipalities or regions with 5000 to 10,000 people (23.1 %). Cities or regions with a population of 10,000 to 20,000 people account for 24.3 % of the sample, while medium-sized and larger cities or larger regions with more than 20,000

³ For more information on this project, see https://www.zhaw.ch/no_cache/de/forschung/forschungsdatenbank/projektdetail/projektid/2883

inhabitants account for the remaining 31.4 %. Seventy-six cases (45.0 %) refer to so-called *polyvalent* social services, which means that their social workers perform a broader range of tasks in addition to social assistance, e.g. in child and adult protection or in the migration system. A further 21.9 % are organizational units within a polyvalent agency specializing in social assistance, while 26.6 % are services specializing entirely in social assistance. Eleven cases (6.5 %) represent special forms. More than two thirds of the participants (70.4 %) are women. The average age of the participants is 40.7 years (range: 23 to 65 years), and average professional experience in social assistance is 9.0 years (range: 0 to 36 years). The average workload is 69.2 %, and the most common workload (56 out of 169 professionals) is 80 %.

Results

4 What was the trend for new social assistance registrations from mid to end of March 2020?

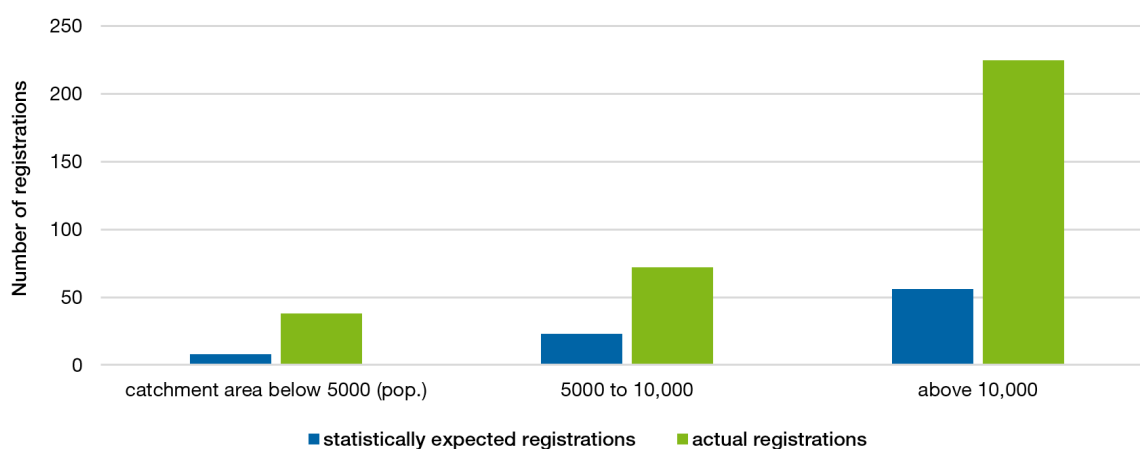
In Switzerland, people who need social assistance must register their claim with the responsible social services agency. In the present study, the period for which the trend of such registrations was examined is limited to the first two weeks of the lockdown, meaning the period from March 16 to March 31 2020. This limitation is due to the fact that the survey was open from 1 to 15 April; the last two weeks of March are therefore the period for which all participants could potentially provide information.

First of all, all participants were asked to give a rough estimate of the trend they noticed in the two weeks mentioned above: whether it was an increase, decrease or roughly the same number of registrations. The longer reference period from early January to mid-March was chosen because it gives a more reliable estimate of the average number of new registrations for social assistance before the start of the “extraordinary situation” proclaimed by the Swiss Federal Council.

A rough estimate was provided 155 persons (94.5 % of the sample). Of these, 55.7 % noticed an increase in new applications compared to the previous period, 26.3 % of them a significant increase. Two out of five (40.6 %) noticed neither an increase nor a decrease, whereas a few persons ($n=6$, 3.8 %) noticed a decrease.

The representatives of 34 social services were able to give the exact number of registrations. This comparatively low number indicates that case numbers are not held up-to-date in many services. However, the lack of information may also be due to the capacity of the person in the agency he or she represents. In the 34 services for which exact numbers are available, all cantons are represented. The canton of Thurgau has only four services in this subsample, the other cantons at least five each. Fourteen services are responsible for cities or regions with more than 10,000 inhabitants, twelve for smaller regions or larger municipalities (5000 to 10,000 inhabitants), eight for smaller municipalities (less than 5000 people). Figure 2 shows how high the number of registrations in all services of the respective type would have been if the trend from the previous period had continued unchanged in the two weeks from 16 to 31 March (= expected registrations). These expected values were calculated using a formula that takes into account the number of working days in the periods compared. The bar immediately next to it shows the actual number of registrations for all social services of each type counted together.

Figure 2: Statistically expected and actual new registrations in social assistance, period 16th to 31st March 2020, based on data from 34 social services



As can be seen, the actual registration numbers in all three types are significantly higher than would have been expected without the occurrence of the coronavirus crisis. The increases are distributed more or less evenly: In the smallest catchment areas the total number of registrations has increased by a factor of 4.75,

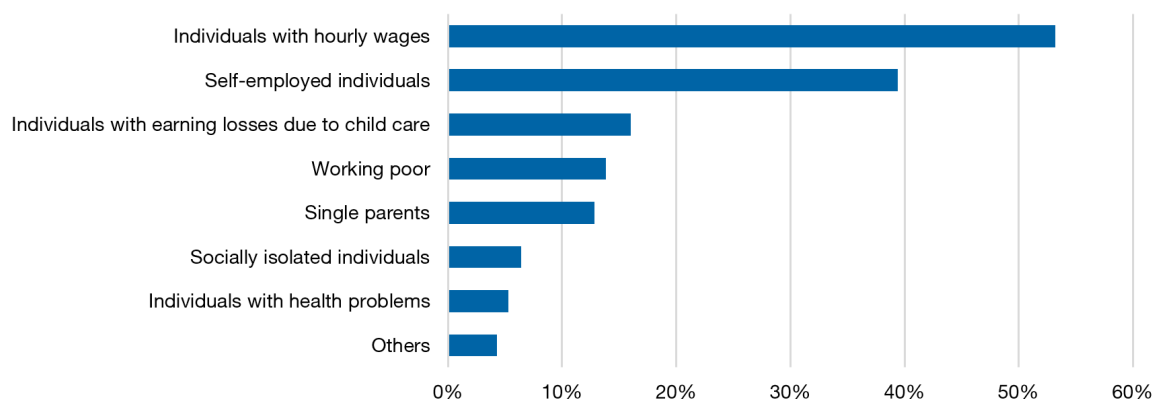
in medium-sized catchment areas by a factor of 3.1, and in larger areas by a factor of 4.0. Across all social services, almost four times as many new registrations for social assistance as expected were received between middle and end of March. Nearly all social services were affected: Only one in 34 had fewer registrations than statistically expected.

Overall, this reveals a discrepancy between the subjective assessments and the objective indicators. Both point to a considerable increase. However, the objective indicators convey an even stronger increase. One explanation for this fact might be that among the services whose professionals participated in the study are many with small catchment areas. Here the number of new registrations expected in social assistance per month is often only one or two cases, so that an increase by a factor of 4 within a period of two weeks might not be all that noticeable (for example, registering two cases in two weeks for a service that expects one per month might still be seen as a chance event by professionals working in the agency). It is only in the bird's eye view that it becomes clear the number of cases is increasing almost everywhere across agencies. However, an alternative explanation is that those professionals whose agencies were affected by a particularly steep increase in case numbers were more strongly motivated to look up and provide precise figures. If this was the case, then the subjective assessments would be more representative and thus, even though less precise in individual cases, still altogether more valid than the objective indicators.

5 Which groups of clients are particularly affected by the impact of the COVID-19 pandemic?

Participants were given the opportunity to name one or several groups of existing or new clients in social assistance that they considered to be particularly affected by the crisis. The term “affected” was defined in the sense that these groups needed more or more intense economic and/or personal social assistance than they had before the lockdown. 94 experts (57.3 % of the sample) named one or more groups (total number of nominations: 148). Two groups were named most frequently: More than half of the responding professionals (53.2 %) consider people on *hourly wages* to be particularly affected, followed by the group of *self-employed persons*, which was named by 39.4 %. In addition to these two groups, the so-called *working poor* are also quite frequently addressed (13.8 %) (Figure 3).

Figure 3: Client groups particularly affected by the coronavirus crisis, according to professionals (n=94 professionals who responded to the question).



The responses also indicate that the loss of child care outside the family and the closure of kindergartens and schools due to the crisis means people need more or more intense economic and/or personal social assistance. For example, 16.0 % of the responding professionals state that people who experience *reduced earning capacities due to child care responsibilities* are particularly affected. Furthermore, another 12.8 % of professionals consider *single parents* to be a group that has been severely affected by the crisis.

6 To what extent is economic social assistance affected?

Professionals were asked the following question: “In the current situation, can you fully provide economic assistance or are there temporary restrictions (e.g. regarding timely processing of entitlement claims, timely payments)?” 156 persons were able to answer this question. Twenty-one of these (13.5 %) report that provision of economic assistance is restricted. Where restrictions were mentioned, participants were asked what those restrictions were.

The restrictions identified may be divided in four areas, the frequency of which varies only slightly. Fourteen persons mention a noticeable *additional workload in the completion of tasks*, twelve respondents experience the *frequency of contact and the forms of maintaining contact* as a limitation. Eleven persons mention *time delays* as a limitation.

According to the respondents, the changes in social assistance measures in the context of the pandemic lead to additional requirements on time and effort, mainly in the area of administrative tasks. This includes, among other things, the now more complex validation of entitlement claims or the procurement of documents, as the following statement illustrates (quotes are translated from German into English):

“Validation in a personal conversation is not possible, clients do not understand that certain documents are necessary. For understandable reasons, we are the ‘mental garbage can’ to some clients. Unclear about possible claims, because clients are overstrained.”

According to respondents, the lockdown has resulted in a drastic reduction of personal, face-to-face encounters between case workers and clients and thus forces social services to switch to alternative forms of communication. Thus, the *frequency and type of contact* is often mentioned as a current restriction. Often, contact can only be made by e-mail, telephone or in writing. This seems to be particularly difficult during intake:

“We avoid having clients come into the building, if possible. Without direct contact, validations are very difficult, especially if linguistic skills are lacking. Contacts by e-mail and telephone are time-consuming and misunderstandings often arise.”

In addition, respondents also note delays as a result of the changeover. Some of the documents required for the validation of entitlement claims can only be sent by post, waiting periods arise, and in some cases payments are postponed. This is seen as particularly problematic for clients in acute emergencies. Additional restrictions are mentioned with regard to unclear responsibilities, especially where new client groups are concerned.

7 To what extent is personal welfare assistance affected?

Similar to the preceding question on economic social assistance, professionals were also asked whether temporary restrictions existed with regard to personal assistance. 162 participants were able to answer the question. 120 of these persons (74.1 %) reported that restrictions existed.

Most often, the professionals mention the *type and frequency of contact* with clients as a limitation (a full 112 persons do so). This refers not only to the fact that face-to-face communication has had to be replaced by mainly phone calls and e-mails, but counselling sessions often are off completely. Professionals point out that “relationship work” (which is seen as important in social work generally and particularly in personal assistance) is now more difficult to do. According to respondents, it is less easy to get in touch with clients and to assess how they “are actually doing.” As a result, reticence may arise on both sides. This is expressed in the following quotations:

“No possibility for personal conversations, telephone appointments are extremely difficult for people in foreign languages. Fears and insecurities are difficult to bring up over the phone.”

"I no longer see the clients regularly. I phone the families I suspect are having problems. On the phone, however, a part of the communication is missing and I am unsure how people really feel. Also, telephone consultations are not the same as personal consultations."

A further category of restrictions that may be identified concerns the lack of opportunities for *triage and referral* of clients to other services. As pointed out by the respondents, services such as debt counselling or job training programs are now often suspended:

"Support services are not available (e.g. daily structure, access to PCs and help with applications, psychologists only by telephone). Conditions cannot be maintained, leaving many people without a daily structure."

Perceived limitations also include situations that lead to a noticeable *additional workload* for employees in the performance of their daily work. For example, language barriers cannot be compensated for because no interpreters are allowed to be present. Social workers are therefore called upon to approach clients more proactively:

"Counselling is limited to telephone conversations, which is an unusual and not always ideal medium, especially for people whose native language is not German. Our agency is not set up for the home office, there are major IT difficulties, file notes are tangled up, addenda take a lot of time, there are currently no team meetings, information is not available when it is needed."

8 To what extent is child protection affected?

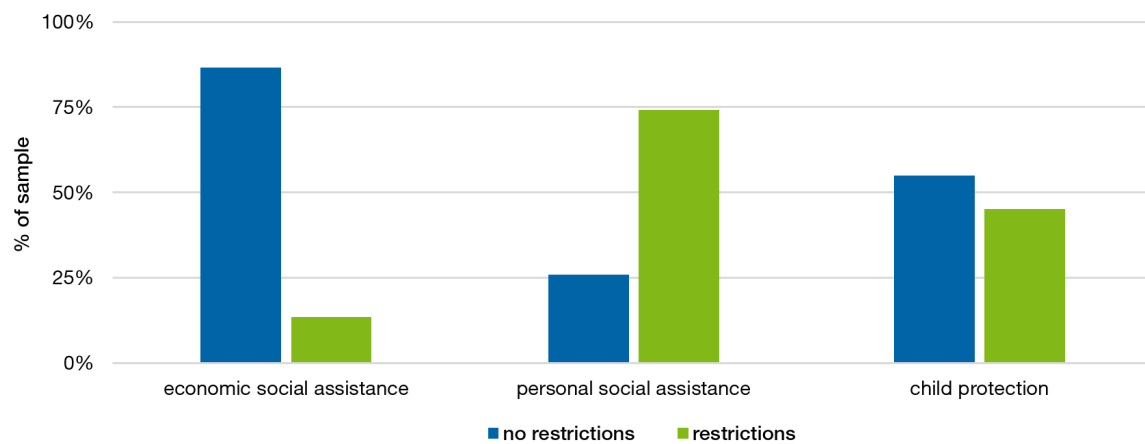
Beyond social assistance, social services in many Swiss cantons play an important role in child protection⁴. In light of this, participants were asked whether they currently experience any impairments in carrying out their task and obligations with regard to child protection (e.g. providing assistance to children and families in cases of abuse or neglect, maintaining working relationships with protection authorities and external service providers, carrying out risk assessments).

113 professionals (66.9% of the total sample) were able to answer the question with yes or no, the remainder were not sure. This relatively high proportion of the undecided probably has to do with the fact that a considerable proportion of the participants work in agencies that do not have clearly defined tasks in child protection (cf. footnote 4) or that within their agency they work in an organizational unit that specializes in social assistance. Of the 113 persons who were able to assess restrictions, nearly half (45.1%) state restrictions in child protection currently exist. This finding is illustrated in figure 4, along with the numbers on economic and personal social assistance referred to above.

69 people (including some who were ultimately unsure whether what they mentioned was to be considered a restriction) took the opportunity to specify restrictions. As with personal social assistance, the aspects mentioned most frequently relate to the *frequency and nature of contact* with clients (29 respondents). In this area, the participants noted difficulties in the quality of encounters, which were reflected in a lack of commitment, an increased distance to the families and limited accessibility.

⁴ Child protection in the sense of this paper refers to all institutional means of prevention or intervention that contribute to eliminating or reducing family-related developmental risks for children and adolescents. In Switzerland, social services are often involved in establishing and funding such interventions. In many cantons, the agencies also take on risk assessments regarding alleged child maltreatment on behalf of child protection authorities, and social workers from the agencies serve as guardians to children if such are appointed, referring families and children to specific interventions and supervising their process. However, in larger cities, these tasks are more often taken on by specialist agencies apart from regular social services. In the canton of Zurich, with the exception of the city of Zurich itself, social services are only marginally involved in child protection.

Figure 4: Share of persons reporting current restrictions due to pandemic measures for their service, by area of responsibility



14 individuals name limitations in the *perception and assessment of risks* affecting children and adolescents. This problem is partly related to the restriction of contact. Employees report that it is now more difficult for them to assess how the clients and above all the children are doing and that they depend on the parents' depiction without being able to form their own impressions. This makes it difficult to assess potential risks and to recognize it if parents are overburdened by the situation. The following statements illustrate this:

"I can't see the children, can't make an initial assessment that the children are fine."

"Home visits are not possible, only phone conversations with parents are possible, since there is no normality, it is difficult to judge how things normally go, parents are very challenged right now and do not have the poise to talk about their situation."

According to several responses, maintaining exchange with external parties is also considerably more difficult in the current situation:

"There are no hearings, contacts only exist in an extreme emergency, phone contacts are not the same as direct personal contact or a house call on site. Body language, expressions of feelings, impressions of the environment, interaction etc. are only perceptible to a limited extent by phone."

Twelve professionals mention the *discontinuation of support services* and the resulting lack of triage as restrictions in child protection. In particular, educational institutions such as schools, childcare facilities and providers of leisure activities, which otherwise serve important functions in the lives of families and children, are suspended or reduced:

"Support services are lacking (e.g. play groups, educational counselling). Certain children are at home a lot and their parents cannot/do not want to support them (school) or deal with them."

"Conversations via phone are more difficult to conduct with children (trust?). Communication also with third parties (network calls, coordination) via phone and e-mail. Children's safety must be kept in mind. Due to the school closure, some parents are under even more pressure. More support services must be sought and organized."

According to several responses, the suspension of these external services should be considered a double risk. On the one hand, services can no longer provide families with support and relief in times of stress; on the other hand, they are no longer in touch with families and thus cannot recognize and report risks of maltreatment. This second point is expressed in the following statement:

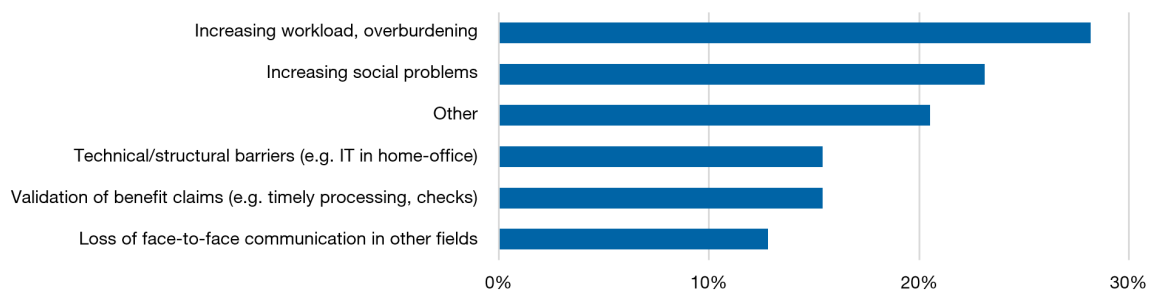
"In addition, it is unclear which cases are not even reported to the authorities, since an important part of preventive child protection, e.g. school, is currently virtually non-existent"

9 What other problems do professionals note?

In an open response format, professionals were given the opportunity to highlight any other problems or challenges that the coronavirus crisis had brought up for them and their agencies, aspects the survey had not already covered elsewhere. 39 persons (23.8 % of the sample) provided information on this issue. The problems identified by this relatively small group can be divided into two areas: information on *structures and procedures in organization of the social services* and *problematic developments among clients*.

In terms of structures and procedures, the most frequently raised concerns were fears of *increasing workloads and overburdened agencies*. Eleven people highlight this, partly in conjunction with a possible economic recession which could have an even greater impact on the number of cases in social assistance. In addition, six professionals point out that *compliance with the principle of subsidiarity and control in the granting of benefits* is limited due to the crisis and that misuse of claims, resulting in unjustified benefits, is possible.

Figure 5: Specific topics and problems. Proportion of professionals who named the aspect in question among those who answered the question (n=34 professionals)



Several individuals mention various barriers such as technical difficulties or infrastructural problems in the home office. Typical statements are:

"In the early future, we expect to see a lot of new applications. Some social services will be under extremely heavy workloads."

"However, we fear a large increase in the number of cases, as there are many smaller small-and-medium-sized businesses (self-employed) in the area, which have no financial reserves and will soon have serious financial difficulties."

"It is difficult to differentiate between those who are really affected and those who are free riders and must be assessed on a case-by-case basis. Compliance with the subsidiarity principle is a problem (e.g. amounts of money for short-time work)."

As regards problematic developments among clients, nine professionals emphasize that, in their opinion, social problems will increase in the coronavirus crisis (e.g. domestic violence, educational problems in families, adult protection issue) or arise anew (e.g. conflicts regarding visiting rights, dealing with children placed in hospitals). Five participants mention the lack of face-to-face encounters with clients as a problem in areas beyond social assistance and child protection as well:

"Adult protection: for many people who were already living in isolation before the crisis, now it is even more difficult. They lack contacts. For some mentally impaired persons, dealing with the insecurity"

caused by the crisis is difficult, fears are triggered. Here too, the supporters are called upon to offer help in this crisis.”

“In the migration system, how do I communicate information to the asylum seekers so that they really understand it? Phone is difficult.”

In the asylum sector, there is the additional problem that volunteers are dropping out due to the coronavirus crisis:

“On-site asylum support is usually provided by volunteers. These people belong almost exclusively to the risk group (seniors/pre-existing conditions). Accordingly, the care of asylum seekers had to be fundamentally changed.”

Finally, three practitioners point out that in their agencies *foreign citizens* living in Switzerland have largely avoided to make claims to social assistance in the coronavirus crisis. It is assumed that they are reluctant to do so because they fear jeopardizing their residence status in Switzerland.

10 Which approaches to problem solving are taken?

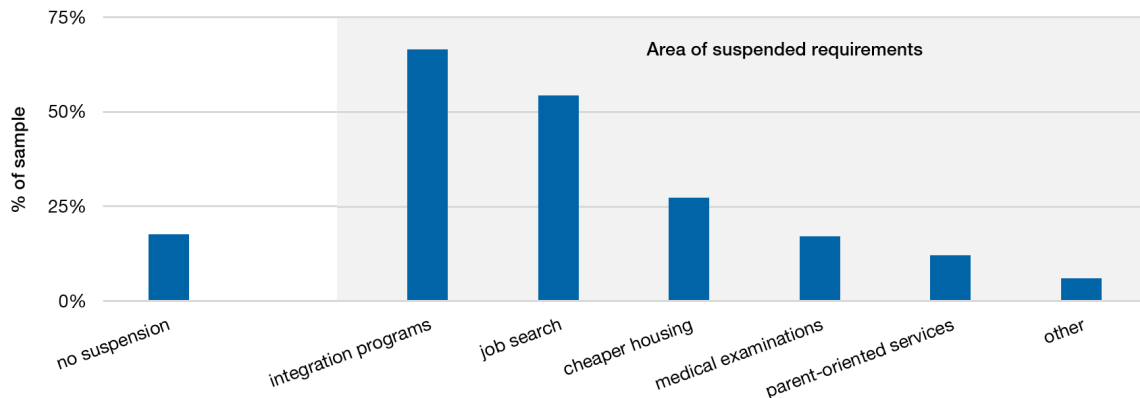
In addition to the topics covered in the preceding sections, participants in the study were also asked how they were trying to solve the problems previously described and which of these approaches had hitherto turned out successful or promising.

People who receive social assistance in Switzerland are “obliged to cooperate,” as it is called in the technical jargon. This means first of all that they have to disclose their personal and financial circumstances in great detail so that the exact extent to which their claims are recognized may be calculated (conditions to be disclosed include family circumstances, housing situation, health, income and assets). In addition, they are obliged to exhaust claims to financial income beyond social assistance and to keep their monthly expenditure to a minimum. For newly registered persons this may mean, among other things, that they have to move to a cheaper accommodation. They also have to provide continuous proof that they are working or looking for work. For recipients who do not have jobs, this often entails participation in so called *occupational and social integration programs* (such as job training). Finally, there may be additional requirements such as leaving one's children in out-of-home care in order to increase one's chances of finding employment.

In its “Recommendations on social assistance during epidemic measures” of April 9 2020, the Swiss Conference on Social Welfare (SKOS) points out that some of the obligations to cooperate just described should be temporarily suspended during the lockdown (SKOS, 2020b, p. 6ff.). According to SKOS, this does not apply to reporting obligations relating to personal and financial circumstances; however, a suspension is appropriate where requirements can no longer be met (e.g. because an integration program was temporarily discontinued) or are no longer proportionate (e.g. because viewing an apartment would pose health risks). In the present study, participants were asked whether social services had moved towards temporarily lifting requirements in certain circumstances. The question was: “Due to the current situation, have you suspended requirements on social assistance recipients that had previously been imposed?” If the answer was affirmative, the professionals indicated the types of requirements involved (Figure 6).

Findings make clear that the temporary withdrawal of requirements was the rule rather than the exception in the time-period examined in this study. Only about one in six professionals (17.7%) report no suspensions. Most frequently, suspensions concern participation in occupational or social integration programs (66.5 %), followed by job search (54.3 %) and housing (27.4 %) requirements. In a few cases, requirements regarding the parental role of recipients (such as education counselling for the parents or professional child care for the child) are mentioned.

Figure 6: Percentage of persons who have suspended obligations, by area of requirements



In another item, participants could describe which approaches to problem solving they had taken since the lockdown, particularly approaches that had turned out helpful. 43 professionals (26.2 % of the sample) provided answers.

The successful switch to *direct client contact* via telephone and e-mail is mentioned by 20 of these practitioners. In some cases, opening hours for telephone availability in the services were extended and in some places technical extensions were made. Three professionals mention that contact via WhatsApp was stepped up. In addition, eleven people emphasize a *proactive approach to clients* as helpful in preventing problems. Positive experiences were made with more frequent brief contacts with people living in isolation, for example. The following quotations illustrate this:

“Regular phone contact with parents, children and people involved. In addition to problems, exchange information on everyday topics and address concerns and questions. Show appreciation and take away pressure. In my experience, this is very positively received and appreciated.”

“Surprisingly, I experience phone conversation with a client in ongoing cases to be well implementable and goal-oriented. The situation is more difficult with new registrations. Personal client contact should still be feasible in important cases.”

Video conferencing among professionals is positively mentioned by eight professionals. Some point out that this should be maintained after the crisis. In addition, seven persons mention various *organizational and spatial adjustments* as helpful:

“We stay on site and, thanks to our intercom system and shielded counters, we can help people fill in forms and, where urgently needed, maintain personal contact.”

Other approaches that are experienced as helpful by five professionals are conversions to simplified *decision-making processes*. Concrete examples can be found in the following quotations:

“Even before we had an actual case, it was determined that generous decisions would be made and that not the whole community council (five members) but only two of them would discuss and decide the case together with me. Use of slim application forms.”

“The disbursement modality has been adjusted: PC bank account transfers, for example. The necessary documents can be sent by post and/or mailbox and by e-mail. [...] Division of labor, one person in the official office, home office and additional office on the upper floor. Internal action plan, should the number of social assistance applications increase, the workload can be maintained while respecting the health ministry’s regulations.”

"We have two funds, which we use for corona cases that don't last more than two months. If the case lasts longer, it will be transferred to the welfare fund."

Finally, some individual approaches are mentioned, offering a glimpse on the pragmatic and sometimes creative way in which professionals tackle the challenges related to the pandemic crisis. Here are two examples:

"Individual client contact in the open. Because people are not allowed in our rooms and because it was too difficult on the phone because of language problems, I once had an urgent meeting outside the building."

"Telephone appointments including phone conference with interpreters to take up the current situation of the clients. Actively try to fill newly created jobs due to the crisis with clients (agricultural sector, sales, logistics)."

Discussion

11 What to make of the results?

Economic social assistance

The findings of the present study show that new registrations for social assistance increased in the first two weeks of the “lockdown,” and they did so in substantial numbers. This holds for all the cantons studied and for almost all social services examined, regardless of the type and size of the catchment area. Importantly, the study of new registrations covers the period from mid to end of March 2020 only. It was not examined whether the trend has continued since. This continuation depends on whether the measures taken on the national, cantonal and municipal level, such as short-time work or compensation for loss of earnings, are having an effect.

However, there are no strong reasons to believe that the situation will ease completely in the coming months—all the less so as the measures are temporary, with an uncertain future. The longer the coronavirus crisis lasts, the more the financial reserves of the precariously employed and the self-employed will be exhausted and the more often people will be forced to claim social security benefits. The coronavirus crisis will hit the Swiss economy even harder in the coming weeks and months. This is the assumption made by federal economists, e.g. in their latest economic forecast. Specifically, the group of experts at the State Secretariat for Economic Affairs (SECO) estimates that gross domestic product will shrink by 6.7 % in the current year, while unemployment will rise significantly (SECO, 2020). This development will place even greater demands on the already heavily used social services.

It is not for the team of authors to propose policy measures. What is clear, however, is that the foreseeable development requires political attention and that a solution is needed that distributes responsibility at the municipal, cantonal and federal levels. Social assistance funds are paid for by municipalities and cantons. The federal government currently devotes considerable resources to preventing people from losing their economic independence. Nevertheless, this is precisely what has happened in the lives of many people and will likely happen more frequently in the future. The potential of the Swiss national government to intervene in a supportive manner where the fiscal measures to *prevent the* emergency have not borne fruit is hard to be missed. Many social services could require exceptional resources in the coming weeks and months, both in terms of staffing and of organizational and structural measures to increase the capacity of professionals to act. It remains unclear how this can be financed without overburdening the municipal budgets. In addition, numerous other questions of social assistance law will have to be clarified—for example, whether it will now be proportionate, in this “extraordinary situation,” to compel social assistance recipients to reimburse when their situation has improved, as law requires.

Personal welfare assistance

The study also shows that many social services have been impaired in their ability to provide important services in the weeks examined. This applies both to personal assistance and child protection. Other areas, such as adult protection or the migration system, were not examined, even though the professionals surveyed sometimes pointed to a precarious situation in these fields as well.

In the area of personal assistance, due to the requirement of social distancing, personal counselling sessions on site were cancelled almost everywhere since March 16. This is seen as problematic by the professionals themselves, particularly with regard to new registrations by clients who do not speak German. Face-to-face encounter with clients is now usually replaced by technically mediated communication by phone, e-mail, SMS or video calls. Some practitioners report that they have had positive experiences with these forms. However, the general assessment is that working alliances or “relationship work” in general are massively impeded.

Another important restriction at the interface between economic and personal social assistance concerns the fact that most programs of professional and social integration are currently suspended, and the

SECO has issued a regulation (“Special provisions for restricted enforcement activities due to the pandemic”) stipulating that as of March 16 no more allocations may be made to education and employment measures, including integration programs. If these measures really have the potential to promote professional and social integration, which is the argument used to justify them politically, the recipients of social assistance are currently deprived of an opportunity to regain their economic independence until further notice.

With regard to personal assistance, the coronavirus crisis draws attention to a fundamental ambiguity. It is not clear from the outset what the main purpose of personal assistance is: to support and empower clients, as it is officially called and as it should be from an ethical point of view? Or is personal assistance—provocatively speaking—in fact rather the price that welfare recipients have to pay for their entitlement to monetary support? As if society did not want to let them get away so easily and made recipients pay regular visits to social services and endure the questions of professionals? In this provocative perspective, it seems possible that some social assistance recipients perceive the “loss” of personal “assistance” due to the COVID-19 pandemic in fact as relief.

This could only be clarified empirically by asking the recipients themselves—something that is done all too rarely. The question of whether personal social assistance fulfils the goals officially associated with it has been little researched. Steger (2018) has done pioneering work for Switzerland. The author arrives at a positive assessment based on a quasi-experimental study: according to his results, personal assistance often helps to increase clients’ self-confidence and sense of self-determination; indirectly, this could also improve their prospects on the labor market. In contrast, economic assistance alone is more often associated with stagnation or even a decline in self-help skills (Steger, 2018, p. 130). Personal counselling seems to be particularly important in the initial phase of a need for support, because this is where the trust between the social worker and the client is (or is not) established.

Given the narrow research base, these findings are only initial evidence. They do not refute that personal assistance may *also* serve the purpose of state control and that it *can* be experienced as supervision and coercion by those who receive it. Nevertheless, with a view to the coronavirus crisis, the initial findings encourage professionals to make persistent use of the existing possibilities for continuing personal assistance despite the crisis, e.g. by arranging binding appointments by phone, by using digital media or by making spatial adaptations that allow for direct contact with clients while respecting health regulations. In addition, it seems important that social workers are present in their *counselling* capacity, rather than merely administering cases, especially in the initial phase of the social assistance process. In the current situation, in which many new cases are being registered, this certainly represents a particular challenge. One may also expect that, once the pandemic measures have been lifted, social services will be called upon to resume counselling that has been suspended in the meantime, and to carefully process, retrospectively, together with clients what happened during the lockdown. All this highlights the importance of sufficient resources.

The present study provides some lessons as well as to how the coronavirus crisis may be successfully managed in personal assistance. Although the voices reporting positive experiences with the use of digital media in terms of client contact remain in the minority, they do exist. Such experiences suggest that method-related innovations may have accelerated during the COVID-19 lockdown, innovations that could be preserved and further elaborated in the time after the crisis.⁵

Child protection

As the study shows, circumstances with regard to child protection are problematic, too. Due to the requirement of social distancing, ongoing child protective measures are reduced or even suspended in many places, contacts between families and professionals are less frequent, and the form of communication is often limited to telephone calls. As a result, many social workers feel no longer able to assess the situation of the families and especially the children adequately, having to rely on information from parents or third parties. Thus, risks to children and young people are presumably only recognized with a delay or not at all.

⁵ The other side of this development is that data protection problems need to be solved. In the current circumstances, highly sensitive information is being transmitted via media (such as video calls, WhatsApp etc.) that may not be waterproof in terms of data privacy and protection. In the present study, we found no evidence that this topic is currently seen as very relevant by the agencies. However, this might change in the near future.

This state of affairs applies not only to ongoing interventions, but also to risk assessments for alleged child maltreatment that social services carry out on behalf of child protection authorities. Although there are no formal studies or official statistics currently available, personal communication with staff at several child protection authorities indicates that the number of referrals for alleged child maltreatment has gone down, not up, since March 16. No one can currently say with certainty whether the coronavirus crisis results in more or fewer children and young people being affected by neglect, maltreatment or abuse than before. However, empirical knowledge about risk factors of maltreatment strongly suggests that there will be more, not less, maltreatment (e.g. Conrad-Hiebner & Byram, 2020; Gracia & Musitu, 2003; Peterman et al., 2020; Stith et al., 2009). According to the present study, many agencies are reserving face-to-face assessments for particularly acute cases, while professionals are forced to resort to telephone calls and other enquiries from afar in the remaining cases. Consequently, practitioners fear misjudgment and report concern that existing maltreatment or other serious risks to children and young people cannot be observed.

The importance of the personal and professional environment of the family for child protection should not be underestimated, either. Before a child protection authority, the social services or other specialized agencies can become aware of a family's need for support, this need must be noticed and reported. Sometimes families seek support of their own accord, but this remains the exception in more serious cases of child welfare concerns. Often the risk is recognized in the social environment (e.g. relatives, neighbors) or in the institutional environment of the child, e.g. by a pediatrician, a kindergarten teacher or a school social worker (cf. Schmid, 2018). As a result of the pandemic measures, encounters of parents and children with many of these institutions and professionals are either non-existent or greatly reduced. Therefore, in addition to the compromised protection of children under civil law, the current situation also restricts so-called preventive child protection, i.e. low-threshold access to specialists and counselling centers to which families in educational crises or situations of excessive demands can turn (e.g. educational counselling). In the case of parents whose willingness to cooperate for the voluntary use of services could only be built up with difficulty, this willingness could now become even more unstable. With the closure of day-care centers, kindergartens and schools, a system that is important for the early detection of child maltreatment is undergoing massive changes at this moment. To a lesser extent, such transformation also applies to health care, e.g. pediatric practices, which can play an important role in child protection (see Lätsch & Krüger, 2018), but in the current situation, like family doctors practices, are less frequently visited because caregivers fear contagion or do not want to add stress to the health care system (ZHAW School of Management and Law & University of Zurich, 2020). At school, the lack of personal presence of children can perhaps be compensated for by digital forms of communication; video calls may even provide insights into the inner life of families that would normally not be accessible, and this could in theory make it more likely now that familial risks to children will be recognized. Yet apart from the fact that this raises fundamental questions about the weighting of state responsibility in child protection and the privacy rights of families, there is currently no evidence as to whether teachers use such communication to explore about possible risks to children at all. As already mentioned, child protection authorities currently seem to receive *fewer* reports for possible maltreatment than usual, which does clearly not testify to an increased attention and/or willingness to report on the part of teachers.

These observations lead to the conclusion that the bold measures taken in Swiss politics to prevent the spread of the coronavirus may have produced unintended side effects for child protection. An important part of dealing with the COVID-19 pandemic in the long term will involve weighing up the benefits of the pandemic-related measures against such costs, on the basis of empirical data. Such insights should then be incorporated into more precise, experience-saturated plans for action that help prepare us better for the next health emergency, one that is almost sure to arrive.

In the specific case of authorities and social services entrusted with the task of protecting children, we conclude from this study that there is a need for these institutions to define their role in society more clearly. Institutions have to deal with the question of how important or, as the buzzword of the hour goes, how *systemically relevant* they are or intend to be vis-à-vis politics. For health care professionals, it is apparently self-evident that they have to uphold their services even in times of pandemic crisis, in compliance with security and health regulation—unless politicians explicitly suspend such services by imposing restrictions. The field of child protection, in contrast, seems to be quite a long way from claiming such a clear mandate for itself. This is recognizable in the wide range of impairments to practice-as-usual that the child protection professionals in this study reported.

This state of affairs is understandable, as the current situation is without precedent. Calling the social services' handling of the COVID-19 crisis inadequate would not do justice to the massive efforts so many agencies and professionals have been taking. However, what is needed for the area of child protection is a discourse and eventually a broad consensus on how the system can prepare for pandemic shocks and maintain its capacity to act. Beyond that, it should be asked what we may learn from the crisis for the time after the crisis, and to what extent the solutions developed now could continue to prove their worth once the worst is well behind us.

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