

Analysis of the topics about which older adults contacted the older adult helpline during the COVID-19 pandemic in the Czech Republic

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Abstract

The research aimed to identify the topics about which older adults contacted an older adult helpline, to analyse the needs of callers in terms of the content of social support, and to develop a typology of interventions that telephone crisis assistance workers provided during the COVID-19 pandemic. We used a qualitative content analysis by Schreier (2012). We analysed records of a selected social service, specifically the records of telephone crisis assistance for older adults (N=500) and expert interviews (N=6) with workers of a selected older adult helpline. The most frequent topic of the telephone crisis assistance for older adults during the pandemic was emotional and health issues related to the problem of coping with the life situation and loneliness. The most common content of social support was emotional support, and the most common intervention provided was emotional ventilation and supportive conversation.

Keywords

Telephone crisis assistance, COVID-19 pandemic, content of social support, intervention provided by telephone crisis assistance staff, older adult helpline.

Introduction

In the Czech Republic, pursuant to the Social Services Act (2006), telephone crisis assistance is a field service provided to people who find themselves in a situation of threat to their health or life, or in another difficult life situation that they cannot resolve on their

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own. According to the Registry of Social Service Providers (2021), there are a total of 34 providers of telephone crisis assistance in the Czech Republic, regardless of the target group. Providers of telephone crisis assistance, the target group of which is the older adults, comprise approximately one third (12) of all providers. In 2019, the older adult helpline (Elpida, 2021) received 7.199 calls, but in 2020 there was a jump increase to 12.809 calls due to the Covid-19 pandemic (Gramppová Janečková et al., 2019).

There is no research in the Czech Republic analysing telephone crisis assistance for older adults. The websites of providers of telephone crisis assistance only list annual reports on the activities of the service and the assistance provided. One of the first research publications dealing with telephone crisis assistance for older adults in the Czech Republic has been compiled by Bohatá, Gramppová Janečková & Kotrlová (2019).

Prior to the COVID-19 pandemic, there were only a limited number of authors, for example Cohen-Mansfield et al. (2018), and O'Shea (2006) who in their research focused on analysis of older adult helpline topics. The importance of social support for older adults through telephone contact during the COVID-19 pandemic has been emphasised, for example, by Cugmas et al. (2021), Bar-Tur et al. (2021), and Turkington et al. (2020).

The aim of this research was to identify the topics with which older adults contacted the older adult helpline, to analyse the needs of callers in terms of the content of social support, and to develop a typology of interventions by telephone crisis support staff during the COVID-19 pandemic.

Theoretical base

According to Mareš (2001), social support is a multidimensional construct. For our research we have chosen the concept by Schaefer, Coyne, & Lazarus (in Mattson & Hall, 2011) dealing with one of the dimensions of social support, which is the content of social support. They described five types of social support, in terms of the *content of social support*.

- *Emotional support* includes the emotional and affective needs of an individual related to his or her difficult situation (e.g., cheering up a depressed older adults).
- *Self-esteem support* encourages an individual to take action to resolve the problem or difficult situation (e.g., enhancing the older adult's self-awareness and strengths).
- *Social support* confirms to an individual that he or she is part of a network of social relationships (e.g., the older adult's awareness of existence of friendships in the neighbourhood).
- *Information support* provides an individual with the information required in the decision-making process to deal with a difficult situation (e.g., providing advice or information about the range of available social services).
- *Tangible support* takes the form of concrete practical assistance provided to an individual by another person (e.g., assistance with household).

Social support content needs can be viewed through the theories of ageing. For example, Activity Theory is based on the proposition that engaging in social roles, relationships, and activities can improve the quality of life of older adults (Tanner & Harris, 2008). Disengagement Theory posits that older age brings a decrease in social contact due to a change in social status, or older adults disengage from their social connections, social relationships, and roles due to a gradual decline in their skills and abilities. Sýkorová (2007) notes that old age is accompanied by changes that may affect the sources and availability of social support as informal social networks are modified. Social support can enable older adults to «age in their natural environment» and enhance their quality of life (Tanner & Harris, 2008).

Materials and methods

Due to the health threat imposed by the COVID-19 pandemic, the Czech Republic declared a state of emergency under National Security Act no. 110/1998 Coll. at the beginning of March 2020. With the state of emergency, several governmental measures and recommendations were issued to limit the gathering of people and prevent a possible spread of disease. The country reached a peak of the first wave of the COVID-19 pandemic in mid-April 2020. During May and June 2020, the situation mostly stabilised, followed by anti-covid measures being gradually relaxed. According to the Ministry of Health data (2021), the second wave of the COVID-19 pandemic can be considered from mid-September 2020.

The research was based on the analysis of data from telephone crisis assistance, the selected older adult helpline (Elpida, 2021). The older adult helpline is one of the few in the Czech Republic that has long provided free and anonymous telephone crisis assistance exclusively to older adults, persons in personal crisis, and caregivers. It offers callers a confidential space for sharing their feelings, guides them through difficult life situations, and provides contacts to other social services and other organisations. The older adult helpline was established in 2002 as a free-of-charge information line. Since the adoption of the Social Services Act (no. 108/2006 Coll.) in the Czech Republic, the older adult line has become a social service offering telephone crisis assistance.

For the research, we used deliberate data sampling from the older adult helpline (Elpida, 2021) stored in the Linkař system (2020), which stores caller data and call records anonymously. We worked with an October 2020 database to be able to capture the second wave of the COVID-19 pandemic. In the month of October, a total of 1.101 callers called an older adult helpline, of which 1.000 were older adults. 101 calls were made by children, adolescents, or adults who did not fall into our selected category of older adults, which is the age category 50+. Every second recorded conversation in the month of October (N=500) was selected for analysis, which is a systematic random sample that

is representative. The age categories 50-64, 65-79, and 80+ were chosen because of the established older adult helpline records that store caller data in this way. The data was available from the older adult helpline database with which we worked. According to the Strategic Framework for Preparation for an Ageing Society in the Czech Republic, published by the Ministry of Labour and Social Affairs, the 50+ age category already falls within the group of older adults. According to the Strategic Framework, family and interpersonal support is crucial for those 50+. Šimandlová (2014) argues that people 50+ are in the population groups that face difficulties in the labour market and in their personal life. The 50+ generation is also referred to as the «sandwich generation». On the one hand, these people still look after their children, but on the other hand, they already have to look after a sick parent or partner and find it very difficult to combine work and personal life with caring for their family.

Furthermore, the statements of the telephone crisis assistance communication partners show that people 50+ are often a vulnerable group of older adults who struggle with many of the issues addressed by the telephone crisis assistance despite not falling into the social status of an old-age pensioner.

In addition, six expert interviews were carried out in June 2021 with telephone crisis assistance workers of the selected older adult helpline (Elpida, 2021) who have been working on the older adult helpline for an average of 9 years and have a university degree in psychology, social work, and/or other related social science field. All have completed crisis intervention training. Due to the unfavourable epidemiological situation, the interviews were conducted online in a form of videoconference. The communication partners with whom we conducted an expert interview provided us with verbal informed consent to participate in the interview and agreed to its recording. The topic of conversations with the telephone crisis assistance staff was the topics of calls during the COVID-19 pandemic and after, as well as the specifics and needs of the clients of the telephone crisis assistance, and the experience of the staff in providing assistance through older adult helpline. All expert interviews were transcribed into text form and anonymized.

In the analysis of the older adult helpline interview recordings (N=500) and expert interviews (N=6) by Schreier (2012), we used gradual summarization of material, open coding and contrasting in order to generate categories and subcategories. The analysis was supplemented with direct accounts from communication partners. We list the abbreviation of the communication partner and his or her registration number after authentic accounts of the communication partners, for example (CP1).

Interpretation of results and discussion

After the declaration of a state of emergency in the Czech Republic (March 2020), the operations of the older adult helpline were expanded (Elpida, 2021). During the COVID-19

pandemic, more workers served in parallel on the older adult helpline, yet callers, according to the communication partner (CP2), reported that «it was a problem to get through, and the line was busy for long periods of time». Also, according to another CP3, «the pandemic has radically changed the number of calls. We had a lot of callers and wanted to be more available, so we had three workers on the line as an exception, which meant more support for each other»

With the outbreak of the pandemic, the most frequent callers were older adults who needed information. According to CP6, «even before the state of emergency was declared, calls from older adults started to multiply. Most older adults use television or radio as a simulation of social contact, so after the declaration of the state of emergency there was a huge amount of phone calls dealing with the incomprehensibility of the measures».

In terms of gender, women were more frequent callers to the older adult helpline in October 2020 (76%) than men (24%). In terms of age, the most frequent callers to the older adult helpline were clients in the 65-79 age category (49%) and then in the 50-64 age category (48%). The remainder of callers (3%) were in the 80+ older adult category. A significant proportion of the older adult callers fell into the old age pensioner social status category (45%). According to the Pension Insurance Act, an old age pensioner is a person who has reached retirement age and receives a retirement pension (Act no. 155/1995 Coll.). 27% belonged to the full disability pension category. Another significant proportion of older adult callers did not fall into any of the social status categories (22%), because the older adult helpline workers only enter information into the Linkař system (2020) that the callers themselves provide. The remainder of callers were in the employee category (6%).

In October 2020, the older adult helpline recorded 66% of repeat calls and 28% of first-time. In case of 6% of calls it was not clear whether the call was a first-time or a repeat call. Repeat callers are a phenomenon on the older adult helpline, according to CP5: «Older adults usually call the older adult helpline for the first time when they have lost their loved one. These older adults then become repeat callers for a period of time because they have been going through some difficult times for a long time. We're there for them and we don't tell them to call somewhere else. Most of those repeat callers started calling in this or a similar difficult life situation». It's well illustrated by one communications partner (CP3), «we get to know these clients by voice. Now, we have about 15 clients who have been calling repeatedly. Those are people who have long-term problems and are used to calling for help [...] it's about 1/3 of the clients a day».

Repeat callers experience long-term crises in their daily lives and need support for themselves. According to CP1, «the topics of calls for repeat callers during COVID-19 did not change; the Covid topic remained marginal» Repeat callers are people «who live in their own bubbles and the pandemic did not affect them that much» (CP5). The CP3 had a similar view of the situation (believed that repeat callers coped better with the COVID-19 pandemic). «Repeat callers are individuals who are used to coping with dif-

ferent crises, so this crisis [Covid] was just another in their life. On the other hand, a lot of older adults who might not have called the older adult helpline before, have started calling, because they are experiencing a crisis because of the pandemic» The provision of telephone crisis assistance to repeat callers is an indication that in a social services sector «we have been satisfying to some extent something that is missing in here». (CP4) According to CP5, social services can provide tangible support but «there is no functional relationship. That's not entirely what social services are for [...]». The importance of the relationship between client and worker, whether providing telephone or face-to-face social assistance, is also noted by Reese, Conoley, & Brossart (2002). CP5 also stated, «For some repeat older adult callers, we are the only ones [...] for some reason they can't or don't want to be in contact with anyone else». According to Bohatá, Gramppová Janečková, & Kotrlová (2019), there is no specialized form of assistance for repeat callers in the social services system. Repeat callers are not primarily dealing with an acute crisis, as is often the case with «regular» seekers of telephone crisis assistance. Repeat callers need stabilisation in their life situation, which leads to the need to develop a new method of telephone crisis assistance, known as crisis stabilisation, which is missing in the Czech social work.

According to Australian research by Pirkis et al. (2016), repeat callers account on average for approximately 3% of callers, but make 60% of the time of all calls. Repeat callers are often socially isolated, have severe mental and physical health problems, and have no other sources of social support. The Australian authors' findings point to the need for a new approach to telephone crisis assistance that better meets the needs of repeat callers. According to the authors, the new telephone crisis assistance design should offer better linkages between helplines (not just for older adults) and other services providing, for example, mental health care or physical health care.

Table 1 shows the listing and frequency of the main categories which are the topics of calls older adults contacted the older adult helpline with and are based on the older adult helpline database. This is the categorisation used by helpline staff for entries in the older adult helpline database.

Each main category listed in the table contains several subcategories, whose interpretations we note in the text. In over a total of five hundred calls, we identified the following topics. The individual categories of topics are not mutually exclusive, meaning that callers could have called with multiple topics within the same call.

During the COVID-19 pandemic, according to communication partners, there was not only an increase in the number of calls, but also a change in the call topics: «During the pandemic, it was as if all normal life disappeared. Some topics in the calls disappeared while the Covid and measures remained the only topic». At the same time, the COVID-19 pandemic has accentuated some of the problems typical of older adults: «For older adults who were already in a challenging situation, the pandemic made it worse and more difficult to deal with» (CP2).

	Call topics	Number of calls
Existential	Coping with a life situation	342
	Loneliness	235
	Other	101
Health	Physical problems	294
	Mental health	286
	Other	44
Social	Care for older adults	230
	Financial problems	123
	Housing problems	50
	Other	36
Relationship	Family relationships	216
	Partner relationships	106
	Neighbour relationships	64

Table 1 Crisis telephone assistance topics

Older adults who have lost a number of well-functioning compensatory mechanisms due to forced social isolation started to call the older adult helpline: «Before the pandemic, many older adults living alone had never been in contact with our helpline. These older adults had enough social contacts until that breaking point, but with the onset of all the measures and their gradual extension, they started to feel as if they were to die in this state when they had already died socially» (CP6).

According to the communications partner (CP6), calls on the topic of «coping with the actual pandemic» have started to multiply. The most frequent content of the calls was existential topics related to coping with challenging life situation (342), which, according to the communication partner (CP5) is: «something we don't know what to call other than a long-term crisis, a long-term difficult life situation». The feeling of loneliness was also one of the frequently mentioned existential topics (235). The remainder of the calls (101) concerned other personal and existential topics such as loss of meaning in life, death of a loved one, and suicidal thoughts. Lazar & Elera (2015) note that the reason for feelings of loneliness and increased need for social support among older adults is a decline in the importance of family and other primary groups as well as high divorce rates. Feelings of loneliness often develop in older adults during retirement because of the loss of loved ones and/or the disruption of relationships that provide social support (Dykstra, 2015). The Dutch research has shown that social loneliness (the absence of social contacts) increased

only slightly among older adults during the COVID-19 pandemic, but emotional loneliness (the absence of close emotional attachment to another person) increased significantly. Loss of personal relationships, pandemic fears, and decreased trust in social institutions were associated with increased incidence of emotional loneliness among older adults (Van Tilburg et al., 2020). According to Shiovitz-Ezra et al. (2018), loneliness of older adults at the meso-level can be related to changes in social networks and social support. At the macro-level, loneliness may be related to ageism, which, through stereotypes and bias predisposes older adults to social isolation and to loneliness.

The health topics were mostly related to physical problems (294) and mental health problems (286), such as mood disorders or neurotic disorders. The remainder of the calls (44) were concerning other health problems.

During the COVID-19 pandemic, existential problems together with health problems were the most frequent topics of the calls made to an older adult helpline. According to older adult helpline staff, the frequent topic of calls, regardless of the evolution of the pandemic, is the loneliness and the fear of being a «burden» to others. The impact of the COVID-19 pandemic on the mental and physical health of older adults was the subject of research by Sepúlveda-Loyola et al. (2020). They noted that there was an increase in mental distress defined as anxiety, depression, loneliness, and poorer sleep quality.

Perlman & Peplau (1984, 15) defined loneliness as «an unpleasant experience that occurs when a person's network of social relationships is insufficient in terms of both quality and quantity». The main difference between loneliness and solitude is that solitude is not associated with negative emotions, as is the case with feeling lonely. Solitude is seen as a free decision made by an individual that brings them a sense of fulfilment and positive emotions (Tzouvara, Papadopoulos, & Randhawa, 2015). Czech research by Sak & Kolesárová (2012) found that feelings of loneliness are more common among the older adults than in the rest of the population. The authors revealed that 43% of older adults experience loneliness with a daily or several times a week frequency. According to these authors, the most important thing for the older adult population is to have social support in interpersonal relationships. Older adults believe that quality interpersonal relationships are of a more of a value than their own existence. According to Jylh & Saarenheimo (in Sak & Kolesárová, 2012), lonely people tend to seek social and health services more often than other people with a similar health status. According to other authors (Cacioppo et al., 2002; Holt-Lunstad et al., 2015; Gerst-Emerson & Jayawardhana, 2015), the prevalence of loneliness is associated with a negative impact on one's health; it may particularly result in depression, anxiety, cognitive decline, cardiovascular disease, and obesity.

Social topics were most often related to care for older adults (230). The communication partner (CP5) illustrated this using an example of older adults calling the older adult helpline: «Older adults were calling to share the difficulties accompanying long-term care [...] caregivers were gathering strength to make a decision about whether they could continue or whether to share care with someone else. There were feelings of fear, shame,

guilt [...] It may have been harder for some to deliver assistance because social services didn't work as usual» As described by Lightfoot & Moore (2020), the demands placed on caregivers intensified during the COVID-19 pandemic. Caregivers faced social isolation without access to the usual support, had limited access to health and social services, and struggled financially.

Research by Golubeva et al. (2022) revealed similar caregiver problems during the COVID-19 pandemic. Their research found that caregivers experienced a decline in health, in particular, mental health. They identified increased levels of stress in caregivers and concerns about the possibility of transmitting covid to for whom they were caring. Caregivers were also concerned about limited access to social services. Other social topics included financial distress (123) and housing distress (50). The remainder of the calls (36) were related to other social issues.

In the area of relationships, the most frequent topics of phone calls concerned family (216), partner (106), and neighbour (64) relationships. As reported by the communication partner (CP5): «People mostly called to get some contact, so they wouldn't feel alone. Loneliness is one of the main reasons they call. And then it's bleak relationships in general, e.g., with family or neighbours». The experience of older adult helpline workers says that transformation of family relationships and loneliness are a big issue. As CP1 stated, it happens that «we receive a phone call from an older adult who's feeling lonely in the midst of a big family. This is due to the fact that the time is performance-oriented so there is no time to talk with grandma [...] and older adults feel this. We then hear from them "I don't want to bother them, they have so much to do"». This transformation in society is described by authors Klevetová & Dlabalová (2008, 81): «There's a growing tendency toward separate lives of different generations. On the one hand, this respects the more differentiated life interests and needs of people of different age groups, but on the other hand, it disrupts important social ties. The grandparent generation is increasingly living not only independently but also in isolation. The number and intensity of relationships and ties between individual members is decreasing. The severity of the increased family breakdown lies above all in the fact that there are more and more truly lonely individuals, deprived of a life and emotional base or support in times of life crises». In research examining the role of social relationships during the COVID-19 pandemic, Macdonald & Hülür (2021) found that older adults' feelings of loneliness during COVID-19 were related to their level of loneliness prior to the pandemic. The change in societal relationships is illustrated by another communication partner's (CP3) account, according to whom older adults often have no one to talk to about important topics. Older adults in conversations with older adult helpline workers often mention, «I can finally talk to someone about what I needed».

The topics with which older adults contacted the older adult helpline allowed us to analyse the needs of callers in terms of the content of social support. In Table 2, we recorded the list and frequency of social support types in terms of its content. In a total

of five hundred phone calls to a helpline, we identified the following needs in terms of the content of social support, which were based on analysis of call records.

Content of social support	Number of calls
Emotional	435
Information	237
Self-respect	201
Social	122

Table 2 Callers' needs in terms of the content of social support

The most frequent dimension of the content of social support during the COVID-19 pandemic was emotional support (435). The importance of emotional support is illustrated by the account of the communication partner (CP5), «older adults called for support in order not to feel alone». Research by Bar-Tur et al. (2021) also confirms the importance of emotional support via telephone. Distance telephone support can replace a face-to-face meeting and represent an easy and instant solution by reaching many older adults who would not otherwise receive emotional support.

The Czech Republic has experienced the introduction of an English practice known as «telephone befriending services», i.e., telephone volunteering between an older adult and a volunteer, which is based on regular telephone contact. In essence, it is similar to classic face-to-face volunteering, but with the use of modern technology, the telephone. «Telephone befriending services» help to prevent older adults from the feelings of loneliness and social isolation, as evidenced by evaluation research from England (Cattan, Kime, & Bagnall, 2011). Bixter et al. (2019) note that information and communication technology (e.g., communication through emails and social media) encourages social interactions of older adults. In the Czech Republic, the model of «telephone befriending services» has been already applied, for example, by Život90 NGO (2021), which connects older adults with one another through «friendly calls».

During the COVID-19 pandemic, information for older adults was crucial. Older adults frequently called for information support (237). The topics of the phone calls were related to the state of emergency and the measures issued by the Czech state. According to the communication partner (CP1): «Older adults needed to “translate” pandemic and emergency-related measures into practical rules for their own lives» Due to vague information in the media, bizarre topics such as: «if I buy bread, do I have to wash it, so that there's no covid on it?» (CP1) emerged in one of the conversations. As reported by CP4: «there was a lot of information in the media, and it was incomprehensible. Other information was on the Internet, which many older adults do not have access to». According to Czech Statistical Office data (CSO, 2020), only a small proportion of older adults (24%)

had access to the Internet in 2015. By 2019, the number of older adults who had access to the Internet had increased to 40%. However, a significant proportion of older adults in the Czech Republic still do not have any Internet access. In this context, Mubarak & Suomi (2022) point to a «grey digital divide», which can manifest itself as exclusion from online social networks, exclusion from access to online health services, and exclusion from access to relevant information on the Internet. The grey digital divide is faced by older adults without access to the Internet or IT technology and with a lack of digital skills. According to Quan-Haase, Martin, & Schreurs (2016), older adults lag behind younger age groups in digital skills. Older adults are reluctant to use digital tools and tend to participate to a lesser extent in online activities. According to Francis et al. (2019), information and communication technologies can enhance the quality of life of older adults if they use them. They list an example where older adults could schedule a doctor's appointment online or consult a change in their health condition online with their doctor.

Therefore, access to a telephone is essential for the use of telephone crisis assistance for older adults. According to CP6, «it's important that an older adult helpline is free [...] it actually ensures greater access. We are approached by older adults who initially ask how much the call's going to be and who may be calling from a neighbour's phone line or from a phone booth because they don't have a phone». In terms of information and communication technologies usage (CSO, 2019), older adults predominantly use a traditional mobile phone. This is currently a case in 94% in the Czech Republic. Only 27% of older adults, especially those aged 65-74, use a smartphone. Thanks to the boom in smartphones, the number of older adults using them to access the Internet has been increasing over recent years (20%).

Self-esteem reinforcement (201), which aimed to encourage older adults to deal with a specific problem, became an important part of the practice of the staff working on an older adult helpline during the COVID-19 pandemic. As stated by the communication partner (CP3): «A lot of people turn to an older adult helpline thinking that we will somehow solve their problem. That maybe we'll call their son and fix their poor relationship [...] so there can be disappointment. We're there for the client who calls, and we try to figure out a help path with them». An example of a well-functioning older adult helpline practice is the emphasis on empowering older adults. As stated by the communication partner (CP5): «We try to empower people to be able to manage things on their own or with the support of other social services. We refer a lot of individuals to civil and family counselling services and to counselling services for interpersonal relationships».

During the pandemic, the older adult helpline staff also provided a social dimension of social support content (122). This is supported by the account of the communication partner (CP3): «Clients often mention at the end of the call that they are relieved and glad they were able to share this with someone». Another communications partner (CP5) commented on this topic in a similar way: «It's just that sharing a problem with someone sometimes makes more difference than anxiously dealing with the problem. It's important to be with those people, to be curious in conversation, not to judge or evaluate». In contrast

to our findings are the research results of Fingerman et al. (2021), who tried to investigate how limited social contact during the COVID-19 pandemic affected the daily lives of older adults living alone. They found that face-to-face contact increased emotional well-being of the older adults, but that telephone contact did not contribute to emotional well-being. Vice versa, telephone contact increased negative emotions in older adults who live alone. Older adults recalled feelings of loneliness experiencing during the COVID-19 pandemic when they had telephone contact. It is unclear whether other type of online contact (e.g., video calls) could have lowered negative emotions in older adults. Another problem, according to the authors, is that many older adults do not have access to information and communication technologies, and do not have sufficient digital skills to use technology.

Jarvis, Chipps, & Padmanabhanunni (2019) researched the experiences of older adults when using a smartphone and a social network application (WhatsApp). In turn, in this research the authors found that older adult' feelings of loneliness were reduced with the use of social networks via smartphone, which corresponds with the accounts of the communication partners in our research.

According to communication partners, in the first wave of the COVID-19 pandemic, older adults called to ask for tangible support which was beyond the capacity of the older adult helpline. This is well illustrated by one communication partner: «Older adults did not know where to get masks. We also received calls from older adults who are not in contact with social services and have no close person around to turn to for help [...]» (CP6). According to the communication partner (CP2), «the service completely changed overnight [...] we were suddenly offering practical assistance. We were taking down personal information on an anonymous phone line where most callers don't even introduce themselves. We passed these details onto a database for our volunteers, who then took over the older adults' requests and made individual arrangements to provide help». According to the communications partner (CP3), «volunteers picked up the masks and delivered them to older adults. Then they also helped with shopping and went to a post office for older adults. Sometimes it was a one-off help, but sometimes it was a long-term collaboration between the volunteer and the older adult». The need for tangible support was driven by the state of emergency and the associated government measures and recommendations, especially at the beginning of the pandemic. In the second wave of the COVID-19 pandemic (October 2020), our analysis did not identify a need for tangible support.

The expansion of the older adult helpline to include volunteer assistance in providing tangible support brought an ethical dilemma for older adult helpline staff. During the COVID-19 pandemic, workers on the older adult helpline dealt with setting the boundaries of volunteer assistance, for example, in a situation where «they were receiving calls from people who were not primarily concerned about contracting the disease. They were primarily calling because they could not manage to carry heavier shopping bags and would welcome such help». (CP2) Older adult helpline staff found it difficult to find the «boundaries of assistance». According to the communication partner's account (CP2),

there were requests from older adults who wanted to use the volunteers: «For example, they ticked discounted items on a flyer and wanted volunteers to go to three different supermarkets and pick up one item in each shop that was currently on sale. Which I can understand that they would want to get such bargains, but that was really beyond basic volunteer help». Similar ethical dilemmas during the COVID-19 pandemic were addressed when providing social services to different target groups (Banks et al., 2020).

«During the pandemic, social services were totally overwhelmed, so the help of volunteers made sense» (CP4). As the communication partner (CP4) added, there is a need for professionals to provide assistance to these older adults because «the older adult line is first of all a crisis social service and should not aim to replace other social services». Furthermore, this communication partner stated that «there were more and more older adults who were not calling because of a personal crisis, but in a situation where they needed help with practical matters (shopping, walking their dog, talking to someone). It would help if there was a volunteer centre in every town that would mediate this assistance (as volunteers did during the pandemic)». In the Czech Republic, this practice has not been established. In some Czech regions there are SeniorPoints, which are essentially contact points where older adults can seek information to solve their life situation.

In Table 3 we present the typology of interventions of telephone crisis assistance workers used by them for the records in the older adult line database. The following types of intervention were identified in a total of five hundred calls with several types of intervention simultaneously used within a single call.

Intervention	Number of calls
Venting	442
Supportive conversation	386
Information	209
Counselling guidance	42
Other intervention	23

Table 3 Interventions provided by telephone crisis assistance workers

The communication partner (CP4) stated how the intervention provided on the older adult helpline has changed during the COVID-19 pandemic: «We're dealing with matters that we have dealt with before, but they are in greater quantity and are more difficult». According to older adult helpline staff, «there are no "classic crises" in case of older adults such as I'm standing on a bridge and want to jump. The crisis with older adults shows as fear or a more difficult family situation» (CP1). One of the goals of the older adult helpline is «to provide contact and stability in a long-term crisis so that they can stay in their natural environment for as long as possible» (CP6).

The most frequently provided interventions during the COVID-19 pandemic were ventilation (442) and supportive conversation (386). Ventilation can be understood as the release of emotions that helps to reduce internal tension in a crisis situation through active listening. Supportive conversation can be understood as a specific form of treatment of vented emotions. The supportive conversation leads to stabilisation of the psychological state, mapping the difficult life situation, and sources of social support. According to the communication partner (CP1): «There's an important moment in the conversation when the client moves from communicating the facts about his/her own situation to himself/herself. This is the most important part of the talk; we try to empathise with the person and what the situation is doing to them». The purpose of the supportive conversation is to help to create a constructive view of one's own difficult life situation and to create a possible scenario for an optimal solution to this difficult life situation. During such an uplifting conversation, the staff also focus on supporting an older adult in using his or her own resources for help and adaptive ways of dealing with the situation.

The provision of information was a very common form of intervention during the COVID-19 pandemic (209). According to the communication partner's (CP5) account, the content of the work also changed during the COVID-19 pandemic: «A crisis worker became an operator. Sometimes we just picked up a receiver informing about the precautions in place or about vaccination». During the COVID-19 pandemic, the older adult helpline benefited from the help of volunteers who helped with providing information support: «We didn't want an older adult helpline to be flooded only with calls about vaccination. We involved student volunteers to provide information about vaccination and to register for vaccinations. This provided space for our staff to carry out crisis intervention» (CP2). Similar experiences with involvement of student volunteers during COVID-19 were described by Office et al. (2020). According to the communication partner (CP2), «older adults responded to information in the media. With the epidemic situation becoming progressively worse, older adults began to call the older adult helpline more frequently. Information was important to older adults throughout the pandemic». For older adults, according to the CP5 communications partner, «it was hard to navigate through all the information and keep up with its fast flow and with the pace of the times».

Counselling guidance (42) involved providing advisory activities such as counselling or referring to another organisation. Other intervention (23) included different ways of making contact and mapping the older adult's difficult life situation.

Conclusion

The aim of the research was to identify the topics with which older adults contacted the older adult helpline, to analyse the needs of callers in terms of the content of social support, and to create a typology of interventions provided by crisis helpline staff dur-

ing the COVID-19 pandemic. Based on the analysis of data from the selected older adult helpline and expert interviews with staff, we came up with the following key finding.

A pandemic has shown that the existing capacity of the older adult helpline is insufficient in crisis situations such as COVID-19. According to Lazar & Elera (2015), telephone crisis assistance has become an established part of social services, given that older adults have limited resources of formal and informal social support. Its popularity stems from the availability of this service, the increased willingness of people to seek this form of help, but also the diminishing opportunities for intimate relationships. The preference for «quick fixes» through telephone contact emerges from the weakening of traditional sources of social support.

According to Ramsey & Montgomery (2014), technology-based interventions in social work practice are increasingly being used by social workers, in particular to address the mental health needs of their vulnerable clients. In this context, Peláez, García, & Aguilar-Tablada Massò (2018) write about online social work which they understand as an area of social work that uses ICT to support the needs of their clients.

We found that provision of emotional support (435) was the most important in terms of the content of social support during the COVID-19 pandemic, which may be associated with the most frequent topics dealt with on the older adult helpline during that time. The most frequent topics on the older adult helpline during the pandemic included emotional issues related to older adults' difficulties in coping with their life situation (342) and older adults' loneliness (235). The most common interventions provided were ventilation (442) and supportive conversation (386).

To provide emotional support, Mali (2010) suggests that it is important to seek ways in which peer and inter-generational relationships of older adults can be strengthened. MacLeod et al. (2018) conclude that the assistance provided in the community has a potential to allow older adults to «age in their natural environment». Morrow-Howell, Galucia, & Swinford (2020) described alternative ways to prevent loneliness during the COVID-19 pandemic, for example, using online platforms for older adults to communicate with friends and family, or virtual meetings between older adults and volunteers. Based on research findings from abroad (Cattan, Kime, & Bagnall, 2011; Bixter et al., 2019), it appears that (online or face-to-face) volunteering may be a way to support older adults in the area of emotional and tangible support, but this is not widespread in the Czech Republic.

During COVID-19, information support was an important need for callers (237). Cohen-Mansfield et al. (2018) notes that telephone crisis assistance is an important alternative resource that can provide flexible and convenient information support to callers. We found that in terms of access to information, older adults have limited resources and are also a vulnerable target group in terms of digital exclusion and the phenomenon of secondary digital exclusion (Van Dijk, 2005). Digital exclusion refers to a gap between people who have access to information and communication technologies and those who do not (Vondrová, 2014). Secondary digital exclusion is created between groups of people who have access

to and own technology, but whose skills to use it are diametrically different. According to some research (Mordini et al., 2009), «digital» and «information» exclusion may lead to deepening of social isolation and loneliness among the older adults. As research by Freedman, Hu, & Kasper (2021) illustrates, the COVID-19 pandemic revealed the importance of information and communication technologies and other modern technologies for older adults, both in terms of emotional and information support.

We also found that the number of older adults who need tangible support is increasing. During the COVID-19 pandemic, the development of volunteerism in provision of tangible support has become a key issue in addressing social problems and lack of capacity in social services. According to the German authors Henzler & Späth (2013), the development of volunteering among the elderly, which is based on the older adults themselves helping their peers to cope with activities of daily living, may have potential in providing tangible support for the older adults. Another option, according to the authors, is a «time bank», where for every hour of tangible support that (not only) an older adult provides to someone else, an hour is credited to his/her time account in case he/she also needs help at some point in future.

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