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THE RE-AWAKENING ROLE OF SOCIAL WORKERS IN POLICYMAKING FOLLOWING A GLOBAL PANDEMIC: LESSONS FOR EDUCATION AND PRACTICE

Abstract

Social workers have contributed to policy analysis and planning since the rise of the discipline's professional identity. Through lobbying, policy advocacy and macro-practice, responses about human rights and social justice are crafted and integrated into international and transnational social work practice. However, these roles have been diminished over recent years to standardise and confine the profession to the limits of a given nation's legal and social status. Public crises like the recent novel virus SARS-CoV-2 force us to rethink the role of social workers, especially regarding their contribution to the development of social policy and policy practice. This paper considers whether social workers are well prepared to take on these roles again, when historically education and practice have shied away from them, leaving contemporary practitioners in a predicament. There are both challenges and opportunities in social policy arising from COVID-19 and this paper argues the need to re-emphasise social workers' role in social policy in making recommendations for education and practice.

Keywords: COVID-19, pandemic, social policy, policy practice, social work

Introduction

Rogowski (2020) points out that social care has become more punitive in the last decade; neoliberalism and austerity measures have led to heightened managerialism and a focus on performativity – hence, efficiency, rather than effectiveness. This has largely annihilated the altruistic character of social work services and organisations, which require selflessness and concern for the wellbeing of those at the receiving end of the services.

Undoubtedly, organisational competition and funding re-allocations (see Bonner, 2020) have had a countereffect on those values and limit social work capacities in macro-practice. The recent pandemic has shaken up social work, its education

and practice, by re-awakening previously established roles in social policy and policy practice. This paper is a conceptual discussion of this and argues that:

1. Social work in the 21st century, in the UK, has not equipped professionals adequately to exercise policy practice. This left the profession helpless in the face of the demands of COVID-19.
2. Social work education needs to revisit its curriculum and start offering specialist social work training for crises while acknowledging that generic degrees may not be the most effective way forward.

Social Policy, Politics and Social Work

Social work is concerned with the wellbeing of individuals, families, communities, and wider society; it is the accumulation of all efforts to improve and maintain wellbeing. From philanthropic acts that were carried out predominantly by women (Healy, 2008), social work transformed into an organised effort that is professionalised, giving it rigour, and giving practitioners legitimate power to influence change.

Social work's commitment to influencing social policy has been debated among scholars and practitioners since the beginning of the 20th century (Schneider and Netting, 1999; Domanski, 1998). '…many social workers such as Jane Addams, Grace and Edith Abbott, Sophia Breckenridge, Jeanette Rankin, Frances Perkins, Harry Hopkins, Wilbur Cohen, Bertha Reynolds, Richard Cloward, Charles Grosser, Whitney Young, Ron Dellums, Barbara Mikulski, and others, have steadfastly proposed and tried to influence social legislation, policies and ordinances' (Schneider and Netting, 1999, p. 349). Yet, as has been proposed by Thompson (1994, p. 457), the profession of social work has been continuously – to date I would argue – 'at war with itself'. This reflects the tension between the responsibility to respond to social issues and promote social justice, and the obligation to support the psychosocial wellbeing of individuals.

The profession of social work has a Marxist view of human nature – the view that humans are organically led by the principles of altruism and prosociality (Ferguson and Lavalette, 1999). This was initially seen through the activism in the 19th and 20th centuries that surfaced in the profession and lent history to it (Iatridis, 1995). The Poor Law in 1601 emphasised the need to support those in precarious situations, by the parishes, and the Renaissance and the Enlightenment influenced change in the welfare system (Webb and Webb, 2019). Such historical landmarks separated the work of the parishes from more organised activities that were aimed at the welfare of those in most need (also see Rogowski, 2020).

Younghusband (1981) discussed in detail three of the first pioneers of social work, whose activities emphasise how social work is a child born from challenging and opportunistic political ideologies and deformed social policy that represents

structural inequalities and injustice. Younghusband (1981) referred to the Charity Organisation Society (COS), Octavia Hill, and the Toynbee Hall Settlement. All three abovementioned pioneers, starting with the COS in 1869, and continuing with Octavia Hill's work, and then the settlement movement, founded in 1884, had a Christian character and proposed a preconceived ideology of wellbeing and welfare (Younghusband, 1981). To oppose the political theory that aimed for all members of society to loosen their dependency, the work of these pioneers was seen as philanthropic in character. Regardless, such work was tremendously influential in the development of social work, its critical and radical character, and its contribution to social policy and action.

The values of the Fabian Society (i.e., equality, freedom, and fellowship) (George and Wilding, 1976) were foundational to social work and its contribution to social policy and tackling phenomena affecting wider communities, and to legislation influenced by social work, such as child labour legislation and health programmes (Dolgoff, Feldstein and Skolnik, 1993).

Settlement Houses were paramount in the work of social workers, in the first part of the 20th century, as they balanced the social (promoting social justice in society) and psychological (working directly with individuals to support their wellbeing) aspects of the profession's practice. Specifically, Jane Addams was keen that Settlement Houses were the predominant source of information and data gathering to influence change in legislation (for more on the principal development of the Settlement Houses, see Addams, 1959).

The role of social work and social workers in social policy, across the decades in the 20th century, has been well exemplified in Schneider and Netting (1999). Turning to the 21st century, though, it is important to put some emphasis on the political ideology that shapes social work's influence in this area – or lack thereof.

Strier and Feldman (2018) argued that neoliberalist ideas and neoliberalism have reshaped the landscape of social work. Their argument extends to the marketisation thesis and social entrepreneurship, both of which lead to necessary changes in the infrastructure of social welfare. Neoliberalism, in this sense, has a more hybrid character (Schram, 2015); it necessitates a strong State to regulate markets and behaviours of social actors, but also one that 'passively observes the competition among social claims' (Strier and Feldman, 2018, p. 755). Such trends pose new challenges to social workers and demand a renewed contribution to policy practice (for an analysis of policy practice in social work, see Iatridis, 1995). Examples of social workers' policy action include campaigning to stop cutbacks in services (Carey and Foster, 2011), and challenging neoliberal activity altogether (Dodson, 2009).

On the contrary, Harlow et al. (2013) opine that neoliberalism (as well as managerialism which we discuss in the next section) has also benefited social work,

adding to the reconfiguration of the profession. It is since the end of WWII that such benefits have gradually emerged, yet with negative effects evident only in recent decades. Clarke and Newman (1993) put it best, claiming social work to be a construct of the bureau-professional regime. Indeed, following the devastating post-war state of the UK (i.e., the socio-economical-political impact of WWII) (Clapson and Larkham, 2013), as well as other nations, administrative mechanisms were necessary to help realise policies that would remedy the situation.

Of course, until the late 1980s, before Margaret Thatcher gained power, the blurriness of the boundaries between social work and religious organisations and institutions was profitable for all (Clapson and Larkham, 2013). Religious organisations and institutions maintained their legitimacy in the restoration of the nation, beyond religious practice, and social work preserved its overlapping character of altruism and professionalism. On the other hand, the nation had at its disposal two, and not one, sources of support, ready for action.

In summary, "under neoliberalism welfare and penal policy have seen an ideological and cultural shift which essentially emphasises a 'War on the Poor', rather than what should be the case, a 'War on Poverty'" (Rogowski, 2020, p. 143). This perfectly reflects the inner war of social work, one that is not unquestionably apparent to professionals; social work practice in the last two decades shifted increasingly toward 'supporting the poor' but dissociated itself from social action aimed at 'tackling poverty'. The next section stresses this further with a focus on managerialism and privatisation.

The Standardisation of the Profession

Social work has, in the last three decades, been undergoing a process of standardisation – the constant attempt to regulate practice and decision-making. It is undeniable that such developments help professionalise the discipline in some ways while providing legitimacy to social work services and organisations providing social care (Ponnert and Svensson, 2016). These developments, however, also robbed the profession of its underpinning principles of curiosity and creativity. In other words, the more guidelines that practitioners must follow and the more legislation they should apply through practice, the less space there is for advocacy and challenging injustices, unless this is suggested by the 'guidelines'. Ponnert and Svensson (2016) argued the standardisation of social work to be an attempt to meet organisational demands, which in the face of neoliberalism, are more important than professional values; given that the former closely match what markets require.

One way in which this is exemplified is in managerialism, which arose in the 1990s and continues to dictate practices (Lawler, 2018). In their analysis of the impact of managerialism on human services, Tsui and Cheung (2004, pp. 437-438) argued that 'managerialism itself reflects the powerful dominance of market capi-

talism over the world'. Specifically, it reflects neoliberal ideologies, or the means to 'neoliberalise' social work. Managerialism turned into a dominant ideology for public policy making (Rogowski, 2020; Tsui and Cheung, 2004) dispossessing social work professionals from the frontline of policy action.

Tsui and Cheung (2004) further highlighted the following realities:

- There are customers; and managers, who are key persons in an organisation, not the frontline staff.
- Frontline staff are viewed as employees, distant from the managers, not as professionals.
- Management knowledge became the highest knowledge – as opposed to professional knowledge.
- The market became the environment – the context in which practice occurs.
- The focus is on efficiency, not effectiveness.
- Fiscal relationships became more important.
- The quality of services is measured with standardisation.

These realities reflect what followed in social work policy and practice during the 21st century – not necessarily at an international level, but largely in Western countries – also summarised in Rogowski's work (2020; 2011).

Rogowski (2011) argued that the changes to the measurement of the successes of social work intervention based on having met managers' targets have resulted in the deformation of the profession. This returns to the discussion about neoliberalism and ideologies that see markets as superior to the entities, above the State, and services as needing tight management. As a result, and according to Rogowski (2011), the potential for progressive social work practice (especially critical and radical social work) is reduced. Following the New Labour Party's embrace of neoliberal ideologies (UK), 'public services, including social work, had to become more like businesses, operate in ways drawn from the private sector, and function in a context that was as market-like as possible', while this 'meant social workers being engrossed in the competitive stimulus of market forces, with managers being the main instrument of effective social policy rather than professionals' (Rogowski, 2011, p. 158).

The deskilling of the professional

Professionalisation, managerialism and privatisation present social work with growing challenges. Harlow et al. (2013) discussed at length the impact of the reshaping of social welfare, increasing professionalisation in the context of neoliberal ideologies and marketisation, as well as managerialism. Without a doubt, their work is complementary to this paper, as it highlights the fragmentation of social work,

due to all the above; a fragmentation that following the COVID-19 pandemic is more palpable than ever.

Pointedly, Harlow et al. (2013, p. 540) suggested that 'fragmentation has occurred in at least two different ways: firstly, generic social work has been undermined as work with adult offenders has been removed to a specialist area requiring a different qualification […] Secondly, fragmentation has also occurred in relation to day-to-day tasks: specialist teams are responsible for initial contact, assessment, and intervention or service provision'. Social work gradually became more technical, defined by prescribed practices that do not allow space for advocacy, unless balanced with the demands of the social service organisation each time.

As mentioned earlier, the standardisation of social work may be beneficial in reducing uncertainty and maximising efficiency in service delivery. Yet it rather deskills professionals and leaves newly qualified practitioners in a precarious position due to the lack of opportunities to develop skills and knowledge in critical and radical social work. Such circumstances can have detrimental effects on social work and social workers, but most importantly for service consumers; professional judgment is no longer the product of the use of best knowledge and evidence, but the use of best managerial knowledge and practice tools as limitations (Ponnert and Svensson, 2016).

Reminiscing Lipsky's street-level bureaucracy theory, Evans and Harris (2004) asked whether social workers have turned into street-level bureaucrats; administrative or people-processing individuals. Similarly, Ellis (2007) argued that assessing eligibility criteria – an everyday task for social work practitioners – requires street-level bureaucrats, but not policy advocates or radical social workers. These are some examples of the transformation of the place of social workers in practice, within and beyond organisations.

This and the previous sections laid out a concise story of the transformation of social work over the decades of neoliberalism, managerialism, privatisation and standardisation. As a result of these changes over at least 30 years, it is only sensible to consider that we no longer argue that professionals in the field are deskilled, but that new professionals are being registered who lack skills to apply in macro-practice (Reisch, 2016).

Social work education and training have been equally affected by neoliberal agendas and, in the UK, Thatcherism (i.e., the commitment to free enterprise, British nationalism, the strengthening of the nation, and a strong belief in civic responsibility). As a result, professionals in the field, while having experienced the novel coronavirus SARS-CoV-2 and associated measures, were shocked and inadequately equipped to respond to the demands for intervention on macro and policy levels, as is discussed later in this paper.

The Impact of COVID-19

In December 2019, a novel Coronavirus emerged in Wuhan, China, which rapidly spread across the world. The new virus is popularised as COVID-19 (i.e., Coronavirus Disease 2019), and on 11 May 2020, the World Health Organisation (2020) declared it a global pandemic. The virus affected thousands of people and had tremendous socio-politico-economic, psychological, mental health and spiritual impact.

New cases of Coronavirus grew continuously in 2020. On 22 January 2020, 555 new COVID-19 cases were recorded worldwide (Statista, 2020a). This number grew to 126,702 people being infected by 11 March 2020, the day the situation was declared a pandemic, and to the astounding size of 77,364,641 cases by 21 December 2020 (Statista, 2020a). Further, as of 22 December 2020, there had been approximately 1,713,000 coronavirus deaths worldwide, with the USA, Brazil, India and Mexico being the four countries with the most recorded coronavirus deaths by the same date (Statista, 2020b).

COVID-19 caused colossal disruptions to everyday life; socially, economically, spiritually, mentally, and in many other ways. Abiad, et al. (2020) analysed the predictability of the economic impact of COVID-19 across developing Asian countries and drew hypotheses that referred to a worldwide impact. Specifically, their analysis, derived from varied scenarios, suggested a global financial impact of $77 million to $347 billion, which was reflective of 0.1 per cent to 0.4 per cent of the global GDP. These estimations, albeit not confirmed, showed a grim picture that showed challenges for developed nations and exacerbated limitations that developing nations face. Further, Ashraf (2020) examined the effect of government responses to COVID-19 (e.g., quarantining measures) on marketing and finance, concluding that there has been a negative direct impact on stock market returns. This indirectly negatively influenced government finance and economic contingency plans. In addition, Maital and Barzani (2020, p. 2) argued that the main financial impact of COVID-19 was ‘on the supply side of the global economy’, and, therefore, it was likely that a global recession would follow. This information merely touches the surface of the vast repercussions of COVID-19, globally and independently in each country. Yet, it stirs some thinking about what the implications might be, especially in the context of poverty, deprivation, social justice and human rights, and what role social work and social workers may play in the future.

COVID-19 and associated measures (e.g., quarantining and social isolation) continue to have a monumental impact on social life. The disruption of daily routines, such as employment, school life, and religious practice, to name a few, has been experienced by everyone, but certainly differently (Pentaris, 2021). For example:

- many individuals working in the healthcare system may experience changes in their routines because of specialist tasks and demands at work following

COVID-19. Others, who may not be essential workers and either work from home or have been furloughed, will have had a different experience; having their routine paused and transformed completely.

- some may have experienced the pandemic and the periodic quarantining measures differently on a financial level (van Dalen and Henkens, 2020)
- some may have been vastly impacted due to their levels of digital poverty and/or digital literacy (Seah, 2020; Watts, 2020; Beaunoyer, Dupéré and Guitton, 2020)
- some may have been impacted due to the lack of access to religious services (Bryson, Andres and Davies, 2020; Hill, Gonzalez and Burdette, 2020)
- others may have been impacted due to lack of contact and connectedness with family and friends (Milne et al., 2020; Cawthon et al., 2020), especially if any were dying of COVID-19 or non-COVID-19 related causes (Pentaris, 2021).

These and many more circumstances have led to increased anxiety (Mazza et al., 2020; Bäuerle et al., 2020; Hyland et al., 2020), mental health challenges and higher suicidality (Shahul-Hameed et al., 2021; Sher, 2020), exacerbation of social inequalities (Witteveen, 2020; Pentaris, 2021), heightened digital poverty and illiteracy (Seah, 2020), as well as decline in physical health (Williams et al., 2020) and high risks of prolonged grief (Doka, 2021; Neimeyer, Milman and Lee, 2021). Of course, different parts of the population experienced these circumstances differently, and this led to more complex situations that social work needs to respond to.

The impact of COVID-19 has been disproportionate among different ethnic groups. According to Public Health England (2020), members of the Black and Asian minority ethnic (BAME) community were four times more likely to contract the virus and die of it, with men in this group having a higher chance. Similarly, disabled people, especially those with a sensory impairment have been highly disadvantaged as COVID-19 related measures like quarantining, have had a larger impact on them – particularly regarding accessibility using communication and information technologies (Jalali et al., 2020). Others who have been affected disproportionately are those of a religious affiliation and who are practising. Sulkowski and Ignatowski (2020), among others, offered that during social isolation and physical distancing, the shutting of religious institutions left many believers who practise their faith in a precarious situation, wherein they lost an important part of their lives that gives meaning to difficult situations like the recent pandemic.

Moreover, children's education and socialisation were massively affected by responses to COVID-19, with schools being closed for a lengthy period, and periodically as the year 2020 progressed (Viner et al., 2020; Drane, Vernon and O'Shea, 2020). Children had to remain at home, where parents had to home-school them,

while Ministries and Departments of Education across nations were developing the right platforms and training their staff to be able to enhance the input of teachers even further in that period (Darling-Hammond et al., 2020). Of course, this was questionable at times, primarily given the statistics about digital poverty and digital illiteracy; not only regarding the children in school years, but teachers and educators altogether (van Lancker and Parolin, 2020). For example, in India 50% of the population does not have access to the Internet (World Economic Forum, 2020), while in Germany (König, Jäger-Biela and Glutsch, 2020) gaps were identified in teacher competence in online teaching, and quick responses were attempted.

Another target group that was largely influenced by the COVID circumstances was older people, especially those aged 65 and over with comorbidity (Heid et al., 2020; Pentaris et al., 2020). With older individuals considered one of the most vulnerable cohorts, COVID-19-related measures not only placed restrictions but homogenised this group even further and allowed for structural oppression to be exercised.

This section's purpose is to merely indicate the abundant and intricate implications of COVID-19 and related government responses. Notwithstanding the importance of minimising the spread of the virus, such measures had long-lasting implications. COVID-19 brought an unprecedented and shocking experience to us all, but above all reminded us of social inequalities that have been present all along and have not been adequately and efficiently measured and tackled (also see Pentaris, 2021). Since June/July 2020 –when the knowledge of the virus had increased – careful and sophisticated approaches were employed to respond to COVID-19 and identify social injustices that need political action and policy planning (Pentaris, 2021).

In this call for action, social work, given the skills and underpinning values of the profession, can reclaim its original status in caring for the individual, and the wider community. The current socio-political terrain gives rise to immediate needs for policy practice, and social workers are a perfect fit for this. The lessons from the pandemic can be seen as an opportunity to revisit social work education and re-integrate policy practice and macro-practice in the curricula, to start equipping new professionals with the right skills and knowledge. Of course, this does not assume that internationally, curricula do not consider these areas; yet this paper draws on social work education in the UK. The next section discusses briefly how social work can contribute to the current landscape of the post-COVID-19 social environment.

Social Work, Social Policy and COVID-19

With critical/radical practice 'the focus is on political action and social change while simultaneously addressing the immediate needs of individuals' (Rogowski, 2020, p.164). This may be too ambitious but certainly fits within the scope of the

profession. To better appreciate how social work and social workers can contribute to social policy following crises such as COVID-19, and possibly future disasters of this scope, it is worth drawing on Katz's work (1961) and the social model introduced in the 1970s.

According to Katz (1961, p. 1, emphasis in the original), "if the social worker distinguishes himself from other professions within social welfare by his focus upon 'social relationships', does he have *also* a unique role in his attempt to change social and economic conditions through affecting social policy?" To carry out such roles, nonetheless, social workers ought to be well equipped and willing to engage with policy practice overall. Crises like COVID-19 and their associated impacts on social life may create future circumstances that are new and challenging.

Social work has gradually, as discussed earlier, entered the arena of neoliberal marketplaces, and started transforming from an active stakeholder in society (i.e., taking initiative, being involved in social action and politics, lobbying, and so on) to a reactive mechanism that is the medium to realise legislation and policies (i.e., street-level bureaucracy). In this transformation, skills and knowledge that could assist in macro-practice and intervention on community, national and international levels were deemed unnecessary (Pawar, 2019). The focus remained on working with individuals, families and small groups, which led to a gap in the expertise of the social workers of the 21st century (drawing on the evolvement of the social work curriculum in the UK since 2002 in particular). Perhaps micro and mezzo practice skills have been accommodating to the demands of the State's positioning of social work concerning social services to date, but ultimately situations like the recent pandemic arise that force us to think more widely about the role social workers can play in communities and societies, and how to best engage with policy practice.

Previous literature has already identified some unique and invaluable ways in which social workers can engage with policy practice; hence, this paper is not reinventing the wheel but adds to it when exploring those through the current socio-political lens of COVID-19. Figueira-McDonough (1993) recommended the following four ways to policy practice: legislative advocacy; litigation; social action; and policy analysis. All these approaches are noteworthy especially when considering future policies in response to the ever-recognised social issues associated with COVID-19 (e.g., increased prevalence of mental illnesses and widening of the social divide between the digitally wealthy and literate and those poor and illiterate).

Under such circumstances, when poverty, social, health and economic inequalities, injustices and deprivation are exacerbated and while new inequalities also emerge (Pentaris, 2021), legislative advocacy is crucial. Social workers, based on professional deontology and ethics, are best situated to action and influence the introduction, modification and enactment of social policy and legislation that will respond to such challenges.

A simple way of engaging with policy action is through lobbying and involvement with policy decision-making at a local or wider level. Litigation is a more demanding task that, however, can be approached collectively. The Social Work Action Network (SWAN), in the UK, is a current and telling example of how social work can come together to intervene on a macro-level, and how policy practice, inclusive of legislative advocacy and litigation can be realised. Further, SWAN is an example of social action and how social workers can collectively and individually initiate or join social action when advocating for the rights of those who are less privileged in society.

Social action can be beneficial not only in physical communities but within online environments as well (Pendry & Salvatore, 2015; Bagozzi & Dholakia, 2002). As the impact of COVID-19 and quarantining measures became more apparent across varied parts of the population (economy and politics aside), social workers could have played an influential role in the restoration of the psychosocial wellbeing of individuals, groups and communities. Social distancing does not allow for physical proximity, but technology in these instances is a medium for virtual social action that can promote social belongingness, comfort and wellbeing, and tackle social isolation, loneliness and increased impact on mental health. Similarly, social action online allows for world-reaching campaigning and advocacy that can find support from people sharing the same values regardless of their geography.

Lastly, Figueira-McDonough (1993) suggested policy analysis as another form of policy practice for social workers. When exploring social policy and social work in unison, Wyers (1991, abstract) identified five policy-practice models: '(1) social worker as policy expert, (2) social worker as change agent in externa; work environments, (3) social worker as change agent in internal work environments, (4) social worker as policy conduit, and (5) social worker as policy itself'. These policy-practice models somewhat justify how social work is the right place for social policy, or one of them.

Social workers, drawing on their expertise in human rights and social justice, can be exceptional agents of policy analysis. Their skills can be invaluable in the varied stages of policy analysis. Specifically, identifying issues and social problems, exploring alternatives, recognising the most suitable alternative, proposing change, and establishing change. Further, policy analysis is a process that demands risk assessments – most popularly those such as a SWOT analysis (Leigh, 2009). Such are processes that social workers are well equipped to comprehend, and post-disaster circumstances ask that we become more prepared to apply those skills in practice. COVID-19, as mentioned earlier and in numerous sources published to date, not only resurfaced already existing social inequalities but introduced new ones, with the most prominent being digital poverty and illiteracy and the social divide between those suffering from poverty and their counterparts (Pentaris et al., 2020).

Policy analysis is a necessity now and into the future while identifying the best solutions for such phenomena.

An interesting query is *how* social work can achieve policy practice. Gal and Weiss-Gal (2015) recommended the following routes: policy practice by proxy, recruitment networks, academia, civil society, and the 'insider'. In other words, policy practice does not always need to lead to riots, protests, and other public demonstrations. Policy practice can be achieved on multiple levels, including the highest levels of parliamentary influence. Yet, the simplest route to policy practice for social workers in the UK, reaching out to Members of Parliament (MPs) of local and wider areas, is a form of advocacy and social action that not only professionals but also students as well as professional associations can exercise. This is, of course, not suggesting that such actions are not taking place, but surely, they are happening on a much smaller scale than social work has the potential to accomplish.

Lastly, Pawar (2019, p. 19) introduced the three Ps model "consisting of 'personal being', 'people' and 'paper' to promote effective policy practice by social workers". Initially, Pawar argued that social workers cannot engage effectively in policy practice unless they first engage with themselves – increase their self-understanding and develop expert knowledge and skills. Examples of this are found in Jansson (2018), who suggests that social workers should be reasonable with the risks taken, apply flexibility, be assertive and persistent and tolerate uncertainty, among others. The second P in Pawar's model suggests that social workers need to engage with people at the levels of community, bureaucracy, politics and organisation. In other words, they need extensive skills, beyond interpersonal, to be applied in direct practice and work with various groups. Lobbying and networking, for example, are important skills in social work and provide social workers with the capacity to work with politicians and in parliament, as well as policy planning. The third P – paper – refers to policy analysis; social workers have potentially the skills and knowledge to engage effectively with policy analysis and contribute to the planning of legislation and organisational guidelines that facilitate the responses to social phenomena relating to social injustices and human rights.

Some Thoughts for Education and Practice

The recent global pandemic highlights areas of concern that have been there before (e.g., social inequalities, ethnic disparities, and so on), as well as new ones. In either case, social work's engagement with social policy and policy practice can successfully contribute to positive change and outcomes. Yet, as indicated earlier, social work education, training and practice have been exclusive of specialist skills in macro and policy practice. If we are to return to those areas, certain actions are necessary both in education and practice.

First, social work education can be revisited to examine the extent to which policy practice (inclusive of advocacy, macro practice, networking, lobbying, and other skills) is integrated into the curriculum. Skills required for policy analysis can be applied to conduct a curriculum analysis that allows the recognition of gaps and the suggestion of alternatives. Social work education in the UK perhaps can explore the possibilities of learning from international partners, especially in Sub-Saharan African regions where community work and social action are thriving.

Changing societies and their identified needs (for instance needs following COVID-19) mean that social work education needs to adequately adapt to them and equip future professionals effectively. This principle led to the independent review of social work education by David Croisdale-Appleby (2014), wherein he identified the need for ongoing improvements in the education of professionals to ensure efficiency and effectiveness in practice. Under the recent circumstances, it is almost certain that adaptations will be made (and have already been made) regarding the use of technology and enhancement of interpersonal skills when working with individuals, families and groups affected by the recent circumstances. Yet, this does not add value to the need for macro practice skills. Perhaps we have reached the time when we ought to recognise that the division of practice between 'children and families' and 'adults' is no longer reflecting reality (not that it ever did, in my argument). Social work practice and education need to work together to bring change and improvement.

Practice informs education, and in this case, social workers are in demand with community social work and policy practice. We may have reached a moment when education needs to provide specialist training to social workers interested in policy practice, community work, and international work, as well as specialist training to those interested in gerontological social work, hospice social work, social work with children, and so on. For decades, education has attempted to compress all aspects of a single profession into a single programme of studies, resulting in professionals with a lot of generic knowledge but little capacity to apply their knowledge in practice or situate such knowledge culturally and in the context.

My suggestions here are more reflections, truly. Yet, they are narrowing things down to one recommendation: social work education may need to consider dividing its training into specialist areas to prepare professionals who are skilled and have integrity, who will respond to social needs associated with COVID-19, as these may continue showing their effects for more than a decade to come (also see Pentaris, 2021).

Conclusion

The 2019 pandemic and coronavirus disease have had a colossal impact on human life altogether, while they exemplify the tensions in society following a disas-

ter of such scope. The effects are tremendous and not yet measurable or tangible. The impact on economies and employment is more vivid at the start, yet still too complicated to grasp. However, the impact on human rights and social justice is a more opaque area to explore and will take many more years before long-term effects are identified.

The trauma and loss experienced during COVID-19 are unique in that people had to experience them in isolation and others had to simply die alone and had no opportunity to say goodbyes or attend loved ones' burial services. COVID-19 is a disaster and when thinking of social work in disasters (Alston, Hazeleger & Hargreaves, 2019), social policy and policy practice are essential in the recovery process. Social work is one of the most suitable disciplines, underpinned with the principles of integrity, human rights and social justice, to respond on a macro level to the social inequalities and injustices, as well as the trauma experienced by millions of people. These inequalities are largely not new, but the recent pandemic has been a loud reminder of them and the need to respond more effectively and engage in collective actions.

References

Abiad, A., Arao, R. M., & Dagli, S. (2020). The Economic impact of the COVID-19 outbreak on developing Asia. *Asian Development Bank Briefs*, 128. Doi: 10.22617/BRF200096

Addams, J. (1959). *Twenty Years at Hull House*. Macmillan.

Alston, M., Hazeleger, T., & Hargreaves, D. (2019). *Social work and disasters: A handbook for practice*. Routledge.

Ashraf, B. N. (2020). Economic impact of Government interventions during the COVID-19 pandemic: International evidence from financial markets. *Journal of Behavioral and Experimental Finance*, 27, 1-9.

Bagozzi, R. P., & Dholakia, U. M. (2002). Intentional Social Action in Virtual Communities. *Journal of Interactive Marketing*, 16 (2), 2-21.

Bäuerle, A., Teufel, M., Musche, V., Weismüller, B., Kohler, H., Hetkamp, M., Dörrie, N., Schweda, A., & Skoda, E. M. (2020). Increased generalized anxiety, depression and distress during the COVID-19 pandemic: A cross-sectional study in Germany. *Journal of Public Health*, 42 (4), 672-678.

Beaunoyer, E., Dupéré, S., & Guitton, M. J. (2020). COVID-19 and digital inequalities: Reciprocal impacts and mitigation strategies. *Computers in Human Behavior*, 111, 1-9.

Bonner, A. (ed.) (2020). *Local Authorities and the social determinants of health*. Policy Press.

Bryson, J. R., Andres, L., & Davies, A. (2020). COVID-19, virtual Church services and a new temporary geography of home. *Tijdschrift voor Economische en Sociale Geografie*, 111 (3), 360-372.

Carey, M., & Foster, V. (2011). Introducing 'deviant' Social Work: Contextualising the limits of radical Social Work whilst understanding (fragmented) resistance within the Social Work Labour Process. *British Journal of Social Work*, 41 (3), 576-593.

Cawthon, P. M., Orwoll, E. S., Ensrud, K. E., Cauley, J. A., Kritchevsky, S. B., Cummings, S. R., & Newman, A. (2020). Assessing the impact of the Covid-19 pandemic and accompanying mitigation efforts on older adults. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 75 (9), e123-e125.

Clapson, M., & Larkham, P. J. (Eds.). (2013). *The Blitz and Its Legacy: Wartime destruction to post-war reconstruction*. Ashgate Publishing, Ltd.

Clarke, J., & Newman, J. (1993). The right to manage: A second managerial revolution? *Cultural Studies*, 7 (3), 427-441.

Croisdale-Appleby, D. (2014). *Re-visioning Social Work education: An independent review.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/285788/DCA_Accessible.pdf

Darling-Hammond, L., Schachner, A., Edgerton, A. K., Badrinarayan, A., Cardichon, J., Cookson, P. W., & Griffith, M. (2020). *Restarting and reinventing school: Learning in the time of COVID and beyond*. Learning Policy Institute.

Dodson, L. (2009). *The moral underground: How ordinary Americans subvert an unfair economy.* The New Press.

Doka, K. (2021). Grief in the Covid-19 pandemic. In P. Pentaris (ed.), *Death, grief and loss in the context of Covid-19.* Routledge.

Dolgoff, R. L., Feldstein, D., & Skolnik, L. (1993). *Understanding social welfare* (3rd ed.). Longman.

Domanski, M. D. (1998). Prototypes of Social Work political participation: An empirical model. *Social Work*, 43 (2), 156-157.

Drane, C., Vernon, L., & O'Shea, S. (2020). The Impact of 'learning at home' on the educational outcomes of vulnerable children in Australia during the COVID-19 pandemic. Literature review prepared by the National Centre for Student Equity in Higher Education, Curtin University, Australia. Available at: https://www.ncsehe.edu.au/wp-content/uploads/2020/04/NCSEHE_V2_Final_literaturereview-learningathome-covid19-final_30042020.pdf

Evans, T., & Harris, J. (2004). Street-level bureaucracy, Social Work and the (exaggerated) death of discretion. *The British Journal of Social Work*, 34 (6), 871-895.

Ferguson, L., & Lavalette, M. (1999). Social work, postmodernism, and Marxism. *European Journal of Social Work*, *2*(1), 27-40.

Figueira-McDonough, J. (1993). Policy practice: The neglected side of Social Work intervention. *Social Work*, 38 (2), 179-188.

Gal, J., & Weiss-Gal, I. (2013). Policy practice in Social Work: An introduction. In J. Gal and I. Weiss-Gal (eds.), *Social workers affecting social policy: An international perspective on policy practice* (pp. 1-16). Policy Press.

George, V., & Wilding, P. (1976). *Ideology and social welfare*. Routledge and Kegan Paul.

Harlow, E., Berg, E., Barry, J., & Chandler, J. (2013). Neoliberalism, managerialism and the reconfiguring of Social Work in Sweden and the United Kingdom. *Organization*, 20 (4), 534-550.

Ellis, K. (2007). Direct payments and Social Work practice: The significance of 'street-level bureaucracy' in determining eligibility. *British Journal of Social Work*, 37 (3), 405-422.

Healy, L. M. (2008). Exploring the history of Social Work as a human rights profession. *International Social Work*, 51 (6), 735-748.

Heid, A. R., Cartwright, F., Wilson-Genderson, M., & Pruchno, R. (2020). Challenges experienced by older People during the initial months of the COVID-19 pandemic. *The Gerontologist,* 61 (1), 48-58.

Hill, T. D., Gonzalez, K., & Burdette, A. M. (2020). The blood of Christ compels them: State religiosity and state population mobility during the coronavirus (Covid-19) pandemic. *Journal of Religion and Health*, 59 (5), 2229-2242.

Hyland, P., Shevlin, M., McBride, O., Murphy, J., Karatzias, T., Bentall, R. P., Martinez, A., & Vallières, F. (2020). Anxiety and depression in the Republic of Ireland during the COVID-19 pandemic. *Acta Psychiatrica Scandinavica*, 142 (3), 249-256.

Iatridis, D. S. (2013). Policy practice. *Encyclopedia of Social Work*, NASW Press:
https://oxfordre.com/socialwork/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-291

Jalali, M., Shahabi, S., Bagheri Lankarani, K., Kamali, M., & Mojgani, P. (2020). COVID-19 and disabled people: Perspectives from Iran. *Disability & Society*, 35 (5), 844-847.

Jansson, B. (2018). *Becoming an Effective Policy Advocate: From Policy Practice to Social Justice.* Brooks/Cole.

Katz, A. (1961). The Social Worker's Role in Social Policy. *International Social Work*, 4 (2), 1-11.

König, J., Jäger-Biela, D. J., & Glutsch, N. (2020). Adapting to online teaching during COVID-19 school closure: Teacher education and teacher competence

effects among Early Career Teachers in Germany. *European Journal of Teacher Education*, 43 (4), 608-622.

Kumar, S., Maheshwari, V., Prabhu, J., Prasanna, M., Jayalakshmi, P., Suganya, P., Benjula Anbu Malar, M. B., & Jothikumar, R. (2020). Social economic impact of COVID-19 outbreak in India. *International Journal of Pervasive Computing and Communications*, 16 (4), 309-319.

Lawler, J. (2018). 'The rise of managerialism in Social Work'. In E. Harlow, & J. Lawler (eds.), *Management, social work and change* (pp. 33-56). Routledge.

Leigh, D. (2009). SWOT analysis. *Handbook of Improving Performance in the Workplace: Volumes 1-3*, 115-140.

Lorenz, W. (2016). 'Is History repeating Itself? Reinventing Social Work's role in ensuring social solidarity under conditions of globalization'. In T. Harrikari, & P-L. Rauhala (Eds.), *Social change and social work: The changing societal conditions of social work in time and place* (pp. 15-29). Routledge.

Maital, S., & Barzani, E. (2020). The Global Economic Impact of COVID-19: A summary of research. Samuel Neaman Institute for National Policy Research: https://www.neaman.org.il/EN/Files/Global%20Economic%20Impact%20of%20COVID-19_20200322163553.399.pdf

Mazza, M. G., De Lorenzo, R., Conte, C., Poletti, S., Vai, B., Bollettini, I., Melloni, E. M. T., Furlan, R., Ciceri, F., Rovere-Querini, P., & Benedetti, F. (2020). Anxiety and depression in COVID-19 survivors: Role of inflammatory and clinical predictors. *Brain, Behavior, and Immunity*, 89, 594-600.

Milne, S. J., Corbett, G. A., Hehir, M. P., Lindow, S. W., Mohan, S., Reagu, S., Farrell, T., & O'Connell, M.P. (2020). Effects of isolation on mood and relationships in pregnant women during the Covid-19 pandemic. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 252, 610-611.

Neimeyer, R. A., Milman, E., & Lee, S.A. (2021). 'Apocalypse now: COVID-19 and the crisis of meaning'. In P. Pentaris (ed.), *Death, grief and loss in the context of Covid-19.* Routledge.

Pawar, M. (2019). Social Work and social policy practice: Imperatives for political engagement. *The International Journal of Community and Social Development*, 1 (1), 15-27.

Pendry, L. F., & Salvatore, J. (2015). Individual and social benefits of online discussion forums. *Computers in Human Behavior*, 50, 211-220.

Pentaris, P. (Ed.). (2021). *Death, Grief and Loss in the Context of COVID-19*. Routledge.

Pentaris, P., Willis, P., Ray, M., Deusdad, B., Lonbay, S., Niemi, M., & Donnelly, S. (2020). Older people in the context of COVID-19: A European perspective. *Journal of gerontological social work*, *63*(8), 736-742.

Ponnert, L., & Svensson, K. (2016). Standardisation – the end of professional discretion? *European Journal of Social Work*, 19 (3-4), 586-599.

Public Health England. (2020). Disparities in the risk and outcomes of COVID-19. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

Reisch, M. (2016). Why macro practice matters. *Journal of Social Work Education*, 52 (3), 258-268.

Rogowski, S. (2020). *Social Work: The Rise and Fall of a Profession?* Policy Press.

Rogowski, S. (2011). Managers, managerialism and Social Work with children and families: The deformation of a profession? *Practice*, 23 (3), 157-167.

Schneider, R. L., & Netting, F. E. (1999). Influencing social policy in a time of devolution: Upholding Social Work's great tradition. *Social Work*, 44 (4), 349-357.

Schram, S. F. (2015). *The Return of Ordinary Capitalism: Neoliberalism, Precarity, Occupy.* Oxford University Press.

Seah, K. M. (2020). COVID-19: Exposing digital poverty in a pandemic. *International Journal of Surgery (London, England)*, 79, 127-128.

Shahul-Hameed, M., Foster, J., Finnerty, G., & Pentaris, P. (2021) 'Impact of Covid-19 on mental health and associated losses'. In P. Pentaris (Ed.), *Death, grief and loss in the context of Covid-19.* Routledge.

Sher, L. (2020). The impact of the COVID-19 pandemic on suicide rates. *QJM: An International Journal of Medicine*, 113 (10), 707-712.

Statista. (2020a). Number of cumulative cases of coronavirus (COVID-19) worldwide from January 22 to December 21, 2020, by day. Available at: https://www.statista.com/statistics/1103040/cumulative-coronavirus-covid19-cases-number-worldwide-by-day/

Statista. (2020b). Number of coronavirus (COVID-19) deaths worldwide as of December 22, 2020, by Country. Available at: https://www.statista.com/statistics/1093256/novel-coronavirus-2019ncov-deaths-worldwide-by-country/

Strier, R., & Feldman, G. (2018). Reengineering Social Work's political passion: Policy practice and neo-liberalism. *British Journal of Social Work*, 48 (3), 751-768.

Sulkowski, L., & Ignatowski, G. (2020). Impact of COVID-19 pandemic on organization of religious behaviour in different Christian denominations in Poland. *Religions*, 11 (5), 254-268.

Thompson, J. J. (1994). Social Workers and politics: Beyond the Hatch Act. *Social Work*, 39 (4), 457-465.

Tsui, M. S., & Cheung, F. C. (2004). Gone with the wind: The impacts of managerialism on human services. *British Journal of Social Work*, 34 (3), 437-442.

van Dalen, H. P., & Henkens, K. (2020). The COVID-19 pandemic: Lessons for financially fragile and aging societies. *Work, Aging and Retirement*, 6 (4), 229-232.

Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: A social crisis in the making. *The Lancet Public Health*, 5 (5), e243-e244.

Watts, G. (2020). COVID-19 and the digital divide in the UK. *The Lancet Digital Health*, 2 (8), e395-e396.

Viner, R. M., Russell, S. J., Croker, H., Packer, J., Ward, J., Stansfield, C., Mytton, O., Bonell, C., & Booy, R. (2020). School closure and management practices during coronavirus outbreaks including COVID-19: A rapid systematic review. *The Lancet Child & Adolescent Health*, 4 (5), 397-404.

Webb, S., & Webb, B. (2019). *English poor law policy*. Routledge.

Williams, R., Jenkins, D. A., Ashcroft, D. M., Brown, B., Campbell, S., Carr, M. J., Cheraghi-Sohi, S., Kapur, N., Thomas, O., Webb, R. T., & Peek, N. (2020). Diagnosis of physical and mental health conditions in primary care during the COVID-19 pandemic: A retrospective cohort study. *The Lancet Public Health*, 5 (10), e543-e550.

Witteveen, D. (2020). Sociodemographic inequality in exposure to COVID-19-induced economic hardship in the United Kingdom. *Research in Social Stratification and Mobility*, 69, 1-10.

World Economic Forum. (2020). These are the countries where internet access is lowest. Available at: https://www.weforum.org/agenda/2020/08/internet-users-usage-countries-change-demographics/

World Health Organization (WHO). (2020). Coronavirus disease (COVID-19) pandemic. Available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Wyers, N. L. (1991). Policy-practice in Social Work: Models and issues. *Journal of Social Work Education*, 27 (3), 241-250.

Younghusband, E. (1981). *The Newest Profession: A Short History of Social Work*. IPC Business Press.

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ADOLESCENTS' LIVED EXPERIENCES OF COVID-19

Abstract

Adolescents experienced COVID-19 and the implementation of lockdown measures in various ways. The developmental phase of middle adolescence is a pivotal period characterised by various cognitive and social processes that contribute significantly to the creation of adolescents' identity. During this period, adolescents encounter significant events, both in terms of their personal growth and their lived experiences. These events may include transitioning to high school, obtaining their learner's licences, and other milestones. The implementation of lockdown measures and stay-at-home orders resulted in adolescents being restricted to their residential settings with their family members. Understanding adolescents' lived experiences of COVID-19 was described through a qualitative phenomenological descriptive research design. The data collection consisted of individual semi-structured interviews with 16 participants in Johannesburg (Gauteng), using an interview schedule. The data was analysed using thematic content analysis and three themes emerged: (1) Participants' experience of how COVID-19 Influenced their relationships, (2) Participants' experience of how COVID-19 impacted their mental health, and (3) Protective factors and risk factors that impacted their experience of COVID-19 positively or negatively. From this, conclusions have been drawn, as well as recommendations for future research and practice. Initiatives that can potentially be used to support adolescents during a crisis period, such as a pandemic, include interventions related to mental health, academic performance, and physical well-being.

Keywords: Coronavirus (COVID-19), lived experiences, lockdown, middle adolescence, pandemic.

Introduction

Coronaviruses, according to the US based Baton Rouge General Medical Center (2020), "are a large family of viruses that can cause illnesses ranging from the common cold to more severe diseases". In response to the virus, many countries across the globe implemented lockdown measures during 2020-2021 (BBC News, 2020; Los Angeles Times, 2021).

South Africa had one of the strictest lockdown measures worldwide (BBC News, 2020; Los Angeles Times, 2020). This came about after the implementation of the Disaster Management Act 57 of 2002, which authorised the lockdown measures. Grover et al. (2020) described lockdown as a protocol instituted in emergencies that prevents the public from moving freely. Complete lockdown further indicates that people are required to remain in their current locations. This strategy acts as both a preventive and an emergency strategy to reduce the spread and health risks of vulnerable or at-risk people (Grover et al., 2020). In South Africa, schools had been locked down at several times, and when learners returned to school, it was only every second or third day. Additionally, participation in school sports was gradually stopped as COVID-19 cases increased (Department of Health, 2020; Department of Basic Education, 2021; ISASA, 2020; Isilow, 2020; Powell, 2020; South African Government News Agency, 2021; Van der Berg & Spaull, 2020).

The COVID-19 pandemic contributed to various challenges for people of all age groups (Arafat et al., 2020; Banerjee & Rai, 2020; Gwynedd Mercy University, 2020; Holmes et al., 2020; Smith et al., 2020). As such, there were debates about whether the lockdown measures that were put in place to protect the physical health of people were worthwhile, as this came at the expense of the general mental health of people of all age groups (Holmes et al., 2020). This was notable in the upward trend in depressive and anxious symptoms, as well as behaviours that could cause harm (including self-harm, suicide, and social disconnection) (De Figueiredo et al., 2021; O'Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021). The high number of deaths caused by the virus has sparked fear reactions in millions of people, causing increased anxiety. This resulted in people fearing to step outside their homes (Smith et al., 2020), panic-purchasing items from stores (Arafat et al., 2020) and obsessive-compulsive behaviours regarding the washing and sanitising of hands and household items (Banerjee & Rai, 2020; Kaufman et al., 2021). Furthermore, the loss of loved ones was a traumatic experience. This sense of loss was heightened as many people were unable to spend the last moments of life with their loved ones due to hospital sanctions against visitors (Razdan, 2020). Various other spheres in people's lives were also negatively impacted by COVID-19 and lockdown restrictions, leading to additional mental health challenges. This included relationships, finances, employment, and assets such as cars and homes that were

repossessed (as owners, due to financial constraints, could no longer afford the instalments) (Gwynedd Mercy University, 2020).

The above outcomes of COVID-19 were mostly discussed in terms of their impact on adults. Studies that were conducted with adolescents, have looked at the impact of COVID-19 on adolescents during early adolescence (10 to 13 years) and late adolescence (18 to 21 years) (Allen & Waterman, 2019; Centers for Disease Control and Prevention, 2020; Commodari & La Rosa, 2020; Rogers et al., 2021). At the time of conducting the study, there was however limited information on the developmental stage of middle adolescence in relation to COVID-19. This appeared to be an information gap in terms of middle adolescents' development.

Erikson's developmental theory for middle adolescence refers to the ability to distinguish between identity and role confusion – which is seen as the main task of adolescents during this stage. When adolescents develop a stable and strong identity, this is often associated with a better state of mental health (Branje, 2021; Ragelienė, 2016). Identity provides a sense of continuity in terms of the self and in interaction with others while also allowing one to differentiate between self and others, which is about discovering what makes one feel unique, and functioning autonomously from others (Branje, 2021; Erikson, 1968; Mcleod, 2023). In addition, positive relationships with peers have been linked to enhanced emotional and psychological wellbeing (Guy-Evans, 2023). In the context of the COVID-19 pandemic (including the strict lockdown measures), and coupled with the main developmental task that adolescents have to achieve, it was important to understand adolescents' lived experiences of COVID-19.

The systems examined in this study are the microsystem, mesosystem, exosystem, and macrosystem, which form part of Bronfenbrenner's Biological Systems Theory (Ettekal & Mahoney, 2017; Guy-Evans, 2023; Zaatari & Maalouf, 2022). Because adolescents are enmeshed in several ecosystems that include the home as a more intimate (micro) system, the larger school (meso) system, and the society and the culture of which they are part as the most expansive (exo/macros) systems. Each system interacts with one another and has a level of influence on all aspects of an adolescent's life (Psychology Notes HQ, 2021).

Literature Review

Adolescents undergo several developmental changes in the biopsychosocial sphere (De Figueiredo et al., 2021; O'Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021). These changes include the formation of their identity, the increased independence from their parents, and the learning of coping techniques for the challenges faced both at school and in their day-to-day lives. As a result, there is an increased need for social interaction (De Figueiredo et al., 2021; O'Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021). Yet, during

the pandemic, adolescents' need to interact with their friends was severely limited because of COVID-19 restrictions.

Petersen and Leffert (1995), as cited by Curtis (2015) argue that 14 years of age can be a key psychosocial baseline because adolescents at this age show an ability to maintain more "adult-like" reasoning patterns. However, their ability to reason as adults differs from their capacity to reason as adults, as this depends on factors such as life experience and other contextual influences. Curtis (2015) further noted that the parental relationship is transformed during this time and is characterised by less parent-child conflict but more intense emotional responses during disagreements (Branje, 2018; Curtis, 2015).

Involvement with peers further increases as cliques and crowds are developed through the formation of peer groups (Brown & Klute, 2003; Curtis, 2015; National Academies of Sciences, Engineering, and Medicine, 2019). In addition, role development emerges which emphasises "identity vs. role confusion" – which is understood as defining their "self" versus their "self" in relation to the society in which they find themselves (Curtis, 2015; Erikson, 1968; National Academies of Sciences, Engineering, and Medicine, 2019). During middle adolescence, they become more aware of their sexual identity and identity formation, including experimentation and risky behaviour (Kar et al., 2015; National Academies of Sciences, Engineering, and Medicine, 2019; Peters, 2021; Raising Children Network, 2019).

Adolescents in the age group of 14 to 17 years also have newfound privileges, which means increased independence from adult guardians, as they are seen as capable of providing informed consent in certain circumstances (Curtis, 2015; Raising Children Network, 2019). For example, according to the Children's Act (38 of 2005), children over the age of 12 years can give their consent to medical treatment and operations, based on their level of maturity and understanding. In South Africa, adolescents can apply for a learner's license for a motorcycle from age 16, and for a learner's license for a motor vehicle from age 17 (National Road Traffic Act, Act 93 of 1996). This stage of adolescence therefore sees continued pubertal transition, high school transitions, and social independence transitions (Curtis, 2015).

Problem statement

Because of COVID-19, several changes occurred in adolescents' lives including school closures, being confined to the home environment as a result of lockdown measures, social distancing rules and regulations, and, in some cases, increased violence against children due to home confinement (O'Sullivan et al., 2021). Various studies have reported on the negative impact experienced by adolescents because of the restrictions they faced. This included feelings of social isolation, depression, fear about the future, anxiety, and an increase in maladaptive behaviours (De Figue-

iredo et al., 2021; O'Sullivan et al., 2021; Ravens-Sieberer et al., 2022; Rogers et al., 2021).

O'Sullivan et al. (2021) believed that the impact of COVID-19 on the youth is not fully understood, requiring further investigation to understand their current experiences as well as how these experiences will shape their transition into adulthood. Should the world ever face a similar phenomenon, this understanding will provide invaluable insight into what can be done to effectively mitigate factors that may have a negative long-term influence on adolescents.

Local Context

The study was conducted in the Gauteng province of South Africa. Combining both public and private secondary schools, there are 3116 schools in Gauteng (Department of Basic Education, 2021). Regionally, Gauteng (more specifically Johannesburg) reported the highest number of COVID-19 cases, amounting to 476 514 cases on 7 June 2021 (Statista, 2021). By 24 June 2021, these cases had increased to 588 009 (Statista, 2021). Gauteng also had the highest number of COVID-19 positive cases (Statista, 2021). Approximately 23% of Gauteng's population is made up of people under 15 years of age, while 8.5% of the population is over 60 years old. This indicates that a significant portion of the population of Gauteng Province is made up of young people. This pattern is known as a youth bulge with 61% of Gauteng's total population consisting of children and young adults (Gauteng Provincial Government, 2021; Stats SA, 2019; The Daily Vox Team, 2020). The COVID-19 pandemic has had a substantial influence on the mental well-being and educational pursuits of teenagers in South Africa. According to Pillay (2023), there has been a significant rise in anxiety levels among teenagers in the country, with an increase of 45% compared to the pre-COVID-19 period. Additionally, school-related anxiety has seen a notable increase of 42% (Pillay, 2023). The following observations have been documented in several scholarly articles about the COVID-19 pandemic: 1) The pandemic intensified pre-existing socio-economic and mental health pressures, especially among marginalised communities (Pillay, 2023). 2) The pandemic has had a significant impact on education, which is considered to be profoundly detrimental, and which has resulted in a significant setback for learners in South Africa, who are now lagging behind by almost one academic year (UNICEF, 2021). 3) According to Haag et al. (2022), the ongoing epidemic has resulted in a decline in the immediate mental well-being of young individuals in sub-Saharan Africa, including teenagers in South Africa. 4) There is a notable link between mental health problems in young people and various health and behavioural hazards, including an elevated likelihood of engaging in drug use, being subjected to violence, and participating in higher-risk sexual activities (Kvalsvig et al., 2023).

Methods

Approach and design

A qualitative research approach was employed as this study aimed to present adolescents' lived experiences of COVID-19 in their own words. Using participants' words to present data implies that a qualitative research approach was employed (Busetto et al., 2020; Clarke & Braun, 2013). A phenomenological design was considered most appropriate to explore and describe adolescents' subjective experiences of COVID-19. In phenomenological studies, a concept or phenomenon is studied in the context of the lived experiences of various individuals (Creswell, 2013; Haradhan, 2018). The qualitative phenomenological research design allowed the researcher to gain an understanding of the common meaning of adolescents' lived experiences of COVID-19 concerning the systems in which they found themselves.

Population and sampling

A purposive sampling method was utilised to recruit adolescents from various schools in Gauteng (Gauteng Provincial Government, 2021). Schools were not pre-selected for this study. After obtaining permission from all relevant authorities, various schools in the northern suburbs of Johannesburg were approached for their possible participation in the study. Purposive sampling was appropriate for the research design, as the experiences of a specific population group, namely adolescents, were explored and described in terms of the COVID-19 phenomenon.

Sample inclusion criteria

The sample inclusion criteria included the following: 1) Adolescents between the ages of 14 and 17 years, as this is the age group referred to as middle adolescents. 2) Adolescents who, at the time of the study, resided in Gauteng Province, South Africa. 3) English, Afrikaans, Xhosa, and Zulu-speaking adolescents, as these are the languages most commonly spoken in Gauteng (Alexander, 2018). 4) Adolescents with written permission from their parents or caregivers to participate in the study. 5) Adolescents who wanted to participate online had to have access to a stable internet connection, and a computer or cell phone.

Sample exclusion criteria

The exclusion criteria involved the following: 1) Adolescents who at the time of the study received therapy because of their experiences with COVID-19. 2) Adolescents who at the time of the study were on the researcher's caseload, as this could result in a conflict of interest and the possibility of being biased.

Procedures and recruitment

The researcher used gatekeepers, mediators, and independent persons from each of the schools to recruit participants for the study. The gatekeepers were the principals of the various schools. The primary responsibility of the gatekeepers was to provide consent for the research to be carried out inside the designated educational institution, subsequent to the acquisition of legal authorisation from the relevant educational governing body which was the Gauteng Department of Education (GDE). The gatekeepers were tasked with the responsibility of selecting mediators, including teachers from their schools, and an independent person serving as the school secretary. The mediators had signed a confidentiality agreement and subsequently delivered sealed envelopes with information about the study to the learners. The sealed envelopes were prepared in advance by the researcher. The envelopes contained several items, namely an informed consent form for parents to sign granting permission for their adolescent children to participate in the study and consent forms for the adolescents to sign, indicating their voluntary assent to take part in the study. The parents and adolescents were given seven days notice to ensure that they had adequate opportunity to thoroughly review the information before affixing their signatures in the presence of an impartial individual. The independent person obtained the informed consent from the participants. The researcher, the independent person, the adolescent, and the parent(s) were all present when the informed consent documents were signed. To obtain informed consent as part of the recruitment process, the researcher used the same method for both online and in-person interviews. The independent person also signed a confidentiality agreement to ensure that participants who consented to participate in the study would continue to have their privacy protected both during and after the process.

Sample

A group of 16 individuals was selected as the sample (see Table 1). Deciding the sample size of a study is depicted by whether data saturation has been obtained or not. In this studydata saturation occurred because no new themes or information emerged after 16 interviews. Fusch and Ness (2015) rightfully point out that there is no such thing as one size fits all in deciding about the sample size of a research study (Moser & Korstjens, 2018). Guest, Bunce and Johnson (2006) argued that data saturation occurred after they had analysed 12 interviews. Data saturation therefore seems to be depended on the nature of the data and not on the number of participants (Fusch & Ness, 2015; Moser & Korstjens, 2018). As a starting point to obtain data, the researcher approached schools in the northern suburbs of Johannesburg. These areas included Fourways, Bryanston, Randburg, Sandton, Parkhurst, Rosebank, Midrand, and Melville (Schools4SA, 2022). There are an average of

at least four high schools in each area. Once data saturation was obtained, the researcher did not approach schools in other areas of Johannesburg. In total six male and 10 female participants were interviewed from three private high schools.

Table 1. Biographic information of the participants

PARTICIPANT	AGE	GENDER	RACE
1	15	MALE	WHITE
2	17	FEMALE	BLACK
3	15	FEMALE	BLACK
4	15	MALE	WHITE
5	15	MALE	INDIAN
6	16	MALE	INDIAN
7	15	MALE	INDIAN
8	15	FEMALE	BLACK
9	15	FEMALE	BLACK
10	15	FEMALE	WHITE
11	15	FEMALE	BLACK
12	14	FEMALE	WHITE
13	14	FEMALE	WHITE
14	14	FEMALE	INDIAN
15	16	FEMALE	WHITE
16	17	FEMALE	BLACK

Data collection

The researcher obtained the data using semi-structured interviews, either in person or online, depending on the preference of the participant. To conduct a phenomenological interview, the researcher needs to engage in "bracketing" to avoid using personal knowledge (Bevan, 2014) and intuiting. Bracketing is the iterative process in which researchers are required to identify and set aside any predetermined beliefs and opinions about the phenomenon that is being studied so that the subject matter is approached in a non-judgemental manner (Polit & Beck, 2017; Sorsa et al., 2015). The researcher ensured that all interviews were conducted in a manner

that did not assume what the experience of the participants might have been. The semi-structured interview included the following questions:

1. Could you share with me how is it for you to be a teenager during the COVID-19 pandemic?
2. Could you tell me how you first became aware of COVID-19?
3. Could you tell me about what a typical day looks like for you since the start of COVID-19?
4. What do you think your day would have looked like if it was not for COVID-19?
5. Is there anything else that you would like to add?

Data analysis

Thematic analysis was used to analyse the data, and the six-phase guide by Braun and Clarke (2022) was implemented. The phases are (i) becoming familiar with the data, the researcher read all the transcripts to gain a proper understanding of the content. After each transcript was read at least once, the researcher highlighted important areas that stood out as the main initial findings. (ii) Generating initial codes, the help of a co-coder was employed to achieve this. The co-coder was a colleague who had completed a master's degree and who was familiar with qualitative data analysis. The co-coder, together with the researcher, made sure that the research findings were a true reflection of what the participants had shared, therefore ensuring trustworthiness. (iii) Searching for themes, the initial themes were based on the interviews and provided structure prior to granulating the information into main themes with subthemes. (iv) Reviewing the themes, the preliminary themes were then reviewed, modified, and developed by the researcher and the co-coder. (v) Defining the themes, to ensure that the themes reflected the essence of what the participants had shared, the researcher randomly asked 10 participants to participate in member checking. (vi) Writing up the findings, the outcome of defining the themes was the formulation of three main themes with supporting subthemes and categories.

Findings and discussion

The findings of this qualitative study are divided into three themes, with subthemes and supporting codes as illustrated in Table 2 below.

Table 2. Thematic findings

Theme	Sub-Theme	Supporting Codes
Theme1: Participants' experience of how COVID-19 influenced their relationships	Family relationships	(i) Parent-adolescent relationships that were previously poor or weaker improved (ii) Sibling relationships that were previously poor or weaker improved (iii) Parent-adolescent decline in relationship (iv) Decline of sibling relationship (v) No change in relationship (remained the same, not positive or negative) (vi) Inability to communicate freely with family
	Relationships with friends	(i) Loss of friendships: growing apart and recognising incompatibility (ii) Improvement in friendship by strengthening bonds (iii) Importance of communication (social media, WhatsApp, gaming)
	Peer relationships	(i) Communicating in person again (ii) Becoming more social
Theme 2: Participants' experience ~~of~~ how COVID-19 impacted their mental health	Experiencing fear and grief and bereavement on different levels	(i) Bringing COVID-19 into the home (ii) Loved ones becoming sick and dying (iii) Remote mourning and closure amidst funeral restrictions
	Mental health challenges due to COVID-19 and lockdown	(i) Depression (ii) Anxiety
	Emotions experienced specifically related to the COVID-19 pandemic	(i) Anger (ii) Loneliness / Lack of connection (iii) Emotional impact of missing family events and milestones
Theme 3: Protective and risk factors that impacted participants' experience of COVID-19 positively or negatively	Risk factors	(i) Loss of routine (ii) Decline in academic performance (iii) Lack of support or inadequate support from parents and friends during the pandemic (iv) Received no therapeutic support
	Protective factors	(i) Maintaining routine (ii) Learning new skills (iii) Support from parents and friends throughout the pandemic (iv) Received therapeutic support

Theme 1: Participants' experience of how COVID-19 influenced their relationships

In Theme 1, the experiences of the participants regarding the impact of COVID-19 on their relationships are discussed. Theme 1 was divided into three subthemes, namely family relationships, relationships with friends, and peer relationships. The sub-themes are discussed in relation to the supporting codes as depicted in Table 2.

Family relationships

Parent-child relationships are described as the relationships that are formed between a child and their mother and/or father through their verbal and physical interactions, and that are crucial for the adolescent's mental and physical development (Shao & Kang, 2022). Several studies have documented that COVID-19 and the subsequent lockdowns led to an improvement in parent-child relationships due to the quality time spent between parents and their children (Öngören, 2021; Partington et al., 2022:12; Wong et al., 2023) [67-69]. Participant 1 mentioned the following about the improvement in the relationship he had experienced with his father:

> *... my dad has got much better; he talks, he goes out running now. So, I think he has got a place to let out his anger and his frustration with the running. But he has become more social, I can talk to him now but back then he was cordoned off. You'd only talk to him if you really needed something badly. That was it. (Participant 1)*

Participant 9 saw this improvement specifically with her mother as she noted the following: *... definitely between me and my mom as well, as well as the external family. But I think I got closer to my mom evidently more. Our relationship advanced and in such a good way. I think the COVID period bought us closer because we were stuck, and we had to entertain each other."* Participant 10 noted an improved relationship with her family as she believed that she *"grew closer to (her) family during that time [during COVID-19]."*

Furthermore, relationships between siblings also become evident. The sibling relationship between brothers and/or sisters plays a role in a person's understanding of their social, emotional, moral and cognitive context. It is developmentally appropriate for conflict to exist, which can be an opportunity to acquire conflict resolution skills, emotion regulation, and an understanding of another person's perspective (Howe et al., 2023). The participants mentioned that they experienced improved relationships with their siblings during the COVID-19 pandemic, especially with regard to accepting that they had to share things that previously would possibly have caused a fight. Participant 10 shared the following:

> *I think for us, at least my relationship with my brother, improved quite a lot, because now we were with each other 24/7. It was frustrating at times because*

you'd want your moment of peace to do something you want to do, but now you have to take into consideration X, Y and Z. You have to take into consideration that there is only one TV and only so much space to do everything …

Participant 12 mentioned her experience with her brother and how this was managed: "*I think my brother and I got closer during COVID. We never had the best relationship but it was like fighting, teasing each other. Then I guess being stuck in the same household we had to learn to get along with each other."*

In contrast, there was also a decline in family relations. The lockdown that confined families in the same home environment took a toll on some parent-adolescent relationships as they had to navigate their "new normal", the clash of different personalities and, in some instances, the mental health challenges experienced by members of the family. This was especially observed during the first few months of the pandemic (Feinberg et al., 2022). Grigoropoulos (2023) conducted a study to determine whether parents, who felt emotionally burdened as a result of the COVID-19 pandemic, considered their relationship with their children in a negative way. Öngören (2021) found a decline in the relationship between mothers and their children. It was found that children disobeyed rules because they were at home all the time, leading to higher levels of conflict between mothers and children specifically. Additionally, the shift from work in an office (away from home) to work at home caused higher levels of stress and, subsequently, burnout among mothers as they attempted to balance their increased workload with routine tasks such as cooking and cleaning at home (Öngören, 2021). Vaterlaus et al. (2021) stated that lockdown, limited interaction outside the home, and the greater role parents now play in their children's lives (such as helping with schoolwork, spending more time together, and having less time away from their children, such as at the office) have put a strain on the parent-child relationship. The participants shared the following about their experience of how the COVID-19 lockdown impacted their relationship with their parent(s):

Participant 3:

… absolutely horrible, absolutely horrible. Like my family, every time I tried to get peace and sleep, my parents would wake me up and get me to do something. It's that thing where parents don't like seeing their children in peace … I felt like everybody was watching my every move, like somebody was not allowing me to be at home and have peace.

Participant 16:

My dad really got on my nerves because he didn't work. He is retired so he basically sat there and said that he does this all day, and he doesn't know what to do now that there are more people to help. So, he would start getting on our nerves. So, it could be quite horrible for the people who were actually talking … My

dad started calling me names and back chatting me and mocking me. He started fighting with me a lot.

Sibling relationships declined in the same way parent-adolescent relationships declined. Being confined to the home sparked conflict among siblings. Participant 1 referred to the challenge of being confined in the same home with his brother for an extended period of time and how this impacted their relationship:

... back then [during the COVID-19 lockdown], it was like butting heads. We didn't really speak on the same level, since I thought I was bigger than him. I was two years older than him, so I thought I was more important. So, we just kept butting heads for a long time, and only recently we've started to understand each other. Back then we used to fight and beat up each other all the time. Now we look back at its kind of a waste of time, waste of family time, to just beat him up.

Cassinat et al. (2021) noted that sibling relationships have higher levels of ambivalence in that they experience high levels of both intimacy and conflict. Sibling conflict is one of the most prevalent forms of conflict in families. This was exacerbated by the unprecedented amount of time they were spending together, causing them to become more conflictual. Furthermore, this was exacerbated by higher levels of household chaos, as there was less intimacy between siblings and more conflict (Cassinat et al., 2021). Hughes et al. (2023) found that there was a deterioration in the relationships between siblings during COVID-19, as this was a stressful period that resulted in increased conflict in the home.

However, some participants experienced that their relationships with family and friends did not change, which means they did not improve or decline. Participant 9 shared a similar view to Participant 4 about the relationship with their mother: *"I'd like to say that my mother and I have a good relationship. Obviously, some days it's a bit rocky because she is always shouting at me because of the stress. But I think we have a good relationship."* Participants 13 and 14 have also not experienced a change in the relationship with family and friends during the COVID-19 pandemic. Participant 13 said her relationships were *"pretty much the same"*. Likewise, Participant 14 experienced her relationship with her sister as *"the same"*.

Three participants experienced that they were unable to communicate freely with members of their family during the COVID-19 pandemic. Adolescents do not always feel comfortable divulging personal details of their lives and thoughts with family members out of fear of judgement (Frijns et al., 2010; Hale et al., 2005), overreaction (Schwartz, 2022), feeling misunderstood (Anhalt & Morris, 2008), having their feelings invalidated (Zhang et al., 2021), or not wanting to burden their family with their challenges (Vélez-Grau et al., 2023). The participants primarily referred to their relationships with their mothers, with whom, based on the interviews, they felt closer. Participants cited different reasons for this decline. Participant 1 referred to his mother as the main support structure of the family. He men-

tioned that although his mother was "*the main person (he) went to",* he was not able to "*tell her lots of things"* as he stated: *"I kept lots of secrets. I didn't tell her about my life. She helped me (with) lots of things, but I didn't open up to her."* Participant 2 found it challenging to share with her family certain feelings and emotions she had during COVID-19 due to the dynamics of tradition and the stigma attached to mental health:

I come from a very traditional family and speaking about things like depression is very taboo. It was hard for me to express. My father had left (in) 2019. So, I was supposed to … visit him in 2020, and I wasn't able to and it kind of hurt me because I'm close with my dad as well. So, it was just hard for me to just express myself to my family members.

Based on the interviews, it was apparent that the outcome of the family relationships were influenced positively or negatively based on several factors such as the pre-existing relationship prior to lockdown, and the specific challenges faced by each family - for example, parents focusing on other factors such as the loss of their own parents and therefore less focus on the adolescents.

Relationships with friends

Through self-discovery conducted during lockdown, some participants experienced that they were no longer compatible with some of their old friends due to differences in interests, opinions, or desires in life (Lu et al., 2021). This led to new friendships being formed as old ones ended (Nahkur & Kutsar, 2022). The participants in this study also experienced how they, during lockdown, grew apart from some of their old friends.

Participant 8 found that friendships formed prior to COVID-19 lockdown were superficial, as these friendships were based purely on time spent together as opposed to the quality of their interactions. Through her experience, she found that she held onto friendships that served no purpose other than to not be alone at school:

… and then on the issue of my old friends, usually friends drop you or you drop them. If it was a close friendship, then you can say, oh, you may still be friends. But if it was a friendship based on that you see each other every day and I like your company, then I don't think it's going to last, because I think I lost 90% of my friends but I also had friends I became close with.

Participant 12 shared a similar sentiment to Participant 8 and added the following: *"I lost contact with them [my old friends] this year. I was hanging around them and they were actually really toxic and treated me badly. I should have got them out my life sooner than I did."* The time away from the so-called friends appeared to have given her clarity about what she wanted from her friendships.

New friendships were created and existing friendships strengthened (James et al., 2023; Spiekerman et al., 2023) for some participants due to the increased time

spent conversing on online media (social media, WhatsApp, video calls, and online gaming) during the COVID-19 lockdown (Pennington, 2021; Spiekerman et al., 2023). Participant 4 mentioned how his relationship with one of his classmates had grown from peers to friends: *"If it wasn't for me having COVID, I wouldn't have gotten to know him [a new friend for Participant 4] that much better. And I don't think our business [an online company that Participant 4 started with his friend] would've started because I don't think I would've gotten to know him better and then wouldn't have realised that we were that similar.*" Participant 5 found that the improvement in his friendships was due to the increase in virtual contact with his friends throughout the day, rather than simply communicating while at school: *"I've also gotten closer to my long-time friends because we ended up spending hours and hours on calls*."

The importance of communication (social media, WhatsApp, gaming) (Pennington, 2021) found that for adolescents, communication with people outside the home environment became crucial during the COVID-19 lockdown, as people were confined within their homes and lacked social connection with others outside of their families. WhatsApp was a popular platform to engage with others, not only for the participants but also for participants in other studies (Moawad, 2022; Seufert et al., 2022). Participant 4 shared that WhatsApp was his most used method of communication: *"I did have Instagram, but I'd pretty much just use WhatsApp to contact family and friends. And during that time after lockdown, I had lots of family and friends moving to different countries, and everything like that. I think WhatsApp helped (to) connect."* Similarly, participant 13 mentioned: *"So, usually, we'd talk over WhatsApp or call while we were playing games …"*

Referring to social media and gaming, this view was shared by Participant 3 who found these methods helpful but not crucial in terms of her daily need to connect with friends: "*I did contact my friends a bit. It wasn't that often. It was every now and then during the day. Normally, I'd be on social media, Instagram, TikTok, YouTube, and I would just be playing games mostly or watching videos."* Participant 8 found that she relied more on online communication to connect with others: *"I'm a social and an extrovert person. So, I found it hard that I couldn't see my friends for a very long time. The only communication we had was online."* Participant 12 concurred by mentioning the following: *"… a couple friends, we stayed pretty close, we played games together, and spoke pretty much every day."*

By eliminating in-person contact, the participants found that this took away 'distractions' regarding the connections they had. Some realised they were only friends with certain individuals purely due to seeing them on a regular basis; whereas others found that by not being part of their usual friendship circles at school, they were able to connect to others that they would not ordinarily engage with, and this led to new friendships being formed. Social media was clearly considered an important

commodity during COVID-19 and helped the participants keep in contact with their friends where possible.

Peer relationships

When isolated from in-person contact for extended periods of time, it is not uncommon to find it difficult to reconnect with people (Hutchinson et al., 2021). This was true for most participants as they had to readjust to something they once found so natural. This led to feelings of awkwardness (Branje & Sheffield Morris, 2021), and challenges in creating and maintaining conversations (Larivière-Bastien et al., 2021). Participant 5 made the following comment in this regard: *"It was weird because I changed; they matured and changed a lot. So, we kind of had to get to know each other again from the start … I learned a lot about my friends and what they went through. It wasn't really negative. It was pretty nice. I learned from them, so it was good."* Participant 7 already found it challenging to interact with others before locking down. Since lockdown, this became harder as he felt that he "*didn't have as much social interaction …"* He mentioned that because he did not have much social interaction during COVID-19, he became "*very awkward and wasn't very talkative with people …"* Participant 6 also mentioned that even though his awkwardness got better over the years, he still "*didn't really open (himself) up*".

The increase in online communication made the participants more social, strengthening their desire to connect again in person because they realised the importance of connection. Therefore, some participants experienced that they became more social or extroverted. Participant 2 noted that she had to push herself outside of her comfort zone to be more social: "*Now I have to be around people. I have to help them or say hi.*" During lockdown, she could simply isolate herself and avoid social interactions. Participant 5 also shared her experience of how she became more talkative and outgoing: *"I liked spending time with my friends and not anybody else … but now it's kind of different. I can just talk to anybody, it's not really a problem."* Participant 9 experienced that the reintroduction of in-person schooling allowed the development of new friendships. Here, she mentioned the following: "*As soon as I went to high school, it became very different because I made new friends, formed new friendships and I felt like myself again. Mostly because I could get out into the world and do what teenagers are normally expected to do, like have friends, go to some parties."*

Peer groups are a critical component of adolescent development (Clark et al., 2022), and social interaction with peers is crucial to identity formation and social learning, enabling adolescents to understand desirable versus undesirable behaviour based on the social groups with which they connect. Peer feedback, approval, and a sense of belonging that arises from this feedback are important factors that contribute to both self-concept and identity development (Giletta et al., 2021). Friend-

ships play a significant role during the adolescence stage due to the impact of such friendships on general social and personal identity formation (Bora & Vaida, 2023).

Through the use of frequent online communication with no in-person contact, some adolescents found it difficult to readjust to engaging with people again. They referred to feelings of awkwardness. It appears that for many, even those who are not adolescents, it is easier to engage with people when the 'human' component is eliminated and contact is through a screen. This allows people to also show a different side to themselves, especially for those who may naturally be introverts in person. It could be that online interactions are a preferred method to communication as it provides "(1) fewer nonverbal cues, (2) greater potential for anonymity, (3) more opportunity to form new social ties and to bolster existing weak ties, and (4) wider dissemination of information" (Lieberman & Schroeder, 2020:16). For some participans however, this adjustment was positive and allowed them to push themselves to be more engaging with others and allowed them to develop more confidence in their communication skills. It is unclear however to find an exact correlation into why reintroducing in-person contact was experienced differently.

Theme 2: Participants' experience of how COVID-19 impacted their mental health

Theme 2 included three sub-themes with various anecdotal elements the three sub-themes included: 1) Experiencing fear and grief and bereavement on different levels. 2) Mental health challenges due to COVID-19 and lockdown. 3) Emotions experienced specifically related to the COVID-19 pandemic.

Experiencing fear and grief and bereavement on different levels

COVID-19 is more infectious and dangerous to older individuals (Lee et al., 2020; Rumain et al., 2021; Sinaei et al. 2020) while children are more likely to be asymptomatic carriers of the virus (Rumain et al., 2021; Chiwandire et al., 2023). As a result, many participants were afraid that, through their interactions outside of the home, they would contract the virus and bring it into their homes, infecting their loved ones who could become fatally ill (Lentoor & Maepa 2021; Quadros et al., 2021). In this context, Participant 1 mentioned his fear of infecting his grandparents: "*They're old [his grandparents]. So, every time I came back from doing something I was scared that I could infect them … I was scared that I could not be the blame, but I could be the one to pin [be blamed] if something bad happened to them."* Similarly, participant 16 experienced fear that she or her family members might contract COVID-19: *"I think it was the fear what if my gran gets it, because she works at a hospital, or what if my grandad gets it? So, it was just a lot of fear that something might happen to me or my family and it might be devastating."*

Losing a loved one to death can be an incredibly traumatic experience with the painful emotions over the long term. It can also be traumatic when loved ones become sick and there is no way of knowing whether they will survive the illness. COVID-19 infected many, causing huge uncertainty whether those infected would survive, especially if they were older (Nahkur & Kutsar 2022; Spurio 2021). Participant 9 also mentioned that she had experienced the deaths of her loved ones during COVID-19 as unexpected saying that, "*Some died way in the pandemic when lockdown was still very hard. I didn't get to go to all the funerals … it was very hard."*:

Participant 10 shared that her grandmother was already immunocompromised due to her cancer diagnosis and pre-existing medical conditions which made her more susceptible to contracting severe symptoms of COVID-19. Participant 10 experienced this as particularly scary: "*My Ouma had cancer at the time [of the COVID-19 pandemic] and so … we were very stressed because COVID could affect her a lot … My grandmother died during the lockdown and my dad moved about eight months prior to the lockdown."* Participant 14 also experienced the loss of loved ones, making her realise the severity of COVID-19: *"I lost my great grandmother, my grandmother, my other grandmother, my grandfather, my other grandfather, my aunt and my uncle."*

Mortazavi et al. (2020) pointed out that lockdown saw a change in many traditional practices, such as how funerals were conducted. During this time, most funeral services were conducted online (MacNeil et al., 2021). However, this made people feel as though they could not fully respect those who passed away by giving them the send-off they felt their loved ones deserved (MacNeil et al., 2021). Therefore, many did not receive closure as part of the bereavement process (Slomski, 2021; Weinstock et al., 2021).

Participant 4 commented that he was not able to mourn his grandfather's death: "*His [grandfather's] funeral was on a Zoom call."* Similarly, Participant 10 mentioned that:

> *… I didn't really have a chance to mourn my grandmother, not really because then we had the relatives over for the funeral and we couldn't do it in person. We had to do it online, like a Zoom meeting. That was a lot less personal than my Ouma deserved, but it is what it is. We only actually got to scatter her ashes this year.*

In contrast to the other participants, Participant 6 was unable to attend any funeral service due to the lockdown restrictions, including an online service. He experienced this to be very hard: *"Unfortunately, my grandfather, my mom's dad, passed away due to infections of COVID-19 in January 2021. And because it was at such a height of COVID cases at that time, we couldn't go down to Durban to attend his funeral. So, it was very hard to face that*."

It was evident that, during the COVID-19 pandemic, funeral services were not conducted in a traditional manner or in the way the participants had been accustomed to. This made it difficult for the participants to say their last goodbyes to family members and receive closure.

Grief is a complex emotion and processing grief had additional challenges due to the COVID-19 pandemic as a result of the restrictions placed that prohibited 'typical' processes from taking place – such as visiting a loved on that is ill, and commemorating their life through a dignified funeral service. Funerals are an important part of the healing process, and for many of the adolescents who experienced loss, they were unable to receive this (Becker, Taniyama, Kondo-Arita, Sasaki, Yamada & Yamamoto, 2022).

Mental health challenges due to COVID-19 and lockdown

Depression is a common mental disorder that often leads to a loss of pleasure or interest in activities for extended periods of time (Racine et al., 2021; WHO, 2023). Although it requires a formal diagnosis, various participants experienced depressive symptoms during lockdown.

Participant 2 mentioned that she "*went into a very depressive state".* This included feelings of being *"trapped in my feelings and thoughts",* which she experienced as a result of being indoors where she *"got tired of (her) family because you wake up, sleep, wakeup, sleep with the same people".* However, she had noticed the change once lockdown restrictions were eased: *"It's not as worse as it was before, because you're in a confined space, and when you are out, and your thoughts aren't as loud as when you are confined inside."*

Participant 14, who had lost many of her loved ones to COVID-19, experienced that her mental health was impacted because of what she went through: "*Ja, so that [COVID-19] did impact my mental health a lot because losing so many people and at the same time – I couldn't reach out to anyone because everyone was losing a bunch of people like everyone was like losing one family member."* Participant 16 had a similar experience to Participant 10 and attributed the decline in her mental health to various causes: *"I fell into a bit of a depression because of my dad [who was verbally abusive] and my grades. I think that was the most scary part of lockdown and also knowing that people can just pass away for no reason, from just getting a cold or a symptom of COVID."*

Anxious behaviour is the result of anticipation of a future concern and often manifests as muscle tension and avoidance behaviour. The DSM-V (2013) describes anxiety as an "anticipation of a future threat". The anxiety experiences of participant 13 were not caused by fear of losing loved ones but rather by her fear of germs. This led to extreme hygiene practices with her hands becoming dry, raw and bleeding from washing and sanitising: "… *because I feel uncomfortable because of*

germs, COVID has made me realise how much germs there are and I feel disgusted when I go out because I am horrified of germs and stuff. That's why my hands look like this … From washing a lot because I do not like germs, I'm scared of them."

The anxiety experience of the 16-year-old participant was caused by not knowing how many loved ones could become infected with the virus and how severe the infection would be. This led to increased anxiety, as she lived in fear, wondering whether someone they knew would contract COVID-19 next. When she was asked how she felt, she said, "*I guess, anxious",* with her reasoning pertaining to not knowing whether she or a family member would contract COVID-19 next amidst the large number of people dying from the virus at the time.

Based on the above, it appears that anxiety was a common emotion experienced by the participants. This largely centred on the fear that loved ones would become sick and die and that they would not know how the people in their lives were doing in relation to their health. Fear of the unknown, therefore, fuelled their anxious thoughts. This was intensified by the isolation as they felt as though they were alone with their thoughts with little to no distraction from these negative thoughts.

Emotions experienced specifically related to the COVID-19 pandemic

According to the American Psychological Association (2022) and the Cambridge Dictionary (2023), anger is an intense emotion characterised by displeasure or hostility and caused by antagonism towards something or someone because it is felt that a situation or person is being unfair or unkind. Anger was one of the common emotions experienced during lockdown (Branje & Sheffield Morris, 2021). Participant 4 described the emotions he experienced by saying: *"I was literally angry and I think it was a tiny part of why I actually got lazy. I was just thinking to myself, there's no point in me training if COVID is happening. As it went on, I developed this mind set, but I'm glad I'm out now. I was pretty angry."* Participant 10 highlighted that the reason for her anger was the missed opportunities and experiences that she had been looking forward to: "*I was definitely quite angry about it [Covid-19] because I had so many plans and they had just kind of been laid to waste ..."*

Loneliness is a feeling of unfulfilled social connections (Macia et al., 2021) that lack in quantity and quality relationships. It is a subjective experience where a person can be alone and not feel lonely and can feel lonely even when with other people (Hawkley, 2023). Participant 9 needed to connect directly with other people his age to feel less lonely. Therefore, he experienced that the communication with his family members and the online communication were not enough:

I think the fact that I was alone; it's not the same communicating with someone online. I was alone and it felt overwhelming. I think the toughest part of the first

few months was being alone. Yes, I was with my mother but it's not people my age. So, I felt very lonely and, ja, I think the toughest part is (feeling) alone.

Participant 14 found that her experience of being lonely was due to the loss of friendships, peers, and family members who were no longer there to provide emotional support to her. She said that "*No one was there to help me"* and compared it to when she was younger: "*When I was younger, I had so many people to help me when I cried, when I laughed, and then we would sit in my room."*

Various studies highlighted the emotions that adolescents felt when they could not experience important milestones and special occasions (Boyd, 2020; Glasper, 2021; Racine et al., 2021). Participant 3 felt that the period of their life that was spent in lockdown was meant to be for socialising and engaging in activities that she assumed were part of normal childhood. However, she was denied this due to the lockdown order that prohibited contact with her friends. She described this in the following way: *"I feel like I missed out on my childhood, because I wanted to go out and have fun with my friends at school, do things that we normally did, but COVID restricted that. So, it was kind of an issue, kind of a bummer*."

Participant 9 found that lockdown denied her the achievements she had worked so hard for, such as being the head girl of her grade. Becoming a head girl is a privilege that comes with various responsibilities. However, she was unable to experience this: "*I was really bummed because that year I was chosen to be head girl, and that meant that I couldn't actually be head girl that year. And most of our stuff was done online, so I didn't react positively to the news. It was not a very good time period for me ...*"

Their response to the absence of these experiences stemmed from their expectations and comparisons with their peers who had the opportunity to experience developmental milestones (Racine et al., 2021). In addition, a multitude of emotions were frequently encountered, including feelings of isolation (Macia et al., 2021), anger (Branje & Sheffield Morris, 2021), depression, and anxiety.

Theme 3: Protective and risk factors that impacted participants' experience of COVID-19 positively or negatively

In Theme 3, the researcher discusses the risk factors and protective factors that shaped the experiences of the participants.

Risk factors

During the lockdown period, many participants experienced a loss of routine with respect to their sleep schedules, schooling schedules, and extracurricular activities (Caroppo et al., 2021; Ray et al., 2022). Referring to the loss of routine in the case of online classes, Participant 2 said, "*I'd wake up ten minutes before school starts. Then I'd carry on with my day and then I will have my laptop in the kitchen*

while I was making food … I just take my laptop everywhere I go, like when I went to the bathroom, I'd have the laptop in here during class." She felt that all she needed to do was the bare minimum: "*It was just like, man, as long as I join the class, that's enough for me.*"

Loss of routine also affected sleep schedules (Fasano et al., 2021; Panchal et al., 2021). Participant 4 said that pre-COVID-19 he would "*wake up at 04:30 or 05:00*". However, during COVID he only "*woke up at 06:00"*. During COVID, Participant 5 only woke up "*five minutes before the first (class) meeting*". Participants 4 and 5 added that pre-COVID they both "*went to bed at 21:00*" and during COVID they only "*went to bed at 21:30 to 22:00*". Participant 6 noted "*a major, major change*" in how he spent his time during lockdown, as he became aware of "*what free time can do to you, or freedom of schedule can really help you*". It should be noted that even the slightest change in their previously strict bedtime schedule, were experienced as contrubuting to participants losing interest in their usual activities, which created challenges to adjust when they were expected to attend to their normal school activities.

Lockdown and the subsequent online or self-taught schooling saw a lack of academic support, with test and term marks dropping noticeably (Cortés-Albornoz et al., 2023; Kuhfeld et al., 2022). Participant 3 said that it was challenging for her as the worksheets "*wouldn't really explain much, it would just tell us what to do, but then didn't give us much understanding*" and subsequently she "*didn't understand the work*". The only feedback that they received from the school about their work was to "*tell us we did badly*". Participant 3 felt as though the teaching was not up to standard: "*They'd tell us we should try harder or really put effort into it, while they didn't explain the work. So, it was pretty complicated.*"

Participant 7 found that it was easy to lose focus "*because of the online classes, since we're at home we could switch off our cameras and do our own thing in our room and it was very distracting. We couldn't focus or actually pay attention in class …*" Participant 9 stated that she "*didn't work as much as (she) did before COVID*". She added that she would "*work for two hours*" only, and that she "*didn't really bother doing any homework on the weekends*". Additionally, she stated: "*It was a lack of motivation because it felt like I had nothing to do now. So, I may as well just do nothing, because I was no longer obligated to do things.*" Participant 9 mentioned that being fully present in all classes was not enforced "*because we didn't need to switch on our cameras*". Therefore, this led to her "*for the first couple of weeks … (to) do other things with the lesson taking place in the background*". Participant 16 noted that the lack of academic support contributed to the decline in her academic work: "*When I would go to school, there would be someone to help us and online there was no one to help us. And I felt my grades were not good. They*

were going down and everyone else said their grades were doing bad … I felt like there was just not enough to help me."

The participants also struggled to find the motivation to engage in activities as hobbies or their academics (Al-Maskari et al., 2021). As a result, many participants became lazy during lockdown (Stassart et al., 2021). Participant 7 stated that he "*became lazier because of Teams".* He downloaded Teams on his phone and, *"when it was (time to take) register, I would stay in bed, I wouldn't get up, and just say 'Yes ma'am, I'm here'. Like I didn't have anything to get me up and get ready for the day."* He gained *"a lot more weight"* as he *"would barely leave the room".* He stated that the only time he would leave the room *"was to go to the bathroom and to grab food".* As a result, he became *"unhealthy" and "unfit".*

Participant 9 felt that she "*really had no motivation*" as she thought that *"the world was ending because we were threatened with a life-threating disease".* She added that *"nothing pushed me to work the way I would normally work. There was no motivation and I think just not having physical contact with any of my classmates or my teachers, that drained my motivation even more.*" Participant 11 also noted that she *"wouldn't concentrate as much as (she) would in class, because there's television at home, there's cell phones, which is something that is not in class at school.*" Participant 12 found that she would sometimes tell herself, "*No, I'll do it later*" when she had work to complete while at home.

Participants felt that the lockdown exacerbated their mental health challenges and negative feelings and that their parents and friends did not truly understand what they were going through which aligns with findings in studies by Bell et al. (2023) and Lee (2020). Participant 5 thought that he had received the wrong support: "*To be honest, a lot of the things adults tried to do to make things better just make it harder. Like a lot of the time, I wouldn't want someone to try make it easier.*" Participant 13 found it difficult seeing friends engage in-person when she was not allowed to and therefore felt left out. She stated that her "*best friend, she got to visit other friends. I don't know how her parents allowed it, but she got to visit friends during COVID and I was a bit jealous because my aunt and uncle wouldn't allow that."*

Participant 2 said she would have appreciated mental support and getting the "*reassurance (that) … 'Guys, it's going to be okay'*". Participant 2 also mentioned that "*it was hard for us [adolescents] to adjust*" as "*a lot of the people … went into a depression and became so iffy"*.

Participant 14 also had parents who undermined her mental health, but her parents did not immediately dismiss her request for support. Instead, they appeared to acknowledge her mental health challenges but did not do anything about it. She communicated her need for therapeutic intervention to her parents but this was de-

nied: "*I wanted to go. I asked my mom and she said she would take me, and then it just never happened. So, I never asked again.*"

There was a significant need for therapeutic support among adolescents. In fact, they mentioned how they could have benefitted from additional support. However, this was, due to different reasons not made available to them (Chavira et al., 2022; Meherali et al., 2021).

Protective factors

Lockdown challenges included isolation and troubling family dynamics. However, learning new skills during lockdown became a protective factor for adolescents who wanted to protect their mental health (Ellakany et al., 2023). This was due to the desire to use their time during lockdown to acquire a new skill or participate in new pastimes (Ellakany et al., 2023; Salzano et al., 2021). Participant 5 used the lockdown time to generate an income for himself, stating that he "*started trying to make money online*". Participant 6 had taken up "*a few hobbies*" which included photography: "*In my garden there was a lot of flowers, and my dad had a camera. So, I'd take photos of plants and the little insects in my garden.*" He had also learned how to play a musical instrument, mentioning, "*... my dad had bought a guitar before the lockdown, so I started to play*".

Some participants, after the initial slump of losing their work ethic and motivation, rekindled their motivation and work ethic later during the lockdown. This led to them working harder and wanting to achieve more (Hall et al., 2023). Participant 6 found that he "*started catching on a very big interest in academics*". Participant 14 found a shift in her thinking patterns as she wanted "*to make (her) parents proud*". She explained how she did this: "*So, my sister and I would go and do all our homework together and then by the time she was done, she would get to relax, and we could do our own thing.*"

Research has shown that increased parental support and friendship support during lockdown lessened the mental health challenges of adolescents (Klootwijk et al., 2021; Suresh et al., 2021; Qi et al., 2020). This was due to feeling supported and having someone to talk to about their mental health challenges. Participant 8 stated: "*My parents were obviously motivating me.*" However, he also noted the role of self-motivation during this time: "*I used to remind myself that I'm not working for other people, but I'm working for myself and my future. So, the effort I put in now will determine the amount of stuff I achieve later on."* Participant 12 found that her friends were a support system for her as she mentioned: "*If you had questions, you could message them or phone them and they would help you.*" She also received academic support from her mother, who is a teacher and found this very helpful. Participant 16 felt that her mother supported and guided her. However, she believed that she could not speak to her mother about everything: "*Even though at*

home my mom is my support system, I thought there are things I need to get through by myself."

For many, the continuation of online therapeutic assistance was still required during lockdown. Some participants found that the benefits of receiving therapy online outweighed any negatives (such as those explored under the risk factors) (Meininger et al., 2022). Participant 2 had received informal therapeutic support from a previous teacher and not from a registered counsellor. She said:

> *… a teacher, she is my mentor. Still to this day, even though I am not in the same school, she is my mentor. She would come over most of the time, when lockdown was a little lighter, she would come over, help me with some of my schoolwork, and when we went back to school she was the person that kind of helped me get back into society.*

Participant 2 noted the lack of available school psychologists as the psychologists at their school were usually fully booked. However, Participant 2 believed that the school psychologist played an important role:

> *… the school I was at previously, when they got us a psychologist, like a lot of people were booking for her and going through her. And they were all saying she understands and she actually knows how to think about how we feel, because one thing I know for a fact is that during lockdown, most of the teenagers were like suppressing their feelings because they were at home. They were not with their friends. They were with their family and if they were with their family they know it's taboo to talk about depression and things like 'I'm feeling sad and I'm feeling this type of way'. Then you don't know how to explain it to your mom because your mom also doesn't know. When our school brought in a psychologist, it just helped us a lot like there was a new energy; you could feel there was a new energy*.

Participant 2 also mentioned the group-style therapy provided by her church's "*youth section*". She explained that the church "*brought that new energy ever since they opened up, like it was just new ... They didn't hit us with 'You must do this, this, and that'. They were like 'Guys, it's going to be okay, just pray, meditate, do all those things'. Just giving us pointers on how to better ourselves*."

Limitations and recommendations

The researcher encountered challenges in recruiting participants and therefore only 16 participants were interviewed for this study. Several schools who initially agreed to participate did not continue with the process, and a few participants after initially agreeing to participate, withdrew from the study. These participants, although they were fully informed beforehand, preferred to complete a questionnaire, and not to do in-person or online interviews.

The limited number of participants meant that the demographics of the participants were not as representative of the sample group as anticipated, referring to the types of schools and their locations. A more comprehensive study could have provided a broader understanding of the extent to which the experiences of adolescents could have been similar.

Recommendations for future practice include: 1) Making mental health services available to adolescents. This can be done through schools as well as through the education of parents to make them aware of the importance of allowing their adolescents to attend therapy and the dangers of not acknowledging their children's mental health challenges. 2) Mental health practitioners provide therapeutic services to adolescents, they should be sensitive to the various challenges that the adolescents have experienced during COVID-19 and the impact of this on the adolescents' mental health. 3) Providing educational support to those who struggle with school during pandemics and subsequently underperform academically. Support in this context can include the appointment of tutors or the provision of extra lessons to help learners successfully complete their high school careers. 4) Develop methods to provide therapeutic services during crisis times that work effectively online and in person. This includes government-level interventions focused on adolescents. It is imperative to provide interventions and solutions that are age-appropriate and aligned with the developmental stage of adolescents.

Conclusions

Based on the study's findings, the adolescent participants mostly experienced COVID-19 as challenging even though some had positive experiences. The challenges involved relationships with family, friends and peers, and the decline of mental health and academic performance.

From a developmental milestone point of view, many adolescents felt that they missed out on social events and rites of passage during lockdowns that intensified negative emotions because adolescents compared their "slimmed-down" experiences (such as celebrations and entering high school) with what others had experienced prior to the pandemic. The lack of socialisation with peers had various consequences. Once the lockdown measures had been eased, some participants found it more difficult to re-integrate with their peers as they became more introverted. Others became more extroverted because they felt that they needed to push themselves out of their comfort zones to engage more with others. The participants also had to navigate the changing dynamics of family and friendship caused by the differences between the virtual connection and in-person connection. Most of the participants struggled with feelings of anger, loneliness, depression, and anxiety.

Initiatives that can potentially be used to support adolescents during a crisis period, such as a pandemic, include interventions related to mental health, academic performance, and physical well-being.

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Competing interests

The authors have no financial or non-financial interests that are directly or indirectly related to the research to declare.

Data and code availability

The authors do not have the permission of the participants to make the data available.

Authors' contributions

All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Kirstyn Layton and Issie Jacobs. The first draft of the manuscript was compiled by Ryan du Toit and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Compliance with ethical standards

The study was approved by the Health Research Ethics Committee (HREC), Faculty of Health Sciences, North-West University, South Africa. The approval ethics number for this research study: NWU-00323-21-A1. All participants included in the final sample completed an informed consent form prior to data collection.

References

Alexander, M. (2018). The 11 languages of South Africa. *South Africa Gateway*. https://southafrica-info.com/arts-culture/11-languages-south-africa/ Date of access: 20 February 2021.

Allen, B., & Waterman, H. (2019). Stages of Adolescence. *HealthyChildren.org*. https://www.healthychildren.org/English/ages-stages/teen/Pages/Stages-of-Adolescence.aspx Date of access: 23 July 2022.

Anhalt, K., & Morris, T.L. (2008). Parenting characteristics associated with anxiety and depression: A multivariate approach. *Journal of Early and Intensive Behavior Intervention, 5(*3), 122-137. https://doi.org/10.1037/h0100427

Arafat, S.M.Y., Kar, S.K., Menon, V., Alradie-Mohamed, A., Mukherjee, S., Kaliamoorthy, C., & Kabir, R. (2020). Responsible factors of panic buying: An observation from online media reports. *Frontiers in Public Health, 8*, 1. https://doi.org/10.3389/fpubh.2020.603894

Banerjee, D., & Rai, M. (2020). Social isolation in COVID-19: The impact of loneliness. *International Journal of Social Psychiatry, 66*(6), 525-527. https://doi.org/10.1177/0020764020922269

BBC. (2020). *Coronavirus: South Africans exercise the freedom to jog*. https://www.bbc.com/news/world-africa-52502181 Date of access: 1 August 2023.

Becker, C.B, Tanyiama, Y., Kondo-Arita, M., Sasaki, N., Yamada, S., & Yamamamoto, K. (2022). How funerals mediate the psycho-social impact of grief: Qualitative analysis of open-ended responses to a national survey in Japan. *SSM – Mental Health*, 2 (100169):1-2. https://doi.org/10.1016/j.ssmmh.2022.100169

Bevan, M. (2014). A method of phenomenological interviewing. *Qualitative Health Research, 24*(1), 138-143. https://doi.org/10.1177/1049732313519710

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology, 9*(1), 3-26. https://doi.org/10.1037/qup0000196

Branje, S. (2018). Development of Parent–Adolescent Relationships: Conflict interactions as a mechanism of change. *Child Development Perspectives, 12*(3), 171-176. https://doi.org /10.1111/cdep.12278

Branje, S., & Sheffield Morris, A.S. (2021). The impact of the COVID-19 pandemic on adolescent emotional, social, and academic adjustment. *Journal of Research on Adolescence*, *31*(3), 486-499. https://doi.org/10.1111/jora.12668

Brown, B.B., & Klute, C. (2003). Friendships, cliques, and crowds. In G.R. Adams, & M.D.

Berzonsky (Eds.), *Blackwell handbook of adolescence* (pp. 330-348). Oxford: Blackwell Publishing.

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice, 2*, 1. https://doi.org/10.1186/s42466-020- 00059-z

Centers for Disease Control and Prevention. (2020). *Reducing Stigma*. https://stacks. cdc.gov/view/cdc/89490/ Date of access: 19 November 2022.

Children's Act (38 of 2005). https://www.gov.za/sites/default/files/gcis_document /201409/a38-053.pdf

Clarke, V., & Braun, V. 2013. *Successful qualitative research: A practical guide for beginners*. 1st ed. Los Angeles: Sage.

Commodari, E., & La Rosa, V.L. (2020). Adolescents in quarantine during COVID-19 pandemic in Italy: Perceived health risk, beliefs, psychological experiences and expectations for the future. *Frontiers in Psychology, 11*, 559951. https://doi.org/10.3389/fpsyg.2020.559951

Creswell, J.W. (2013). *Qualitative inquiry and research design: Choosing among five approaches.* 3rd ed. Los Angeles: Sage.

Curtis, A.C. (2015). Defining adolescence. *Journal of Adolescent and Family Health, 7*(2), 16-18, Art. 2. https://scholar.utc.edu/cgi/viewcontent.cgi?article=1035&context=jafh Date of access: 4 May 2023.

De Figueiredo, C.S., Sandre Capucho, P., Lima Portugal, L.C., Mázala-de-Oliveira, T., Da Silva Chagas, L., Raony, I., & Oliveira-Silva Bomfim, P. (2021). COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. *Progress in Neuro-Psychopharmacology and Biological Psychiatry, 106,* 2-5. https://doi.org/10.1016/j.pnpbp.2020.110171

Department of Basic Education. (2020). *Minister Angie Motshekga: Coronavirus Covid 19 preparations for re-opening of schools.* https://www.gov.za/news/media-statements/minister-angie-motshekga-coronavirus-covid-19-preparations-re-opening-schools

Department of Basic Education. (2021). *Basic Education on suspension of contact sports in schools with immediate effect.* https://www.gov.za/news/media-statements/basic-education-suspension-contact-sports-schools-immediate-effect-19-may Date of access: 5 May 2022.

Ettekal, A., & Mahoney, J.L. (2017). Ecological Systems Theory. In K. Peppler (Ed.), *The SAGE encyclopaedia of out-of-school Learning* (pp. 239-241). Los Angeles: SAGE.

Erikson, E.H. (1968). *Identity, youth and crisis.* New York: W.W. Norton & Co.

Feinberg, M., Mogle, J.A., Lee, J., Tornello, S.L., Hostetler, M.L., Cifelli, J.A., & Hotez, E. (2022). Impact of the COVID-19 pandemic on parent, child, and family functioning. *Family Process, 61*(1), 370-372. https://doi.org/10.1111/famp.12649

Frijns, T., Keijsers, L., Branje, S., & Meeus, W. (2010). What parents don't know and how it may affect their children: Qualifying the disclosure–adjustment link. *Journal of Adolescence, 33(*2), 261-270. https://doi.org/10.1016/j.adolescence.2009.05.010

Fusch, P.I., & Ness, L.R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416.

Gauteng Provincial Government. (2021). *Department of Health: Annual Report 2020-2021*. https://provincialgovernment.co.za/department_annual/997/2021-gauteng-health-annual-report.pdf Date of access: 11 October 2022.

Grover, S., Sahoo, S., Mehra, A., Avasthi, A., Tripathi, A., Subramanyan, A., & Reddy, Y.C.J. (2020). Psychological impact of COVID-19 lockdown: An online survey from India. *Indian Journal of Psychiatry, 62*(4), 354-362. https://doi.org/10.4103/psychiatry

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods,* 18(1), 59-82. https://doi.org/10.1177/ 1525822X052799

Guy-Evans, O. (2023). Bronfenbrenner's ecological systems theory. *Simply Psychology*. https://www.simplypsychology.org/bronfenbrenner.html Date of access: 2 October 2023.

Gwynedd Mercy University. (2020). *The need for social workers, during and after the COVID-19 pandemic.* https://www.gmercyu.edu/griffins-den/news/2020/06/need-social-workers-during-and-after-covid-19-pandemic Date of access: 7 June 2022.

Haag, K., Du Toit, S., Skeen, S., Roberts, K.S., Chideya, T., Notholi, V., & Tomlinson, M. (2022). Predictors of COVID-related changes in mental health in a South African sample of adolescents and young adults. *Psychology, Health and Medicine, 27*(1), 239-248. https://doi.org/10.1080/13548506.2022.2108087

Hale, J.E., Dulek, R.E., & Hale, D.P. (2005). Crisis response communication challenges: building theory from qualitative data. *Sage Journals, 42*(2), 466-467.
https://doi.org/10.1177/0021943605274

Haradhan, M. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People, 7*(1), 23-48. https://mpra.ub.uni-muenchen.de/85654/ Date of access: 11 February 2022.

Heffer, T., & Willoughby, T. (2017). The role of parental monitoring, parent–adolescent communication, and parents' trust in adolescents' depressive symptoms. *Journal of Youth and Adolescence, 46,* 163-177. https://doi.org/10.1007/s10964-016-0489-z

Jain, R., & Singh, H. (2020). Isolation of people, social networks, and health. In B. Akhgar, D. Wells, & F. Sampson (Eds.), *Investigating Radicalization Trends* (pp. 155-177). Amsterdam: Elsevier. https://doi.org/10.1016/B978-0-12-815869-0.00009-5

Janssen, L.H.C., Kullberg, M.L.J., Verkuil, B., van Zwieten, N., Wever, M.C.M., van Houtum, L.A.E.M., & Elzinga, B.M. (2020). Does the COVID-19 pandemic impact parents' and adolescents' well-being? An EMA-study on daily affect and parenting. *PLOS ONE, 15*(10), 3-6. https://doi.org/10.1371/journal.pone.0240962

Jefferies, P., Ungar, M., Aubertin, P., & Krys, S. (2019). The role of adversity in adolescents' motivation to participate in youth programs. *Journal of Youth and Adolescence, 48*(7), 1356-1366. https://doi.org/10.1007/s10964-019-01011-8

Jung, H., Cho, S., Ahn, J.K., & Suh, S. (2021). The COVID-19 pandemic and its association with physical activity and mental health for children and adolescents in South Korea. *Sustainability, 13*(1), 10-12. https://doi.org/10.3390/su13010259

Kannangara, C.S., Allen, R.E., Waugh, G., Noyes, S., Ranasinghe, S., Singh, A., & Carson, J. (2020). All that glitters is not gold: The mental health impact of the COVID-19 pandemic on university students. *British Journal of Educational Psychology, 90*(1), 137-139. https://doi.org/ 10.1111/bjep.12259

Keenan, H.T., Marshall, S.W., Nocera, M.A., & Runyan, D.K. (2004). Increased incidence of inflicted traumatic brain injury in children after a natural disaster. *American Journal of Preventive Medicine, 26*(3), 189-193. https://doi.org/10.1016/j.amepre.2003.10.023

Keller, J. (2016). Effects of parental communication with their teenager children. *Family Journal, 24*(2), 195-202. https://doi.org/10.1177/1066480716628782

Koenig, H.G. (2006). *In the wake of disaster: Religious responses to terrorism and catastrophe*. Philadelphia, PA: Templeton Foundation Press.

Lieberman, A., & Schroeder, J. (2019). Two social lives: How differences between online and offline interaction influence social outcomes. *Current Opinion in Psychology*, 31, 16. https://doi.org/10.1016/j.copsyc.2019.06.022

Macleod, H. (2021). *Where have the children gone? How COVID-19 interrupted African education.* https://www.unicef.org/southafrica/stories/where-have-children-gone-how-covid-19-interrupted-african-education Date of access: 23 September 2023.

Malta, D.C., Gomes, C.S., Barreto, S.M., Lima-Costa, M.F., & Ribeiro, A.L. (2021). Modes of prevention of cardiovascular diseases and COVID-19: Evidence from the Longitudinal Study of Adult Health (ELSA-Brazil) and the Brazilian Longitudinal Study of Aging (ELSI-Brazil). *São Paulo Medical Journal, 139*(2), 84-92. https://doi.org/10.1590/1516-3180.2020. 0684.r1.19122020

McElhaney, K.B., Allen, J.P., Stephenson, J.C., & Hare, A.L. (2009). Attachment and autonomy during adolescence. In R.M. Lerner, & L. Steinberg (Eds.), *Handbook of adolescent psychology* (pp358-403). 3rd ed. New York: John Wiley & Sons.

Meherali, S., Punjani, N., Louie-Poon, S., Rahim, K.A., Das, J.K., Salam, R.A., & Lassi, Z.S. (2021). Mental health of children and adolescents amidst COVID-19 and past pandemics: A rapid systematic review. *International Journal of Environmental Research and Public Health*, *18*(7), 3432. https://doi.org/10.3390/ijerph18073432

Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice*, 24(1), 9-18. https://doi.org/10.1080/13814788.2017.1375

Motshekga, A. (2021). *Minister Angie Motshekga: 2020 matric results announcement*. https://www.gov.za/speeches/minister-angie-motshekga-2020-matric-results-announcement-22-feb-2021-0000 Date of access: 10 October 2023.

Mpungose, C.B. (2020). Emergent transition from face-to-face to online learning in a South African University in the context of the Coronavirus pandemic. *Humanities and Social Sciences Communications, 7*(113), 2-3. https://doi.org/10.1057/s41599-020-00603-x

Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., & Agha, R. (2020). The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *International Journal of Surgery, 78*, 185-193. https://doi.org/10.1016/j.ijsu.2020.04.018

Olckers, J. (2019). Exploring cyberbullying and the impact on adolescent well-being in the South African context. *Journal of Psychology in Africa, 29*(3), 256-259. https://doi.org/10.1080/14330237.2019.1613548

Openshaw, L., Powell, J.Y., & Walker, L.S. (2010). *Emergency preparedness for schools: A quick start guide for school employees.* Chicago: Charles C. Thomas.

Opperman, M., & Lazarus, S. (2021). The role of school psychologists in South Africa: The case of addressing barriers to learning. *South African Journal of Education, 41*(3), 7-8. https://doi.org/10.15700/saje.v41n3a1952

Parczewska, T. (2021). Difficult situations and ways of coping with them during the COVID-19 pandemic: Perspectives of university students. *Education Sciences, 11*(5), 228. https://doi.org/10.3390/educsci11050228

Pillay, J. (2021). *COVID-19 shows the need to make learning more flexible*. https://www.universityworldnews.com/post.php?story=202110060848234 Date of access: 21 September 2023.

Republic of South Africa. (2020). Disaster Management Act 2002. *Government Gazette, 657*(43258), 29 April. https://www.gov.za/sites/default/files/gcis_document/202004/43258 gon480.pdf Date of access: 19 November 2022.

Ragelienė, T. (2016). Links of adolescents' identity development and relationship with peers: A systematic literature review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *25*(2), 97-105. PMCID: PMC4879949

Rogers, A.A., Ha, T., & Ockey, S. (2021). Adolescents' perceived socio-emotional impact of COVID-19 and implications for mental health: Results from a US-based mixed-methods study. *Journal of Adolescent Health, 68*(1), 43-52. https://doi.org/10.1016/j.jadohealth.2020.09.039

Saurabh, K., & Ranjan, S. (2020). Compliance and psychological impact of quarantine in children and adolescents due to COVID-19 pandemic. *Indian Journal of Pediatrics, 87*(7), 532-536. https://doi.org/10.1007/s12098-020-03347-3

Schwab, K., & Malleret, T. (2020). COVID-19: *The Great Reset. Cologny: World Economic Forum.*

South African Human Rights Commission. (2021). *National Child Rights*. https://www.sahrc.org.za/home/21/files/SAHRC%20Online%20Childrens%20Book.pdf Date of access: 12 September 2022.

Spiteri, G., & Rundblad, G. (2020). Qualitative interviewing of child informants: What can we learn from the literature? *Journal of Child Health Care, 24*(4), 416-429. https://doi.org/ 10.1177/1367493520924641

Statistics South Africa. (2021). *Mid-year population estimates 2021*. https://www.statssa. gov.za/publications/P0302/P03022021.pdf Date of access: 4 May 2023.

Strasburger, V.C., Jordan, A.B., & Donnerstein, E. (2012). Health effects of media on children and adolescents. *Pediatrics, 132*(3), 576-579. https://doi.org/10.1542/peds.2013-2656

Teo, S., & Griffiths, G. (2020). Child protection in the time of COVID-19. *Journal of Pediatrics and Child Health, 56*(6):838-839. https://doi.org/10.1111/jpc.14916

Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.

Tomasik, M.J., Helbling, L.A., & Moser, U. (2020). Educational gains of in-person vs. distance learning in primary and secondary schools: A natural experiment during the COVID-19 pandemic school closures in Switzerland. *International Journal of Psychology, 56*(4), 566-576. https://doi.org/10.1002/ijop.12728

UNESCO. (2021). *Education: From disruption to recovery*. https://en.unesco.org/covid19/educationresponse Date of access: 23 August 2023.

United Nations. (2021). *The Sustainable Development Goals Report 2021. New York: United Nations*. https://unstats.un.org/sdgs/report/2021/ Date of access: 12 October 2023.

Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: A social crisis in the making. *The Lancet Public Health*, *5*(5), 243-244. https://doi.org/10.1016/S2468-2667(20)30084-0

Viner, R.M., Russell, S.J., Croker, H., Packer, J., Ward, J., Stansfield, C., & Booy, R. (2020). School closure and management practices during coronavirus outbreaks including COVID-19: A rapid systematic review. *The Lancet Child and Adolescent Health*, *4*(5), 397-404. https://doi.org/10.1016/S2352-4642(20)30095-X

Vivekanand, N. (2020). *The impact of COVID-19 on education in South Africa*. https://www.sanews.gov.za/features-south-africa/impact-covid-19-education-south-africa Date of access: 1 November 2023.

Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. *The Lancet*, *395*(10228), 945-947. https://doi.org/10.1016/S0140-6736(20)30547-X

Yip, P.S.F., Chau, P.H., Xu, Y., Cheng, Q., Zhang, Y., Xu, Z., & Wu, J. (2010). The impact of epidemic and economic crises on suicide: A comparison of Hong Kong and Taiwan. *Crisis, 31*(2), 86-92. https://doi.org/10.1027/0227-5910/a000008

Yoshikawa, H., Wuermli, A.J., Britto, P.R., Dreyer, B., Leckman, J.F., Lye, S.J., & Stein, A. (2020). Effects of the global coronavirus disease-2019 pandemic on early childhood development: Short- and long-term risks and mitigating program and policy actions. *The Journal of Pediatrics*, 223, 188-193. https://doi.org/10.1016/j.jpeds.2020.05.020

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FAMILY AND MARITAL COUNSELLING IN CENTRES FOR SOCIAL WORK IN BOSNIA AND HERZEGOVINA: CHALLENGES AND POLICY IMPLICATIONS

Abstract

Working with families is one of the most important tasks for the social work profession. In primary prevention, the most crucial task is to develop humane relationships among marital partners. Additionally, an essential segment of preventive social work involves educating and preparing youth for marriage and family and educating them about responsible parenthood. In secondary prevention, an important task of social workers is to help overcome marital conflicts. This highlights that family and marital counselling is one of the key tasks of social workers.

Using QCA, the capacities of five centres for social work in Bosnia and Herzegovina in conducting marital and family counselling were analysed. The experiences of counselling experts (N=10) were compared through semi-structured interviews. Various challenges and problems were identified that prevent centres for social work from being leaders in counselling. Family and marital counselling represents a complex and responsible task that requires expertise and competencies. The lack of systemic solutions, inconsistent norms and standards, and limited capacities of centres for social work slows the development of quality counselling in Bosnia and Herzegovina.

The data indicates that serious progress is needed in: organising the service, multi-sectoral cooperation, and institutional promotion for family and marital counselling to gain the place it deserves in social work.

Keywords: family and marital counselling, social workers, centres for social work, challenges in counselling, Bosnia and Herzegovina.

Introduction

The popularity and importance of family and marital counselling in contemporary society are driven by societal changes. The structure, dynamics, and rapid pace of societal changes present numerous challenges and pressures, often causing feelings of helplessness and crises within many families. As a result, there is a growing de-

mand for expert support and assistance that addresses both psychological and social aspects.

Regarding family protection, family and marital counselling represents the leading professional intervention. Marital partners constitute the most important subsystem within the family, and problems, difficulties, and disagreements in the marriage subsystem, if not addressed adequately, are transmitted to other parts of the family, leading to a crisis in functioning. Bradbury and Bodenmann (2020) note that numerous studies have shown that marital counselling benefits both partners and the entire family.

What is the significance of marital counselling?

When partners decide to formalise their love, they envision the happiness that awaits them in their shared life. However, partners rarely or never consider that conflicts may arise in their shared life. They enter marriage unaware of what to expect, perceiving it as an "oasis of happiness." This is not unexpected, as numerous cross-cultural studies show that people highly value a successful marriage. Moreover, a "happy marriage" is one of the most significant life goals (Dudić, 2020; Turčilo et al., 2019).

However, when Kreider (2001) estimated that 50% of marriages in the United States of America would end in divorce, it was almost impossible to believe their forecasts could apply to Bosnia and Herzegovina (BiH), yet current research indicates that every fifth marriage ends in divorce (Šadić et al., 2020). According to data from the Agency for Statistics of Bosnia and Herzegovina (2023), 17,427 marriages were contracted in 2022, which is fewer than the 18,835 marriages contracted in 2021. In 2022, 2,865 divorces were reported. The staggering statistics of the "epidemic" of divorce make the cliché "they lived happily ever after" an elusive ideal and a privilege for only some couples.

Marital relationships are influenced by numerous factors and differences, requiring partners to reconcile their long-term expectations and emotions (Brajša, 2009). Couples experiencing marital difficulties may struggle to objectively evaluate their relationship. Despite awareness of problems, discomfort often escalates into conflict. As initial infatuation wanes and differences become more pronounced, expert intervention can play a crucial role in restoring marital happiness. In this regard, social work as a profession holds particular significance.

Social work encompasses a variety of activities, such as individual and group counselling. As social factors increasingly impact individual and family development, social work has become crucial in addressing issues stemming from personal, family, and societal factors. In the context of Bosnia and Herzegovina, one of the key tasks of social work is family protection. Social workers are tasked with preventing family problems, intervening when stability is threatened, and enhancing the quality of family relationships (Dervišbegović, 2001). A critical examination of family and

marital issues, including communication problems, violence, divorce, and others, requires the expertise of professionals specially trained in counselling. Consequently, social workers in practice focus on issues related to partnerships and marriages, parenting, family cohesion, and overall family functioning. Developments in understanding family and marital challenges within the realm of social work have led to an integrative approach to psychosocial interventions (Janković, 2004).

Based on the statement provided, this study aims to (1) identify the specific obstacles encountered by centres for social work when delivering family and marital counselling services and (2) investigate the variations in the practice of family and marital counselling within these centres in Bosnia and Herzegovina. The theoretical segment of the paper focuses on outlining the legal regulations governing counselling in centres for social work, while the empirical part of the research delves into analysing the current challenges and disparities in offering family and marital counselling services within these centres across Bosnia and Herzegovina.

Counselling in Centres for Social Work in Bosnia and Herzegovina

The profession of social work in Bosnia and Herzegovina was established in 1958 as a response to societal crises and accumulated social problems (Dervišbegović, 2001). Industrialisation, urbanisation, and immigration demanded professional intervention and were also the main reasons for introducing social work as a professional activity. Although more than 60 years have passed since the professionalisation of social work in Bosnia and Herzegovina, many factors negatively affect the social position and status of social workers (Šerić and Dudić, 2018; Šerić and Dudić, 2019; Dudić, 2020).

The primary obstacle is an uneven social protection system, which formally and normatively does not exist at the state level. Bosnia and Herzegovina is a complex state, which, according to the General Framework Agreement for Peace in Bosnia and Herzegovina consists of the following entities: the Federation of Bosnia and Herzegovina (51% of the territory) and the Republika Srpska (49% of the territory). In addition, the area of Brčko, which was the subject of dispute and international arbitration, was declared a district. The state consists therefore of three entities, namely, the Federation of Bosnia and Herzegovina, the Republika Srpska, and the Brčko District. Each of these regulate the social protection system as local self-government units with separate systems. This creates obstacles in the communication channels between social institutions, thereby hindering the work of experts (Dudić, 2020).

The practice of social work in Bosnia and Herzegovina encompasses a range of activities, including various forms of counselling. However, due to the lack of a unified approach (laws and social welfare services are differently defined), this is also reflected in social work counselling.

In the Federation of Bosnia and Herzegovina, counselling services in social work centres are regulated by the Law on Principles of Social Protection, Protection of Civil Victims of War, and Protection of Families with Children. Article 46 of this law defines counselling as "activities aimed at addressing family and marital issues, as well as measures and actions in collaboration with local communities and other authorities to combat and prevent socially unacceptable behaviour among children, families, and social groups. Individuals, families, and social groups have the right to access these services regardless of their financial means, aiming to protect their rights and interests and prevent or mitigate social problems."

In Republika Srpska, the Law on Social Welfare also recognises counselling as a right of citizens (Article 20). It is defined as "systematic and programmed professional assistance" provided by skilled workers using methods of social work and other social-humanistic sciences, to assist individuals, family members, or the family as a whole in developing, preserving, and improving their social capabilities. Counselling is conducted based on an assessment of the total needs of users, individual plans, and agreements between the service provider and the user.

In the Brčko District, counselling services are regulated by the Law on Social Welfare, where counselling is described as "preventive activities, diagnostics, treatment, and counselling-therapeutic work aimed at providing professional assistance to individuals, families, and social groups to address their life difficulties and organising local communities to prevent and mitigate social problems".

Due to the varied legislative and sub-legislative acts regulating counselling services in social work centres across Bosnia and Herzegovina, significant differences exist in the organisation and practice of counselling services. The importance of conducting counselling in centres for social work is crucial for providing support to couples and families in crisis. These centres play a pivotal role in offering expert assistance and providing a safe space where couples can feel supported and understood as they address their issues. Through access to professional counsellors, couples can develop new communication skills, understanding, and conflict resolution techniques, aiding them in overcoming difficulties and building stronger bonds. Thus, the integration of counselling into the activities of centres for social work provides essential support for preserving and strengthening family relationships in Bosnia and Herzegovina.

Despite this, marital counselling in social work centres in Bosnia and Herzegovina is rarely conducted to resolve marital problems, but more commonly during the divorce process. According to the law, marital partners seeking divorce and having underage children together must undergo mediation at social work centres. Therefore, professionals more frequently work with couples in the divorce phase rather than addressing marital crises. The main reasons why family and marital counselling is often not conducted in social work centres in Bosnia and Herzegovina, despite le-

gal regulations, include a lack of human resources, adequately trained personnel, and spatial capacities. Given the importance of the topic and the very small number of social work centres that provide family and marital counselling, this study presents the professional experiences of experts in those centres that are equipped to conduct counselling activities.

Materials and methods

Research procedure

The subject of the research is the analysis of the capacities of centres for social work in Bosnia and Herzegovina in conducting family and marital counselling, as well as insights into experts' experiences regarding treatment quality.

Before conducting the research, (1) a request was sent to centres for social work for the implementation of the study, (2) managers of centres for social work delegated participants who took part in the interviews, (3) all participants were provided with framework interview questions, and scheduling was arranged. (4) With participants' consent, audio recordings of interviews (lasting on average 30-40 minutes) were made. (5) During the interviews, voluntariness, anonymity, and participants' right to withdraw from the interview were respected.

Data collection was compared according to predefined qualitative comparative conditions. Qualitative Comparative Analysis (QCA) was utilised in the study as it represents a set of techniques developed in comparative research to bridge the differences between qualitative and quantitative methods. The analytical focus of QCA is at the case level rather than establishing relationships among variables. Hence, instead of focusing on the isolated impact of each independent variable in the research, the focus is on the case as the level of the analysis, and each case is viewed as a combination of factors.

The application of this method consists of 5 phases: (1) Formulation of the theoretical basis for defining variables describing the phenomenon under investigation; (2) Selection of relevant databases; (3) Creation of tables and data entry into the application; (4) Creation of criteria in the database using the application; (5) Interpretation of results. Although the obtained data cannot be generalised, the typology can be used for policymaking and recommendations in planning professional interventions, preventive activities, programs, and counselling therapy work in centres for social work to preserve the quality and stability of marriage and family in the society of Bosnia and Herzegovina.

Using Qualitative Comparative Analysis (QCA), the capacities of centres for social work were mapped out based on two conditions:

(1) Organisation of Work and Tasks of Experts in Family and Marital Counselling and Collaboration with Local Community Institutions (O.C.).

The research questioned whether the legal acts in centres for social work provide positions for family and marital counselling. What are the duties and tasks of experts conducting family and marital counselling? Do experts running counselling also work on other tasks and have other responsibilities? Does the workload of experts with other tasks affect the quality of counselling? Do experts who conduct counselling in centres for social work collaborate with institutions in the community? To "fully" include centres for social work in the QCA "ideal set", legal acts need to define the work tasks and duties for counselling activities. Under ideal conditions, a centre for social work should have engaged experts educated in various psychotherapeutic schools to meet all client demands successfully. To ensure efficient and quality treatment counselling, experts should not be burdened with other tasks and duties. This would give experts sufficient time and opportunities to focus on counselling, ensuring satisfactory treatment quality.

(2) Availability of Psychotherapy Education and Supervision for Experts Conducting Counselling (S.E.)

This condition is investigated by addressing the following questions: Do experts participate in supervision? Is it continuous or occasional? In the absence of supervision, how do centres for social work provide professional support to experts? Is that support sufficient? Do centres for social work provide education to experts needed for (better) family and marital counselling? In the absence of providing formal education, how do centres for social work compensate for the necessary knowledge of experts conducting family and marital counselling? To "fully" include centres for social work in the QCA "ideal set," it is necessary to organise systemic supervision for experts participating in counselling and allocate financial resources for education from psychotherapy schools essential for treatment. The research followed a structured focus case comparison (Druckman, 2005).

Instrument

In this study, Ragin's (2002) six-value scale was used. The operationalisation of concepts was placed on a metric scale from 0 to 1 (Kvist, 2007). Two conditions were tested through the research (organisation of work and tasks of experts in counselling, collaboration with institutions in the local community (O.C.), and availability of education from psychotherapy schools and availability of supervision (S.E.). Data were interpreted so that the number of corresponding cases adheres to the minimum required by the 2k formula, where k equals the number of conditions (Schneider and Wagemann, 2012). A case is fully included in a specific set when its score equals 1, while it is completely excluded if the score is 0. The threshold of 0.5 points is a conceptual turning point. Therefore, 0.8 indicates that the condition is entirely in the set, while 0.6 means it is more in than out. Subsequently, 0.4 shows it is more out than

in, while 0.2 is almost outside the set. The symbol ~ in the table indicates the absence of one of the conditions tested in the scheme of mutual configuration. For example, ~ OSE indicates that condition 1 is organisationally and conceptually considered absent. *Table 1* provides a visual representation of the positioning of variables based on the results.

Table 1: QCA Analysis

	Organisation and Collaboration (OC)	**Supervision and Education (SE)**	**OC SE**	**~OC SE**	**OC ~SE**	**~OC ~SE**
CSW Goražde	1	0.6	**0.6**	0	0.4	0
CSW Jajce	0.4	0.6	0.4	**0.6**	0.4	0.4
CSW Mostar	0.4	0.6	0.4	**0.6**	04.	0.4
CSW Tuzla	0.6	0.4	0.4	0.4	**0.6**	0.4
CSW Banja Luka	1	0.6	**0.6**	0	0.4	0

Sample

The research was conducted in five centres for social work in Bosnia and Herzegovina (N=5) in the following cities: Goražde, Jajce, Mostar, Tuzla, and Banja Luka. Data were collected through semi-structured interviews with experts (N=10). Social workers and psychologists, who were educated in various psychotherapy schools and involved in family and marital counselling, participated in the study. Most experts had additional training in systemic family therapy, followed by cognitive-behavioural therapy, emotionally focused therapy for working with marital partners, gestalt psychotherapy, and reality therapy (some experts had completed training in multiple psychotherapy schools). Semi-structured interviews with legal experts were also conducted to gain insight into the organisation of work and business tasks of experts engaged in treatment.

Table 2: Participants

Participants	**N**
Social Workers	6
Psychologists	2
Lawyers	2
Total	**10**

The data obtained through semi-structured interviews were analysed using thematic analysis (Braun & Clarke, 2006), which involves six processing steps: (1) reading transcripts and familiarising oneself with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing, refining, and defining themes; (5) naming themes; and (6) defining subthemes and linking them to themes to interpret research results. The results were supported by statements from participants, who were identified by labels and numbers to ensure confidentiality and anonymity. The identity anonymisation technique was employed, involving the removal of participants' names and assigning codes (e.g., P1 - participant 1, P2 - participant 2, etc.).

Ethics

The survey was conducted anonymously, and participation was voluntary, allowing participants to withdraw from the research at any time without providing a reason. This approach fostered a high level of trust between participants and researchers, facilitating valuable feedback and insights into the phenomenon under investigation. The research was conducted according to ethical research principles and the guidelines of the European Union.

Results

Similarities and Differences in Family and Marriage Counselling: Experiences of CSW Goražde and CSW Banja Luka

The data obtained indicate that CSW Goražde and CSW Banja Luka invest the most effort in implementing family and marital counselling. In these centres for social work, the legal framework regulates the positions of counselling therapists as professional staff. In CSW Goražde, three positions are systematised: two associate experts, social workers for counselling and therapeutic treatment, and an associate expert, a pedagogue-psychologist for psychological tasks. Experts conduct individual, couple, family, and group counselling and therapeutic treatment using a systemic family approach.

In CSW Banja Luka, two social workers are engaged in family counselling, with the possibility of employing two more experts according to legal acts. Family and marital counselling is conducted within the eight-hour working day. The data showed that only counselling experts at CSW Banja Luka are not assigned any other duties.

CSW Goražde does not have the financial capacity to employ experts exclusively for counselling, so the three experts educated in family and marital counselling also perform other tasks as needed. Despite experts' belief that they can

meet users' demands and needs, their involvement in other tasks affects the dedication and treatment quality. To ensure quality treatment services, they collaborate with experts in the local community and refer users to other institutions when collaboration is paramount for treatment progress.

Counselling and therapeutic treatment are challenging tasks for any expert. Although the process requires complete dedication and professionalism, the analysis showed that systematic supervision is not conducted in the two aforementioned centres for social work. The main reason for the years-long absence of systematic supervision is the financial problems the centres for social work face. Continuous supervision in CSW Goražde, in addition to financial issues, is hindered by the lack of trained supervisors. In the absence of supervision, they organise peer supervision and occasional supervision within project activities in collaboration with the non-governmental sector. Although such forms of support are significant, they are not sustainable. Experts often pay for supervision themselves when they deem consultations necessary. CSW Banja Luka is in a similar situation: there is no systematic supervision; several experts had temporary supervision which was self-initiated. However, supervision was conducted at the premises of the centre for social work during working hours, which caused problems in the experts' work. An interviewee stated that she had financed supervision several times herself because it was necessary due to challenges in her work.

The mentioned centres strive to provide experts with the necessary education for conducting counselling and therapeutic treatment. Through interviews, a respondent in CSW Goražde highlighted that the Centre funded one year of education in systemic family therapy while she financed the second year herself. A similar experience was shared by a professional from CSW Banja Luka. Without funds, the professional conducting family and marital counselling financed the education in systemic family therapy herself, while the Centre entirely financed the education in emotionally focused therapy. The mentioned centres for social work fund logistical costs and paid leave for experts attending additional education.

*Table 3: Experiences of C*SW *Goražde and C*SW *Banja Luka in the implementation of family and marital counselling*

Conditions	CSW Goražde	CSW Banja Luka
Regulations on job classification define the tasks and responsibilities of experts conducting family and marital counselling.	✓	✓
The Centre has sufficient experts trained to conduct family and marital counselling.	✓	
Experts conducting family and marital counselling are not burdened with other tasks and duties in the centre for social work.	✓	-
Experts conducting family and marital counselling receive incentives for performing additional counselling tasks.	-	-
Experts have designated hours for conducting family and marital counselling sessions.	-	-
Experts conducting treatment collaborate with other relevant institutions and professionals in the local community to improve the quality of treatment.	✓	✓
The centre for social work organises continuous and systematic supervision for family and marital counselling experts.	-	-
The centre for social work finances training in psychotherapy schools to enable professional development and better implementation of treatments.	-	-
The centre for social work makes efforts and enables experts to attend training in psychotherapy schools on their arrangement.	✓	✓
If unable to provide professional supervision, the centre for social work organises internal consultations and professional support for experts conducting treatment.	✓	✓

The data in *Table 3* indicate that centres for social work are trying to organise family and marital counselling to provide quality service to their clients. However, according to the QCA analysis, they cannot be fully classified into the "ideal set." A serious issue is the lack of systemic supervision, which experts need to implement higher-quality treatment. Therefore, the centres should strive to ensure systemic supervision to improve counselling and provide experts with the essential prerequisites for better treatment.

Similarities and Differences in Family and Marital Counselling: Experiences of CSW Jajce and CSW Mostar

Further analysis revealed that CSW Jajce and CSW Mostar similarly implement family and marital counselling. In CSW Jajce, two social workers conduct counselling, while in CSW Mostar, one professional conducts the treatment. At CSW Jajce, the positions for conducting counselling need to be clearly defined. On the other hand, at CSW Mostar, the tasks and duties of advisory-therapeutic treatment are defined at three levels: educational-preventive, counselling, and therapeutic work.

In CSW Jajce, the legislation does not specify the hours for conducting counselling. Experts conduct treatment according to the client's response and available time. On the other hand, in CSW Mostar, the Family Counselling Centre operates four hours every working day. If clients request treatment outside the scheduled time, experts try to accommodate their needs and requests.

Counselling in these centres is conducted based on the client's needs, issues, and motivation. Experts conducting treatment also perform other tasks and duties specified by regulations during working hours. Overloading with other tasks negatively affects the implementation of counselling.

Although we try, the quality of work is compromised. Having staff dedicated solely to counselling would be good, but that is impossible. In such a situation, we are just putting out fires. We are all members of numerous teams, which affects the quality and dedication to treatment. (P:4)

Counselling is a challenging task and significantly differs from regular activities. However, experts conducting treatment receive no form of incentive. For example, one social worker states:

We do not receive any financial compensation for the work in the centre for family counselling. What drives us to engage in such a complex task is personal motivation. If we know we have helped someone, it motivates and stimulates us. (P:7)

To improve the quality of counselling treatment, CSW Jajce collaborates with the mental health centre, schools, municipality, court, and police station. Experts collaborate with institutions when they assess that their capacities are insufficient for a successful treatment outcome. They collaborate with the mental health centre if they determine that the client needs psychiatric assistance and medication therapy. Due to insufficient legal capacities, they collaborate with a non-governmental organisation that provides free legal support to clients. According to the experts' opinion, the benefits of collaboration are long-term, and clients are referred to other organisations to improve the quality of treatment.

In CSW Mostar, experts participate in supervision once a month. In CSW Jajce, experts do not have supervision. Aware of the financial problems the CSW faces, experts rarely request management to initiate systemic supervision. When asked if experts arrange supervision themselves, they stated that supervision is a luxury they

cannot afford despite the need. In the absence of supervision, experts exchange professional opinions if they encounter problems and challenges. However, this form of consultation is insufficient and cannot replace supervision.

CSW Jajce and CSW Mostar are rare centres for social work in Bosnia and Herzegovina that finance the necessary education for counselling. A positive experience was shared by an expert at CSW Jajce, where the Centre funded education in systemic family therapy. Through semi-structured interviews, experts stated they often had paid leave and logistical expenses while attending education.

The data obtained for these two mentioned centres for social work is presented in Table 4.

*Table 4: Experiences of C*SW *Jajce and C*SW *Mostar in the Implementation of Couple and Marital Counselling*

Conditions	**CSW Jajce**	**CSW Mostar**
Regulations on job classification define the tasks and responsibilities of experts conducting family and marital counselling.	-	✓
The Centre has sufficient experts trained to conduct family and marital counselling.	✓	-
Experts conducting family and marital counselling are not burdened with other tasks and duties in the centre for social work.	-	-
Experts conducting family and marital counselling receive incentives for performing additional counselling tasks.	-	-
Experts have designated hours for conducting family and marital counselling sessions.	-	✓
Experts conducting treatment collaborate with other relevant institutions and professionals in the local community to improve the quality of treatment.	✓	✓
The centre for social work organises continuous and systematic supervision for family and marital counselling experts.	-	-
The centre for social work finances training in psychotherapy schools to enable professional development and better implementation of treatments.	✓	✓
The centre for social work makes efforts and enables experts to attend training in psychotherapy schools on their own arrangement.	✓	✓
If unable to provide professional supervision, the centre for social work organises internal consultations and professional support for experts conducting treatment.	✓	✓

Analysing the data obtained through QCA, the CSWs in Jajce and Mostar are working on improving human resources. However, to be classified into an "ideal set," efforts need to be made in organisational prerequisites for a higher quality treatment. In this endeavour, there is a need to engage a more significant number of experts dedicated to treatment. To enhance the quality of service, it is necessary to provide incentives for experts involved in family and marital counselling.

Professional experiences of experts in family and marital counselling at the Centre for Social Work in Tuzla

The data obtained indicate that CSW Tuzla excels in the number of trained experts (six experts trained in family systems therapy). Still, only one therapist works directly on counselling treatment. CSW Tuzla has a standardised work schedule for the family counselling centre. Although the experts emphasise that counselling is organised three times a week, the Family Counselling Centre operates only once a week due to insufficient staff and an overload of other work tasks and duties assigned to experts.

Family and marital counselling is conducted upon the recommendation of experts, depending on the complexity of the issues, and the treatment lasts for several sessions. The Centre does not have enough experts to respond to all user requests adequately. Namely, the expert conducting counselling work performs their regular activities, and during the scheduled hours in the counselling centre, they run treatment. Due to the lack of staff, experts are overloaded with various tasks and do not carry out treatments as regulated by law. All of this affects the quality of treatment, as well as the (dis)satisfaction and the position of experts:

Due to the staff shortage, many users wait for appointments because we do not have enough time to dedicate ourselves to counselling treatment... One expert working in the counselling centre cannot bring about significant change. It's not a proper counselling centre. Nevertheless, we try... (P: 7)

Because of their preoccupation with other obligations, experts do not have enough time to devote to counselling. One expert explained that four hours a week, which is the scheduled working time of the counselling centre, is insufficient to meet all user demands because each treatment requires preparation (she states that 60 minutes are needed for quality individual therapy, and about 90 minutes for family therapy). Therefore, during working hours designated for family and marital counselling, experts can conduct treatment with two marital partners or one family therapy, which is insufficient considering the response from users.

Due to the overload, experts often share work tasks and duties among themselves, which leads to a lack of long-term solutions for higher-quality counselling and therapeutic work in centres for social work. We are understaffed and cannot pay much attention to all tasks, especially counselling treatment. (P: 9)

Experts continuously collaborate with the police, the court, the mental health centre, and non-governmental organisations. Their collaboration mainly involves exchanging professional experiences and informing users about counselling possibilities in other institutions. In partnership with a legal organisation, they provide legal support to users. The Centre had difficulties with funding for two years, and thanks to cooperation with institutions from the local community, family and marital counselling was provided. What sets CSW Tuzla apart from other centres is that the engagement of experts in family counselling was funded through a one-year pilot project supported by the Ministry of Labor and Social Policy. Although this support was significant, due to the lack of finances, the payment of fees for work in family counselling was suspended after the project ended.

Experts in Bosnia and Herzegovina are often passive and do not require incentives to perform additional tasks in centres for social work. However, symbolic compensation would be significant and would contribute to higher quality and more dedicated work. Moreover, the increasing need for family and marital counselling poses a serious challenge. It requires long-term solutions that will contribute to higher-quality work in centres for social work.

Experts participate in supervision, which is organised occasionally by non-governmental organisations. They also expressed a need for education in systemic family therapy. Management provided space for the education to be held at their request, but experts funded the education independently.

Despite the importance of supervision and education, many experts cannot afford to finance supervision and the necessary education individually.

> *We do not have sufficient financial resources to provide supervision on our own. Although urgently needed, it would have been a luxury if we had to finance it individually.* (P: 5)

*Table 5: Experiences of C***SW** *Tuzla in the Implementation of Family and Marital Counselling*

Conditions	CSW Tuzla
Regulations on job classification define the tasks and responsibilities of experts conducting family and marital counselling.	-
The Centre has sufficient experts trained to conduct family and marital counselling.	-
Experts conducting family and marital counselling are not burdened with other tasks and duties in the centre for social work.	-
Experts conducting family and marital counselling receive incentives for performing additional counselling tasks.	-
Experts have designated hours for conducting family and marital counselling sessions.	✓
Experts conducting treatment collaborate with other relevant institutions and professionals in the local community to improve the quality of treatment.	✓
The centre for social work organises continuous and systematic supervision for family and marital counselling experts.	-
The centre for social work finances training in psychotherapy schools to enable professional development and better implementation of treatments.	-
The centre for social work makes efforts and enables experts to attend training in psychotherapy schools on their own arrangement.	✓
If unable to provide professional supervision, the centre for social work organises internal consultations and professional support for experts conducting treatment.	✓

The QCA data suggest that CSW Tuzla was initially ahead in organisational terms compared to other centres for social work in Bosnia and Herzegovina. However, owing to a lack of financial resources, the quality of service has been compromised. The problem is compounded by the fact that, due to disrupted family and partner relationships, an increasing number of users need professional assistance. However, a decreasing number of experts can provide help. Based on the interviews, it can be concluded that CSW Tuzla has extensive experience in providing family and marital counselling. However, support is still needed to ensure the quality of the services.

Discussion

The Centres for Social Work in Bosnia and Herzegovina play crucial roles in social protection. In many respects, they provide social and other professional services to help users reorganise their marital and family relationships. It is within the competence of centres for social work to organise educational and preventive activities through family counselling centres to improve partner relationships. However, most do not provide family and marital counselling (Dudić-Sijamija, 2022). Most centres for social work do not have a standardised position for family and marital counselling.

Additionally, one of the major challenges for marital counselling is the absence of counselling and therapeutic work with partners who want to marry, or with former marital partners. Experts most commonly provide counselling as part of regular activities because of disrupted marital and family relationships. Counselling is most often conducted during mediation proceedings, before divorce. In most centres for social work in Bosnia and Herzegovina, there is a lack of spatial resources for implementing family and marital counselling. The biggest problem is the lack of experts trained in psychotherapy, which is one of the conditions for establishing family counselling centres. Due to a lack of human resources, some centres for social work collaborate with mental health centres and refer users to family or marital therapy.

In practice, due to problems related to the lack of trained experts and citizens' lack of information and education about the possibilities of family and marital counselling, centres for social work do not have frequent inquiries or interested clients for treatment. When there is an interest from (married) partners in treatment, counselling is often not provided because of the limited capacities of centres for social work. In this regard, the results of this research indicate that in Bosnia and Herzegovina, social work centres face inconsistent standards for conducting family and marital counselling, different organisational structures, insufficient numbers of experts, lack of systematic supervision, and inadequate educational support.

However, comparing the experiences of experts in counselling in Bosnia and Herzegovina with those from other countries reveals similar problems. Booysen and Staniforth (2017), examining the experiences of 15 experts from Aotearoa, New Zealand, stated that not all have equal counselling skills, which is why they feel the need to develop their clinical skills through additional education. In our study, all participants emphasised the importance of further education and counselling skills. Along these lines and addressing the problem of the lack of education to prepare experts for counselling, Booysen and Staniforth (2017) note that there are potentially many different ways in which training and professional development can be achieved: counselling training in undergraduate social work programs, postgraduate qualifications, and training opportunities for counselling as additional professional development for social workers. Along these lines, it is essential to mention that in Bosnia and Herzegovina in recent years, specialised education has become more accessible, but it

is organised in larger cities (such as Sarajevo, Mostar, and Banja Luka). Due to geographical distance, it is often not available to experts from smaller and remote areas.

It is essential to highlight the lack of supervision. Respondents reported a lack of supervision, which hindered their ability to access adequate professional support and resolve ethical dilemmas in working with clients. The problems encountered by experts in counselling in both countries were related to stigma and prejudice. Staniforth (2016) states that social workers are stigmatised because of the nature of their work, and sometimes this is not sufficiently recognised. This is confirmed by numerous studies in Bosnia and Herzegovina (e.g., Šerić and Dudić, 2018; Šerić and Dudić, 2019), which show that 75% of citizens have negative associations with the profession of social work in Bosnian-Herzegovinian society. Due to significant prejudices and a lack of information about the benefits of counselling with experts, many citizens avoid seeking help because they believe that "something is wrong with them." Challenges in counselling indicate the need to promote counselling as a significant aspect of social assistance.

The findings from the study on family and marital counselling in centres for social work in Bosnia and Herzegovina highlight several practical implications: (1) There's a need for clear regulations defining the roles, responsibilities, and working hours of experts conducting family and marital counselling. This can ensure consistency and quality in service delivery across different centres. (2) Centres should invest in training and education for experts in family and marital counselling, including psychotherapy schools. This can enhance the expertise of professionals and improve the quality of services provided. (3) Systematic supervision is crucial for professionals conducting counselling, as it provides them with the necessary support, guidance, and feedback. Centres should prioritise establishing regular supervision sessions or alternative forms of professional support. (4) Collaboration with other relevant institutions and professionals in the local community can improve the quality of treatment and expand the range of services available to clients. Centres should actively engage in networking and partnerships to enhance their effectiveness. (5) Providing incentives, whether financial or symbolic, can motivate experts to perform better and feel valued for their work. Recognising the importance of family and marital counselling within centres for social work can contribute to greater dedication and commitment from professionals. (6) Efforts should be made to raise awareness among the public about the benefits of family and marital counselling and reduce the stigma associated with seeking help. Promoting counselling services as a valuable resource for resolving relationship issues can encourage more couples to seek professional assistance. (7) Adequate funding and resource allocation are essential for centres to effectively deliver family and marital counselling services. Securing financial support for training, supervision, and staffing can address existing challenges and ensure sustainable service provision. By addressing these practical implications, centres for social work

in Bosnia and Herzegovina can improve their capacity to provide high-quality family and marital counselling services, ultimately benefiting individuals and families seeking support for relationship issues.

Conclusion

The study identified social work centres in Bosnia and Herzegovina whose experts have extensive experience in family and marital counselling. Despite inconsistencies and shortcomings in service delivery, the experiences of these selected centres can serve as examples of good practices for the (improved) implementation of family and marital counselling in centres for social work.

Summarising the research results, it can be concluded that family and marital counselling is a complex and responsible task that requires expertise and competencies. The lack of systemic solutions, inconsistent norms and standards, and limited capacities have slowed the development of counselling work in Bosnia and Herzegovina. Additionally, the public's lack of awareness about counselling possibilities and insufficient motivation for couples to seek professional help in resolving marital problems exacerbate the situation. Therefore, significant strides are needed in organising services, fostering multi-sectoral collaboration, and promoting institutional awareness to provide counselling work with the recognition it deserves in society.

Although this study addresses the existing challenges and gaps in the provision of family and marital counselling services within centres for social work in Bosnia and Herzegovina, the study has limitations in terms of sample size, and it would be important for future studies to examine the capacities of centres for social work in providing counselling services on a larger scale and using different methods. The study can serve as a guide for future long-term studies that will track the effectiveness of family and marital counselling interventions over time to gain insights into long-term outcomes for clients and help identify factors associated with successful treatment. Comparative analysis of centres for social work in Bosnia and Herzegovina with those in other countries can offer insights into cross-cultural variations in the provision of family and marital counselling services and inform best practices.

References

Agency for Statistics (2023). *Demography 2022*. Sarajevo, available at DEM_00_2022_TB_1_BS.pdf (bhas.gov.ba), accessed on 15/06/2024.

Booysen, P., & Staniforth, B. (2017). Counselling in social work: A legitimate role?. *Aotearoa New Zealand Social Work*, *29*(1), 16–27. https://doi.org/10.11157/anzswj-vol29iss1id214

Bradbury T., Bodenmann, G., (2020). Interventions for Couples. *Annual Review of Clinical Psychology*. 99-123

Brajša, P., (2009). *Brak i obitelj iz drugogo kuta [Marriage and family from another angle]*. Zagreb: Glas Koncil

Braun, V. i Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology,* 3 (2) 77-101

Dervišbegović, M., (2001). *Socijalni rad-teorija i praksa [Social work - theory and practice]*. Sarajevo: Zonex

Dudić, A., (2020). Mladi u Bosni i Hercegovini o braku i alternativnim oblicima partnerstva. [Young People in Bosnia and Herzegovina on Marriage and Alternative Forms of Partnership]. Porodica i savremeno društvo- izazovi i perspektive *[Family and Modern Society: Challenges and Perspectives]*. 181-193, DOI: https://doi.org/10.7251/ZCMZ2001181D

Dudić, A., (2020. (Ne)sigurnost socijalnih radnica na radnom mjestu u Bosni i Hercegovini, [(In)security of social workers in the workplace in Bosnia and Herzegovina] *DHS* 2 (11) (2020), 361-380. link: DHS-br11-Drustvene_i_humanisticke_studije_FF_juni2020.pdf (untz.ba)

Dudić-Sijamija, A., (2022). Brak u savremenom bosanskohercegovačkom društvu i izazovi u savjetodavnom radu *[*Marriage in Contemporary Bosnian-Herzegovinian Society and Challenges in Counselling Work*]*. *Doctoral Dissertation.* Sarajevo: Faculty of Political Sciences.

Janković, J., (2004). *Savjetovanje u psihosocijalnom radu [Counseling in Psychosocial Work]*. Zagreb: Etcetera

Kalomeni, K., (2020). Qualitative comparative analysis. In: *Research methods in the social sciences an A–Z of key concepts. UK: Oxford University Press.* 229-233

Kreider, Rose M., (2001) *Number, timing, and duration of marriages and divorces.* Washington, D.C.: U.S. Dept. of Commerce, Economics and Statistics Administration

Kvist, J. (2007). Fuzzy Set Ideal Type Analysis. *Journal of Business Research* 60 (5). 474–481. DOI: 10.1016/j.jbusres.2007.01.005

Law on the Basic Social Protection (Zakon o osnovnoj socijalnoj zaštiti), Protection of Civilian War Victims and Families with Children. (OG F BiH 36/99).

The Law on Social Protection (Zakon o socijalnoj zaštiti) – "Official Gazette of BiH Brčko District", no. 1/2003

Law on Social Protection, RS OG 5/93, 15/96, 110/03

Ragin C. (2002). *Fuzzy Sets: Calibration Versus Measurement*, http://www.u.arizona.edu/~cragin/fsQCA/download/Calibration.pdf

Schneider, C., Wagemann, C. (2012). *Set-Theoretic Methods for the Social Sciences: A Guide to Qualitative Comparative Analysis*, Cambridge: Cambridge University Press

Staniforth, B. (2016). Counselling in social work in Aotearoa New Zealand: The historical, political and socio-cultural evolution. *Aotearoa New Zealand Social Work*, 22 (3), 3–14. https://doi.org/10.11157/anzswj-vol22iss3id179

Šadić, S., Ždralović, A., Emirhafizović, E., (2020). *Jednoroditeljske porodice-mapiranje prava i potreba samostalnih roditelja/ki na području općine Centar Sarajevo [Single-parent families mapping the rights and needs of independent parents in the area of the municipality of Centar Sarajevo]*. Sarajevo: Fondacija CURE

Šerić, S., & Dudić-Sijamija, S. (2019). Socijalni rad u javnom diskursu u Bosni i Hercegovini *[*Social Work in Public Discourse in Bosnia and Herzegovina*]*, *Socijalna politika [Social Policy]* 10(4), 213-228.

Šerić, S., Dudić-Sijamija, S. (2018). Percepcija profesije socijalnog rada u Bosni i Hercegovini *[*Perceptions of social work profession in Bosnia and Herzegovina*]*. *Socijalne studije [Social Studies]*, 8(2), 75-88.

Turčilo,L., Osmić, A., Kapidžić, D., Šadić, S., Žiga, J., Dudić, A.,(2019). *Youth Study Bosnia And Herzegovina*. Sarajevo: FES

https://doi.org/10.37509/socpol24201079t

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METHODS OF SOCIAL WORK WITH OLDER PEOPLE AT DIFFERENT PROVIDERS OF SERVICES FOR OLDER PEOPLE IN CROATIA[1]

Abstract

The demographic data from the last census (2021) in the Republic of Croatia show that the proportion of older people in the total population will increase, as already predicted. With a larger number of older people, the likelihood of needing help with activities of daily living in later stages of life increases, especially among the population of 80 years and older, which leads to an increase in the number of services for the older people. With the development of social services for older people, different methods and approaches are being developed to meet the needs of older people in the community in which they live. During the doctoral studies at the Faculty of Social Work at the University of Ljubljana, the author gained new insights into working with older people that had not previously been researched in Croatia. The aim of this paper is to examine whether there are methods for working with older people that are used by different service providers for older people in Croatia. The article presents the methods of social work used by various service providers for older people and how they are based on concepts of social work with older people. The study used a qualitative approach with the interview method and the data was processed using the qualitative analysis method. The study involved 12 people who work in institutions and associations that provide services for older people. The results show that different methods of social work are present in the practise of working with older people and that the concepts of social work with older people are represented by service providers in which older people actively participate in the design of activities and services.

Keywords: older people; concepts of social work with older people; service providers; working methods

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Introduction

According to the latest data, experts predict that the number of older people in the world will exceed one billion by 2030 and even 1.6 billion by 2050 (United Nations, 2023). In the European Union, the number of people over 80 has already doubled between 2002 and 2022 (Eurostat, 2023), confirming the fact that demographic change can be considered a civilisational achievement for the first time in human history (Mali and Grebenc, 2019). The development of different forms of care for older people throughout history is a reaction to social and demographic changes in society. The intensity of the development of services for older people often depends on the political will of the state to recognise the need to develop care for older people and on the strong will of the community to propose and create new forms of care. In the Republic of Croatia, care for the older people has become a public issue in recent decades, and instead of the traditional informal way of care for the older people, an increasing development of the formal way of caring can be observed (Jedvaj, Štambuk and Rusac, 2014). The development of new services for older people opens up new possibilities for the deinstitutionalisation process and has a direct impact on the reduction of institutional forms of care (Grebenc, 2014, p. 135). The first beginnings of the development of care for older people were recorded in the fifties of the twentieth century, when a significant increase in the number of older people was observed in Croatia. Since the middle of the last century, the ageing of the population has been considered a constant challenge for social policy, which most experts only began to address in the 1990s (Šućur, 2003). Until 1990, care for older people was concentrated in homes for older people located in larger cities (Šućur, 2003). Non-institutional care was at the beginning of its development and most care services for older people were left to the family (Laklija and Dobrotić, 2009, p. 59). At the end of the 1990s, Croatia began the process of deinstitutionalisation. The focus was on expanding the service network for all user groups and reducing the institutionalisation of people who need support with everyday activities in their own homes. The Ministry's plan was to support as many services as possible for users in their own homes in order to reduce institutionalisation (Ministry of Demography, Family, Youth and Social Policy, 2018). After the 1990s, the answer to the lack of care options for older people was found in the growth of providers of services for older people and the expansion of non-institutional services (foster care for older people, family homes for older people[2], day care for older people and home care services). From 2000 until today, services

[2] Family homes for older non-institutional form of accommodation run by a family member who provides services for 5 to 20 older people in a family home. The new Social Welfare Act (NN 156/23) will abolish this form of care and it is expected that family homes will be converted into private homes.

for older people have developed in Croatia, with a lack of transparency in terms of the prices of services, the criteria for placement in a home for older, lack of public application, etc. (Dobrotić, 2016, p. 33). According to the latest data from the Ministry of Labour, Pension System, Family and Social Policy (2021), most counties have some kind of accommodation capacity for the older people (private or public) and the statistics show that 3.68% of the older people are accommodated in homes for older people. At the time of writing, home care is being implemented as a project activity at all levels of the local and regional community and it is assumed that such a service is currently available to all older people. The expert group that developed a comprehensive plan for the development of services for older people concluded that the capacity of services is insufficient and is associated with uneven regional development. The recommendations of the National Plan with regard to the sustainability of social services are aimed at improving the legal framework, the transparency of funding, the digitalisation of the system and the development of a uniform assessment methodology (Ministry of Labour, Pension System, Family and Social Policy, 2021). Recent studies (Penava Šimac, Štambuk and Skokandić, 2022, p. 206) point out that each country should take into account the cultural and social context in which older people live when developing services for older people, but we do not yet have precise data on this. Croatia's accession to the European Union opens the space for the development and revitalisation of existing services for older people, financed by projects under the European Social Investment Plan (Babić and Baturina, 2016). According to the latest data, in Croatia there are 3 state homes for older people (under the jurisdiction of the state), 45 decentralised homes for older people (under the jurisdiction of the counties), 121 private homes for older people and about 379 family homes for older people (Ombudsman's report, 2021). Exact information on the number of day care centres for older and home care providers is not known. The development of care for older people should include formal, informal, and combined forms of care for older people (Hlebec, Srakar and Majcen, 2019), and these different forms of care should be based on the concept of social work with older people. Previous studies (Mali, 2013b) see the increase in the number of older people as an opportunity to explore new ways of working and living with the older population.

Methods in social work are not static and immobile; they are supplemented and changed over time (Flaker, 2003). They are defined as specific techniques and approaches that social workers use when working with users (Teater, 2011), i.e. everything a social worker does in direct contact with a user (Chukwz, Chukwu and Nwadike, 2017). Theories help to predict or understand certain phenomena, and methods determine what to do in situations in which one is confronted with certain phenomena (Teater, 2011). In practical work, social workers identify facts that they associate with a certain theory without often realising it (Knežević, Miljenović and

Branica 2013, p.46) and act according to the facts they have identified (they use different methods). Theories in the field of social work methods should offer a range of possibilities and not a network of ideas in which social workers become entangled. Therefore, it is important to choose a relevant theory that is best suited to a particular situation (Lub, 2019). With the increase in the number of older people, space has opened up for considering a critical approach to social work, where social workers, together with older people and other professionals, can change the discourse on ageing in society and institutions and thus influence the development of care for older people (Duffy, 2017). Demographic change has shown that it is necessary to accelerate the development of services for older people that are based on the needs of older people and not on assumptions about general needs in old age. Services for older people have not yet been researched in Croatia, especially in terms of social work methods of working with older people. The fact that the exact number of services for older people and whether they are equally available in all parts of Croatia is still unknown. It is interesting that in the National Plan for Combating Poverty and Social Exclusion for the period from 2021 to 2027, the Government of the Republic of Croatia emphasises the greatest development challenge for civil society, which is reflected in the lack of additional knowledge and skills that would enable it to continue working and developing (Marković, 2022).

The aim of the study is to gain at least a partial insight into the working approaches of various service providers for older people who apply to participate in the study. The data on the different approaches to working with older people will provide insight into the existence of concepts of social work with older people.

Social work methods and concepts of social work with older people

Concepts of social work with older people should be based on society's obligation to care for its older members in such a way that they can continue to live in the environment in which they have spent most of their lives (Mali, 2012, p.61). In 1991, the United Nations defined principles for older people that should guide all member states. These include the principles of independence, dignity, participation, care, and self-fulfillment (United Nations, 46/91). The authors Burack-Weiss and Brennan (1991) have defined concepts on which work with older people should be based, namely seeking strengths, promoting maximum functioning, promoting the least restrictive environment, promoting ethical practises, treating older people with dignity and respect, respecting cultural differences and working with a systems perspective. At the Faculty of Social Work, University of Ljubljana, these principles are further articulated as follows: partnership, power perspective, anti-discriminatory orientation, social network, and community care and represent a specific area of social work with older people (Mali, 2009). The concept of partnership implies the equal participation of users and social workers in the work process, the perspec-

tive of power refers to the mobilisation of users' resources and power, especially their knowledge, possibilities, resources, etc. The practise of anti-discrimination aims to counteract prejudice, undesirable relationships and inappropriate treatment of others. For older people, the influence of the social network is of great importance and is defined as a two-way process that should be taken into account when working with older people. Community care is related to the process of deinstitutionalisation, where services for older people are based on their actual needs (Mali, 2011). Concepts of social work with older people can be implemented through social work methods (Miloševič Arnold and Poštrak, 2003, p. 100). There are various definitions and classifications of methods in social work in the literature. Some authors explain methods as procedures that must be carried out to achieve a certain change (Pincus and Minahan, 1973, p. 90), as a sequence of actions that we carry out in order to achieve the objectives (Flaker, 2003, p. 8) or as specific procedures and techniques that help to achieve tasks and goals (Teater, 2011, p. 1), in which all the basic elements of social work are manifested and realised (Miloševič Arnold and Poštrak, 2003, p. 100). Methods represent everything the social worker does with the user (Chukwu, Chukwu and Nwadike, 2017).

Social workers use various methods in their work with older people in order to achieve a specific goal and thus demonstrate competence in their work. As the profession of social work has developed, so have the methods of working with users, which confirms the claim that social work is a profession that should be flexible and provide answers to specific life situations (Zaviršek, Zorn and Videmšek, 2002). The first division of methods in social work was into basic and auxiliary methods, with basic methods including work with an individual, work with a group and work in the community. The auxiliary methods included cooperation and coordination, the method of professional development, the method of research in social work and administration (Miloševič Arnold and Poštrak, 2003). Lymbery (2005, pp. 27-33) lists the needs of older people where he recognises the need for social work intervention. The needs include the following areas: illness, disability, and physical frailty; dementia, depression and other cognitive impairments; working with carers, transition and change, grief and loss; abuse and protection; and confronting and challenging oppression.

McDonald (2010) distinguishes between different areas of work with older people in which social workers use different methods: working with individuals, working with families and groups, and working with communities.During the COVID-19 pandemic, social work methods were developed in response to the current situation in working with older people, e.g: online methods, walking appointments, volunteers, etc. (Brennan, Reilly, Cuskelly and Donnely, 2020). Over the last decade, researchers have emphasised the importance of developing social work methods to influence the development of services for older people that meet their needs (Mali,

2013b; Mali, 2019; Mali and Grebenc, 2019). Some authors divide the methods of social work into primary (which refer to direct work with the user) and secondary (which refer to indirect work with the user) (Chukwu, Chukwu and Nwadike, 2017). Direct methods include working with an individual, working with a group and working in the community; indirect methods include social action, administration, and research in the field of social work.

This paper identifies concepts of social work with older people based on the presence of direct and indirect methods of social work in various service providers for older people.

Methodology

When we talk about methods in social work, they are approached through social work theory, with each specific theoretical approach advocating a particular approach to work (Pincus and Minahan, 1973; Miloševič Arnold and Poštrak, 2003; Knežević, Miljenović and Branica, 2013). With the increase in the number of older people in the world, there is a need for research on methods of working with older people in order to define a specific area of social work - working with older people. There are several reasons for this: increased life expectancy means a growing number of older people in retirement, who will play an important role in ensuring social balance in the future; social workers will work directly with older people regardless of their field of work; the importance of synergies between general and specialised social work and the greater involvement of older people in social work (Mali, 2013b). The aim of this study is to examine the existence of methods of social work with older people used by different providers of services for older people. Accordingly, the following questions were asked in this study: What methods are used in working with older people in social work practise? Which of the methods used in working with older people are based on concepts of social work with older people?

The data obtained from this research will contribute to the research being conducted as part of the PhD studies at the Faculty of Social Work at the University of Ljubljana. For a more comprehensive and better understanding of the relationship between methods and concepts of social work among different service providers for older people, a qualitative research approach was chosen that allows access to individual experiences (Lamza Posavec, 2021, p. 61). The research strategy in this study is based on a qualitative approach (Mesec, 1998) and enables insights to be gained into the methods of working with older people and their connection with the concepts of social work with older people. A semi-structured interview (Lamza Posavec, 2021) was used for the research, which covered specific topics (direct and indirect methods of working with older people and concepts of social work with older people) with sub-questions for further clarification of specific phenomena, methods, etc.

The sample of respondents is convenience (Lamza Posavec, 2021). Various providers of services for older people were included in the study: public and private homes for older people and associations, which cooperates with the Faculty of Law in Osijek by organizing a practical course for students of all years as part of their social work studies. During their education, students of undergraduate and postgraduate social work programmes in Osijek take part in practical courses every academic year, which are organised in institutions and organisations that cooperate with the programme. This study included 9 institutions and associations with which the faculty cooperates and which are active in working with older people (three public homes for older people owned by county, five associations providing home services and day centres for older people, and one private home for older people). From the institutions and associations mentioned above, 12 people (11 women and 1 man) took part in the study: five social workers, the director of a home for older people, three presidents of associations for older people (a retired educator, a retired nurse and lawyer) and three coordinators in associations (lawyer, economist and caregiver). The age of the interviewees ranged from 25 to 73 years and their experience in working with older people from 1.5 to 35 years. The interviews were conducted with experts from various profiles live and via the Zoom application in March and April 2023 and the data collected was processed using the qualitative analysis method (Mesec, 1998). Before the start of the study, all interviewees were informed about the purpose of the study, the protection of their identity, the method of data processing and the possibility of withdrawing from the study at any time. All respondents voluntarily agreed to participate.

The limitation of the conducted research lies in the sample, which refers to the available service providers and cannot be identified and generalised for all service providers on the territory of the Republic of Croatia. Conducting the interview enabled direct contact with service providers in the area where services for older people are provided, which may affect the increased subjectivity of the interviewees in relation to working with older people.

Results

Research has shown that there are various direct and indirect methods in working with older people, and the intensity of their use depends on the needs of the older people and the service provider. The concepts of social work with older people are reflected in social work methods that actively involve older people in the work, methods in which older people are not passive participants. The research findings are presented in two sections: Methods of social work with older people in different service providers for older people and Methods of social work based on concepts of social work with older people.

Methods of social work with older people at various providers

The interviewees stated that in their direct work with older people, they work with individuals and usually solve the everyday difficulties faced by older people on an individual basis, offering them help and finding solutions to get out of the situation they find themselves in. In homes for older people, social workers have scheduled time to work with older people and in most cases, older people come to the social workers for help and support. "*From some trivial things (...) to the exercise of some of their rights or the solution of problems or some basic things of life."* (P2) Working with a person is mainly about providing help and solving difficulties. Some of the interviewees who work in associations stated that they reach out to older people through personal contact, contact through relatives and friends and by telephone and work with the older people to find a way to help them. "*My direct contact with them was mainly aimed at concretely solving some of their difficulties*." (P1) When working with individuals in institutions and associations, the focus is on supporting older people with the activities of daily living.

Method of group work is recognised by all service providers for older people. In homes for older people, social workers state that group work with older people takes the form of meetings aimed at solving the difficulties and problems that the older people in the home face on a daily basis. *"We do group work once a month on the floors of the home, they present us with some of their problems in terms of living together, and our aim is to improve the living conditions in the home."* (P2) In associations, group work is carried out through creative activities, education, exercise, etc. The group work is led by various professionals. Older people are involved in all activities and have the opportunity to actively participate and contribute to the development of some new activities that were not previously part of the association*." We promote the recycling of materials among the older (...) we have different sewing workshops where they show their handiwork and how to master a certain technique."* (P9) Group work is recognised as an indispensable component of various service providers for older people. In institutions, group work relies mainly on occupational therapists as implementers, and in associations, group work is carried out by leaders of activities for older people, association chairpersons, older people who have certain knowledge and skills, and various experts who can contribute with their knowledge to improve services for older people (e.g. kinesiologists, lawyers, nurses, etc.)

Community work is based on the commitment of individuals, groups and organisations working in the environment of the various service providers (Miloševič Arnold and Poštrak, 2003). There are several reasons given by the interviewees for networking with different actors in the community: connecting generations, collaborating on projects and improving services within an institution or association. For social workers in homes for older people key of cooperation lies in local authorities

and institutions (e.g. pre-school, primary school, high school, etc.). The involvement of volunteers in the work of the institution and the organisation of various activities by different actors in the community is very important. *"In this respect, I have to admit that it's something we like to boast about. So, it's not like we just settle down with an older person and that's it, but we're really active and you can see that on social media."* (P5) Interviewees in the associations stated that they involve all interest groups from the community who want to get involved and contribute to the association's activities: "*A group of people from other places come here to hang out, or we have different days that we celebrate: holidays, senior day, family day, volunteer day. We have volunteers who play guitar or harmonica, and that's always very good*." (P6) When analysing the direct methods, it was found that they are interconnected and mutually dependent. When we talk about the method of working with the individual, we cannot exclude the group and the community.

Indirect methods are mostly covered by administration. The majority of respondents in homes for older people (social workers and the director) pointed out that administration is an integral part of the daily work of staff in such institutions and relates to record keeping, work plans, individual plans and reports. *"We use Google Sheets and documents where all departments are linked together, from the director to the social workers to occupational therapy, where different records are kept about personal data, about communication, about what we did on which day with the users, about what we talked to the families about."* (P5) Although some previous research (Štambuk, Sučić and Vrh, 2014) has shown that social workers are overloaded with administration and that this affects the reduction of direct work with older people, this research has shown that some social workers use different ways to organise information about the user so that all professionals have the necessary information at the same time (e.g. Google documents). Respondents from the various associations confirmed that the amount of administration is high and that data is often kept in paper and computerised form, which takes up more time. "*Well, that's a slightly more difficult part of the job, the administrative...it's really demanding...a lot of associations give up for these reasons...They don't apply for projects because it's a problem for them..."(*P7). The majority of respondents confirmed that administration is a burden on their work and that they often do not know what and how to write. The preparation of documents for different projects is often demotivating (especially for associations) as they are not familiar with the application forms of the project documents. The reports often have to be adapted to the submitted administrative bodies, which requires additional work.

The results of this research have shown that most institutions and associations are involved in research whose purpose is to collect results for the preparation of graduate and doctoral studies, to survey people's satisfaction with certain services, etc. *"We participate in a lot of research, but we do not actually have any feedback*

from that information. Mostly this research is done with the aim of improving the quality of life of older people." (P12) The above statements confirm the fact that the connection between research and real changes in certain service providers has not yet been recognised. The consequence of this phenomenon can also be attributed to the insufficient knowledge of the researcher and his role, the unclear objective of the research, where the contributions of the research and the passive role of the interviewees are not clearly stated. The majority of respondents who work in associations associate research mainly with projects and project activities and analysing the success of the activities carried out. Research is experienced through evaluation processes in which the satisfaction of the end users of a service is recorded. One of the examples of research that has influenced change in the work of the organisation is the issue of violence against older people. "*We participated in the research... The prevalence of violence among older people... it has been used to create some new programmes and projects... a lot of people have referred to that research*." (P9) Some of the aims of research in social work are to improve practise (Chukwu, Chukwu and Nwadike, 2017), i.e. working with older people, to acquire new knowledge about working with older people and to develop new methods. Research opens the space for some new topics that have not yet been discussed in the practise of working with older people.

The method of social action includes different strategies and tactics to achieve a specific change that is important for a better life for older people (Chukwu, Chukwu and Nwadike, 2017). Radical approaches (Knežević, Miljenović and Branica, 2013) to advocating for change were not observed in this research, but there are certain changes in the community that we can identify as crucial for working with older people. Respondents who work in homes for older people tend to focus on the work and functioning of the institution where older people are accommodated. *"Mostly we seek through some practises... and some of our experiences that we all decide together... that we might change some ways of working... something that maybe would improve the quality of the users' stay in our facility."(*P11) The majority of respondents stated that transparency in institution is key to provide the necessary information, making joint decisions and representing older people when there is a possibility of being cheated by third parties (e.g. when paying for certain services that are not the responsibility of the care home). The interviewees who are active in associations consider it important to promote examples of good practise and to draw the attention of the relevant institutions to the fact that the criteria for exercising the right to services contain certain inconsistencies. "*Iam promoting the day care centre as a place where senior citizens can make good use of their free time, and I have also told the social workers that."* (P6) The respondents in this study mainly use strategies of negotiation, persuasion, co-operation and balancing to achieve a particular change for older people in the community. Most associations

use a strategy of persuasion to find a way for authorities to make certain services that have proven useful to older people permanent and sustainable.

The direct and indirect methods of social work presented in the results point to the need to integrate and combine all methods of social work. Each method cannot be considered separately, but should include all others in parallel.

Social work methods based on concepts of social work with older people

The research has shown that concepts of social work with older people (partnership, power perspective, anti-discriminatory practise, social network and community care (Mali, 2009)) are present in different social work methods. The partnership and power perspective as one of the concepts of social work is present in the direct methods of social work (working with an individual, working in a group and working in the community). The respondents who work in associations stated that the involvement of older people in the organisation of activities and events is essential to the work of the association. Older people are respected in associations as equal members who contribute to the work of the organisation. *"People get lost in these projects, it's more about the administrative part, the accompaniment... and when you have to reach people, they are somehow a bit far away from all that. With us, the situation is different... a person can come, they can express their opinion, they can vote."* (P7) The perspective of partnership and power is expressed above all in associations where older people work as activity leaders, employees and in the position of association president. Respondents who work in institutions mostly recognise that older people come to them for help and to solve problems. The strength of older people and the ability to solve certain difficulties themselves is not recognised in older people.

Anti-discrimination work with older people should be based on an understanding of old age as a phase of life in which older people should be granted independence and autonomy (Mali, 2009). Respondents working in homes for older people stated that the greatest difficulty in working with older people is finding enough time for direct work, that it is sometimes a great challenge to move an older person from one department to another and that co-operation with the family plays an important role. *"A particular challenge is some of their demands and needs that we cannot currently fulfil, as well as some conflicts between them that we cannot resolve because they are older people."* (P8) Time is an important indicator that influences the equal treatment of older people. Research has shown that older people with reduced mobility do not have the same opportunities as people who are mobile in a home for older people. For example, people with reduced mobility do not have much contact with professional staff because they are not able to seek out professional staff when they want to (they are dependent on the help of others), and social workers cannot take the time to work directly with an older person who is less mobile due to the

heavy workload in their daily work. Respondents from the associations stated that the challenge in working with older people is finding the time and that it is crucial that the person providing a particular service to older people is motivated to help a person in need. Most of the respondents in the associations are approaching old age or are already old. They therefore explain that the following is important when working with older people: *"A person can come, he can express his opinion, he can choose that direct communication is most effective."* (P7) Involving older people in a particular service and activity enables the active participation of older people (Mali and Grebenc, 2019), creates a time when older people can become independent and self-reliant, and enables the provider of services for older people to use social work methods successfully.

Social networks (formal and informal) are an indispensable part of everyone's life, regardless of age. With increasing age, we experience that the intensity of connection with other people in the community decreases due to the functional changes of an older person (Mali, 2012). In this research, the interviewee was told that it is important to involve family members, volunteers and professional staff in the daily life of an older person (if the older person is accommodated in home for older people or is a member of an association that employs professional staff) who can complement the life of an older person in some way. Some associations went a step further and recognised the need to involve family members, not only at the level of association work, but also offered support to family members caring for people with dementia. *"There is a lady who cares for her husband and occasionally comes to the counselling centre, where she is supported by a psychologist. During this time, her husband is with us in the living room, and after the psychologist's support, the couple stay together in our room for some time."* (P6) In most cases, an older person's social network is informal and consists of family, neighbours, relatives and friends. The example of supporting an informal network is a big step towards providing services for older people.Support for informal caregivers confirms the fact that formal and informal care cannot be separated. They should be interconnected and complementary, because on the one hand they utilise the social network of older people and on the other hand they enable older people to grow old in the community to which they belong (Hlebec, Mali and Filipovič Hrast, 2014).

This study has shown that community care is developing more intensively in associations that provide services for older people. Most associations and some homes for older people offer a home care service for older people who need such support. The respondents who are employed in homes stated that there is potential for the development of non-institutional services for older people, but that this currently only relates to meal preparation. Homes for older primarily organise activities in the home that are aimed at the residents, although occasionally other associations, institutions and individuals who wish to do so also take part. With

regard to care in the community, associations have developed activities (creative, educational, sporting, cultural, etc.) to influence the activation of older people in the community. They are always looking for new, innovative ways to help older people stay in their homes for as long as possible while organising the services they need. *"We have two people who come to us to volunteer or work for the common good... we bring them together with people who have not received home services"* (P1). Often, providers of services for older people have to outline the need for a particular service, which in most cases ends up with the project through which it was funded: *"Our transport service will be discontinued at the end of 2020 because the project is coming to an end. However, we have been trying for several months to promote this service and its importance for older people to various donors. We are hoping for a positive response."* (P9) The above comments confirm that respondents in the associations are finding new ways to maintain services in the community, advocate and represent older people and represent key stakeholders in the development of care for older people. The analysis of the respondents' answers revealed that concepts of social work are more prevalent in associations that provide services for older people, that develop support and assistance programmes for older people and that are more flexible in terms of the intensity of the development of services and activities than in institutions that provide residential services. Older people's involvement in associations is based on partnership, anti-discrimination practise, social networking and community care.

Discussion

In recent decades, there has been increasing talk about the growing number of older people and the need for social work to specialise in working with older people. In order to be able to talk about specific social work that complements the general knowledge of social work, it is necessary to develop methods of social work in working with older people (Mali and Penič, 2022, p. 204). In Croatia, there is no research on the application of methods in social work practise that are based on concepts of working with older people. This research has shown that there are direct and indirect methods of social work with older that are present in various service providers in Croatia (homes for older people and associations). Direct methods usually include working with an individual, working in a group and working in the community (Chukwu, Chukwu and Nwadike, 2017). Work with the individual is recognised in the area of support for older people in a particular life situation. Sometimes this involves difficulties with activities of daily living and sometimes a new situation that the older person is unable to cope with (e.g. changed conditions for exercising a particular right). Social workers see themselves as an important person who can help an older person at a particular moment. Other professionals such as lawyers and economist recognise the importance of their knowledge which

they implement in social work methods. The study on the power perspective, partnership and anti-discrimination practise (Mali, 2009) in work with older people does not provide a revealing picture. The reason for this could be the aforementioned research, which has shown that the legal framework regulating the activities of homes for older people does not recognise the importance of the role of social work in working with older people (Štambuk, Sučić and Vrh, 2014, p. 187) and older people are seen as passive recipients of help (McDonald, 2010, p. 25). The small number of social workers employed in homes for older people represents the lack of a system that accommodates a large number of older people. This means that social workers do not have enough time to apply social work methods based on social work concepts. The recommendations of previous research are that it is important to bring flexibility into the work of the institutions (especially in institutions where a small number of older people are accommodated), to pay attention to the individual experiences of older people and to be aware of the different cultures and habits in a place (Mali, 2008b, p. 442). Considering that working with individuals in practise cannot be seen as a stand-alone method, but as a method that also includes the method of group and community work (Urbanc, 2006, p. 25), the interviewees from the associations clearly pointed out that the involvement of older people in the organisation of work for older people is essential. Greater involvement of older people can contribute to the development of new methods and skills in social work (Mali, 2013b, p. 38), as research has shown. Associations as service providers for older people showed a high degree of flexibility and openness to cooperation. They often stated that they are guided by the interests of older people when creating activities and that people are at the centre of the association's work, which represents the development of a partnership between older people and professionals. Group work, which mainly takes place in associations, is a place where older people can be helped to achieve certain goal (solving a problem, meeting new people, etc.). The objectives are primarily focussed on gaining knowledge about specific changes (e.g. living and care arrangements, older abuse), developing creativity and connecting with others in the community. Group work helps older people to connect with other people and groups in the community. This means that they deal with the changes in society and raise awareness of the phenomenon of ageing (Mali, 2013b, p. 25), which finds its sources of knowledge about old age precisely among older people (Mali, 2013a, p. 121). Self-help groups for older people in Slovenia are an example of good practise aimed at reducing loneliness and isolation and influencing intergenerational bonding (Mali, 2013b). In both cases, the groups can be both subject and object, and their common feature is the empowerment of older people (Flaker, 2022). Indirect methods include the areas of administration, social action and research. The results of the study have shown that these methods are interlinked and cannot be considered separately. Most of the interviewees see administration in

working with older people as a difficulty and an obstacle that takes up most of their work. Previous research has shown the need for better organisation of work with users and a way of managing it (Štambuk and Sučić, 2014, p. 191). Documentation in work with older people should provide a range of valuable data about the people we work with directly (Zaviršek, Zorn and Videmšek, 2002). Documentation in social work is a source of information, a practical tool in the work, contributes to the visibility of a specific problem, leaves a written trace of an example of good practise, etc. (Čačinovič Vogrinčič, Miloševič Arnold, Poštrak, Stefanovski and Urek, 2011). The method of research in social work has only been recognised in research through its inclusion in theses and dissertations and through the implementation of various measures of quality and satisfaction with the service provided. The benefits of conducting research involving experts, users and researchers (McBeth, Austin, Carnochan and Chang, 2021) help to identify and understand problems and create improved or new forms of services (Chukwu, Chukwu and Nwadike, 2017). Some studies have shown (Mali and Grebenc, 2019) that by applying action research in social work practise, certain changes can be achieved in the community in which older people live. The method of social action is the result of direct work with older people. To achieve a particular change, experts use various methods to advocate for older people (e.g. negotiation, co-operation, persuasion and compromise) (Chukwu, Chukwu and Nwadike, 2017) to enable older people to live with dignity. Respondents in this study gave many examples and ways in which they struggle with a system that is often unresponsive to the needs of older people. The purpose of advocacy in social work is to influence decisions or changes that are not in the user's favour (Zaviršek, Zorn and Videmšek, 2002, p. 80), social work should contribute to positive change in the different forms of care for older people (Mali, 2014). This opens up the possibility for the social worker to take on roles previously defined in the literature: the role of facilitator, advocate, activist and mediator (Mali, Mešl and Rihter, 2011). Based on the analysis of the direct and indirect methods, it was found that the methods should be considered as integrated, one method complements and influences the other, and by integrating the methods, spaces are opened for the development of specific working methods.The results of this research confirm the importance of involving older people in the creation of services and activities for older people. Teamwork is a key moment in working with older people. The different professional groups contribute to the development of services for older people from their professional perspective. The need for flexibility in working with older people has been shown in this study to be important, especially in moments of illness and frailty of older people, the time that needs to be available for older people and their level of mobility.

Conclusion

Social work methods are most prevalent in the literature on social work theory and social work interventions. The professionalisation of social work is reflected in the development of social work methods. Social work is a science and a profession that constantly examines certain phenomena, changes, etc. and searches for solutions (Mali, 2013b, p. 25) and accordingly the categorisation and definition of methods in social work cannot be definitive. They evolve in line with societal changes and the needs of individuals, groups and communities. In this study, methods were considered through the prism of direct and indirect work with users. The results of the study show that direct and indirect methods intertwine and complement each other in daily work and that concepts of social work are more present in those service providers where older people actively participate. One of the interesting facts was that the interviewees in this study were various professionals providing services to older people, social workers and managers of home for older people, as well as employees in associations who previously had other professions (e.g. economist, lawyer, nurse, educator). Two of the people involved in the study are older people and presidents of associations. Co-operation between different experts in the field of social work is extremely important. Teamwork can reduce the burden of some ethical dilemmas that arise in daily work, consult each other to create new perspectives on the challenges of working with older people (Sobočan, 2021). Various experts in this study, especially in associations, showed that regardless of their formal training in working with older people, they are highly motivated to work, recognise the needs of older people and think in the background that they too will one day be in a similar situation. Collaboration between different professions opens up space for creative connections and the development of new work methods that will be more efficient, diverse and interesting (Mesec and Stritih, 2015, p. 298). Their direct work with older people creates new knowledge about old age, which they indirectly pass on to the community in which they work. The research showed the integration of direct methods of social work with different service providers for older people and the lack of indirect methods such as research. Future research in the field of social work methods and concepts should include older people in order to gain the perspective of older people as recipients of services. Different service providers need to think about how they can network with researchers working on different aspects of ageing to bring about change in service delivery and influence the development of services in line with the needs of older people. The most important step to change current social work practise would be to consider how older people can be involved in the social work process with different service providers.

References

Babić, Z., & Baturina, D. (2016). Koncept socijalnih investicija kao odgovor na krizu i nove izazove socijalne države: trendovi i perspektive. *Revija za socijalnu politiku*, 23(19), 39.-60. https://doi.org/10.3935/rsp.v23i1.1280

Brennan, J., Reilly, P., Cuskelly, K., & Donnely S. (2020). Social work, mental health, older people and COVID-19. *International Psychogeriatrics*, 32(10), 1205-1209. https://doi.org/10.1017/s1041610220000873

Burack-Weiss, A., & Brennan, F. C. (1991). *Gerontological social work supervision*. New York: The Haworth Press.

Chukwu, N., Chukwu, N.N., & Nwadike, N. (2017). Methods of Social Practice. In Okoye, U., Chukwu, N., & Agwu, P. (eds), *Social work in Nigeria*. *Books of readings* (pp. 44-59). Nsukka: University of Nigeria Press d.d.

Čačinović Vogrinčič, G., Miloševič Arnold, V., Poštrak, M., Stefanovski, P., & Urek, M. (2011), *Zapisovati socialno delo*. Ljubljana: Fakulteta za socialno delo.

Dobrotić, I. (2016). Razvoj i poteškoće sustava skrbi za starije osobe u Republici Hrvatskoj. *Društvena istraživanja*, 25(1), 21-42. https://doi.org/10.5559/di.25.1.02

Duffy, F. (2017). A social work perspective on how ageist language, discourses and understandings negatively frame older people and why taking a critical social work stance is essential. *British Journal of Social Work*, 47 (7), https://doi.org/10.1093/bjsw/bcw163

Eurostat (2023). *Demography of Europe-interactive edition.* Retrieved on 10.5.2023. from https://ec.europa.eu/eurostat/web/products-interactive-publications/w/ks-fw-23-001

Flaker, V. (2003). *Oris metoda socialnega dela: uvod v katalog centrov za socialno delo*. Ljubljana: Fakulteta za socialno delo.

Flaker, V. (2022). *Moč skupine*. Ljubljana: Fakulteta za socialno delo.

Grebenc, V. (2014). Understanding the Needs of Older People: Shifting Toward More Community Based Responses. *Revija za socijalnu politiku*, 21(2), 133-160. https://doi.org/10.3935/rsp.v21i2.1187

Hlebec, V., Mali, J., & Filipovič Hrast, M. (2014). Community care for older people in Slovenia. *Anthropological notebooks*, 20(1), 5-20. http://www.drustvo-antropologov.si/AN/PDF/2014_1/Anthropological_Notebooks_XX_1_Hlebec.pdf

Hlebec, V., Srakar, A., & Majcen, B (2019). Long-Term Care Determinants of Care Arrangements for Older People in Europe: Evidence from SHARE. *Revija za socijalnu politiku*, 26 (2), 135-152. https://doi.org/10.3935/rsp.v26i2.1604

Ombudsman's report (2021). *Analiza stanja ljudskih prava i jednakosti u Hrvatskoj*. Retrieved on 1.4.2023. from https://www.ombudsman.hr/wp-content/uploads/2022/05/Izvjesce-pucke-pravobraniteljice-za-2021-1.pdf

Jedvaj, S., Štambuk, A., & Rusac, S. (2014). Demografsko starenje stanovništva i skrb za starije osobe u Hrvatskoj. *Socijalne teme*, 1(1), 135-154. https://hrcak.srce.hr/177570

Knežević, M., Miljenović, A., & Branica, V. (2013). *Teorija socijalnog rada*. Zagreb: Biblioteka socijalnog rada.

Laklija, M., & Dobrotić, I. (2009). Korelati sukoba obiteljskih i radnih obveza. *Revija za socijalnu politiku*, 16(1), 45-63. https://doi.org/10.3935/rsp.v16i1.799

Lamza Posavec, V. (2021). *Metodologija društvenih istraživanja - temeljni uvidi*. Zagreb: Institut društvenih znanosti Ivo Pilar.

Lymbery, M. (2005). *Social work with older people*. London: Sage publications.

Lub, V. (2019). Theory, social work methods and participation. *Journal of Social Work*, 19 (1), 3-19. https://doi.org/10.1177/1468017318757297

Mali, J. (2008). Comparison of the characteristics of homes for older people in Slovenia with Goffman's concept of the total institution. *European Journal of Social Work*, 11(4), 431-443. https://doi.org/10.1080/13691450802220966

Mali, J. (2009). Social work with people with dementia: the case of Slovenia. In V. Leskošek (ed), *Theories and methods of social work: exploring different perspectives* (pp. 149-160). Ljubljana: Faculty of social Work.

Mali, J. (2011). An example of qualitative research in social work with older people: The history of social work in old people's homes in Slovenia. *Collegium Antropologicum* 35(3):657-64. https://www.researchgate.net/publication/51770200_An_Example_of_Qualitative_Research_in_Social_Work_with_Older_People_The_History_of_Social_Work_in_Old_People%27s_Homes_in_Slovenia

Mali, J., Mešl, N., & Rihter, Lj. (2011). *Socialno delo z osebami z demenco*. Ljubljana: Fakulteta za socialno delo.

Mali, J. (2012). Deinstitutionalisation as a Challenge for the Development of Community-based Care for Older People. *Dialogue in Praxis*, 1(14), 57-69. https://www.researchgate.net/publication/276203970_Deinstitutionalisation_as_a_Challenge_for_the_Development_of_Community-based_Care_for_Older_People_Dezinstitucionalizacija_kot_izziv_za_razvoj_skupnostne_oskrbe_starih_ljudi

Mali, J. (2013a). The Role of Social Work in the Epoch of Intergenerational Solidarity in Society. *Revija za socijalnu politiku*, 21(2), 111-131. https://doi.org/10.3935/rsp.v21i2.1188

Mali, J. (2013b). Social work with older people: The neglected field of social work. *Dialogue in Praxis*, 2(15), 23-40. https://www.researchgate.net/publication/276203963_Social_work_with_older_people_The_neglected_field_of_social_work_Socialno_delo_s_starimi_ljudmi_Zapostavljeno_podrocje_socialnega_dela

Mali, J. (2014). The Role of Social Work in the Epoch of Intergenerational Solidarity in Society. *Revija za socijalnu politiku*, 21(2), 111-131. https://doi.org/10.3935/rsp.v21i2.1188

Mali, J. (2019). The method of personal planning and the implementation of services in social work with older people. *Ljetopis socijalnog rada*, 26(1), 61-80. https://doi.org/10.3935/ljsr.v26i1.253

Mali, J., & Grebenc, V. (2019). Rapid Assessment of Needs and Service sin Long-Term Care. *Revija za socijalnu politiku*, 26(2), 171.-187. https://doi.org/10.3935/rsp.v26i2.1603

Mali, J., & Penič, B. (2022). Odzivi socialnega dela na ukrepe za zajezitev epidemije covida-19 v domovih za stare ljudi. *Socialno delo*, 61(2-3), 205-221. http://dx.doi.org/10.51741/sd.2022.61.2-3.203-221

Marković, N. (2022). Nacionalni plan borbe protiv siromaštva i socijalne isključenosti za razdoblje od 2021. do 2027. godine. *Časopis za socijalne djelatnosti*, 1(1). https://socijalne-djelatnosti.nakladaslap.com/public/pdf/2022-01-01-14.pdf

McBeth, B., Austin, M.J., Carnochan, S., & Chang, E. (2021). Practice research methods in social work: Processes, applications, and implications for social service administrations. *British Journal of Social Work*, 52(2), 3328-3346. https://doi.org/10.1093/bjsw/bcab246

McDonald, A. (2010). *Social work with older people*. Cambridge: Polity Press.

Mesec, B., & Stritih, B. (2015). Razumevanje timskega dela v socialnem varstvu. *Socialno delo*, 54(5), 295-305.https://www.revija-socialnodelo.si/mma/Razumevanje_URN_NBN_SI_DOC-YUXVN8R9.pdf/2019011711444294/

Mesec, B. (1998). *Uvod v kvalitativno raziskovanje v socialnem delu*. Ljubljana: Visoka šola za socialno delo.

Miloševič Arnold, V. & Poštrak, M. (2003). *Uvod v socialno delo*. Ljubljana: Študentska založba.

Ministry of Labour, Pension System, Family and Social Policy (2021). National plan for the development of social services for the period from 2021 to 2027. Retrieved from https://mrosp.gov.hr/UserDocsImages/dokumenti/Glavno%20tajni%C5%A1tvo/Godi%C5%A1nji%20planovi%20i%20strate%C5%A1ka%20izvje%C5%A1%C4%87a/Nacionalni%20plan%20razvoja%20socijalnih%20usluga%20za%20razdoblje%20od%20%202021.%20do%202027.%20godine.pdf

Ministry of Demography, Family, Youth and Social Policy (2018). Plan for deinstitutionalisation, transformation and prevention of institutionalisation 2018-2020. Year. Retrieved from https://mrosp.gov.hr/UserDocsImages/dokumenti/MDOMSP%20dokumenti/Plan%202018-2020.pdf

Penava, Šimac, M., Štambuk, A., & Skokandić, L. (2022). Potrebe starijih osoba za uslugama iz sustava socijalne skrbi u Hrvatskoj. *Revija za socijalnu politiku*, 29(29, 191-212. https://doi.org/10.3935/rsp.v29i2.1918

Pincus, A. & Minahan, A. (1973). *Social work practice: model and method*. Madison: F.E. Pea code Publisher, Inc.

Sobočan, A. (2021). Etična socialnodelovna praksa v pandemičnem času. *Socialno delo,* 60(3), 219-231. doi: 10.51741/sd.2021.60.3.219-231

Štambuk, A., Sučić, M., & Vrh, S. (2014). Socijalni rad u domu za starije i nemoćne osobe-izazovi i poteškoće. *Revija za socijalnu politiku*, 21(2), 185-200. https://doi.org/10.3935/rsp.v21i2.1182

Šućur, Z. (2003). Razvoj socijalne pomoći i socijalne skrbi u Hrvatskoj nakon Drugog svjetskog rata. *Revija za socijalnu politiku*, 10 (1), 1-22. https://doi.org/10.3935/rsp.v10i1.137

Teater, B. (2011). *Applying Social Work Theories and Methods*. New York: Open University Press.

United Nations (1991). *United Nations Principles for Older Persons*. Retrieved on 1.4.2022. from https://documents-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/581/79/IMG/NR058179.pdf?OpenElement

United Nations (2023). *Leaving no one behind in an ageing World: World social report*. 2023 UN/DESSA. Retrieved on 10.5.2023. from https://digitallibrary.un.org/record/4000104?ln=en

Urbanc, K. (2006). *Izazovi socijalnog rada s pojedincem*. Zagreb: Alinea.

Zaviršek, D., Zorn, J., & Videmšek, P. (2002). *Inovativne metode v socialnem delu: Opolnomočenje ljudi, ki potrebujejo podporo za samostojno življenje*. Ljubljana: Študentska založba.

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HARDSHIPS AND DIFFICULTIES OF INFORMAL CARERS SUPPORTING PEOPLE WITH DEMENTIA

Abstract

As the population ages, informal care is gaining increasing attention from both researchers and policymakers. The term *informal carers* refers to family members, friends, or neighbours of people with dementia who provide unpaid assistance and support. This article is based on research data collected as part of a larger research project conducted in Slovenia between 2020 and 2024. The aim of this article is to explore the challenges faced by informal carers supporting people with dementia in Slovenia and to identify the main characteristics of informal care in this context, in comparison to findings from studies in other countries. The data source for this study consists of five interviews with people with dementia and five interviews with informal carers, conducted in various regions of Slovenia over the project's duration. The findings of the study are consistent with those of research from other countries. For instance, in Slovenia informal caregiving for people with dementia is predominantly carried out by wives and daughters, highlighting a significant gender dimension to informal care. The interviewees reported experiencing similar challenges to those faced by caregivers in other countries. In particular, managing the demanding coordination of informal care with jobs and other responsibilities, such as household chores and family care, was highlighted. They also reported psychological strains associated with this role, noting that its time-consuming nature deprives them of opportunities to care for themselves.

Keywords: informal care of people with dementia, hardships of informal carers, community care, reproductive work, social work with people with dementia

Introduction

The aim of this article is to present the findings of a study conducted as part of the author's doctoral research, focusing on the characteristics of informal care for people with dementia and the associated hardships and difficulties faced by informal carers in Slovenia. The article also aims to identify the key characteristics of informal care for people with dementia in Slovenia and to compare these findings,

with a focus on the struggles faced by informal carers, with those from studies conducted in other countries. The article first presents statistical data demonstrating the increase in the number of people with dementia, and the corresponding rise in the number of informal carers. The theoretical section presents the various types of informal carer based on classifications by different authors. It highlights the main characteristics of informal carers for people with dementia, which differ somewhat from those of informal carers for other marginalised groups. The article also addresses *reproductive work*, including domestic household duties and childcare, as well as the concepts of *emotional work* and *shadow work*. These concepts are closely related to informal care, as the challenges faced in informal care often overlap with issues in reproductive work, emotional work, and shadow work, and vice versa. The methodological section outlines the period during which the research was conducted and the methods used for data collection. The results section focuses on the findings of the research and contextualises them within the framework of studies conducted in other countries. Based on the analysis, it can be concluded that the issues associated with informal care are similar across different European countries. In the conclusion, the article summarises the findings and presents recent changes in Slovene legislation related to informal care.

Longevity is a defining phenomenon of 21st-century society, as various factors contribute to increasing human lifespans. However, with increasingly longer lifespans, various issues typical of older age – such as disease, social exclusion, and poverty – are also emergent. Dementia is a major risk factor, posing significant challenges not only for the elderly but also for the organisation of various services (Mali, 2022). Dementia can be defined as a syndrome associated with a progressive brain disease. It is characterised by impairments in cognitive functions, memory, language, and orientation. Among all known diseases, dementia is currently the seventh leading cause of death and a major cause of disability and dependency among older adults globally. As dementia progresses, individuals require increasing assistance from others (World Health Organization, 2021; Slovene Ministry of Health, 2023). Today, over 55 million people globally live with dementia, and each year over 10 million new cases are diagnosed. The ageing of the global population is contributing to this increase in the number of people with dementia. In Slovenia, the exact number of dementia cases is not made available, due to the absence of a register. According to some sources, today there are approximately 40,000 people with dementia living in Slovenia, with 5% in institutionalised care and the remaining 95% in their home environment. This highlights the prevalence of informal care and indicates that the number of informal carers is quite substantial (Slovene Ministry of Health, 2016, 2023; World Health Organisation, 2017; Mali, 2022). It is estimated that, due to intense demographic ageing, the number of people with

dementia is set to increase by nearly 60% by 2035. Globally, the number of people with dementia is expected to rise from 47 million in 2015 to 75 million by 2050.

In Slovenia, services for people with dementia are predominantly focused on institutionalised care. Though there is a lack of available data on people with dementia amongst those receiving social welfare, the Slovene Ministry of Health (2016, p. 22) estimates that approximately 40 to 50% of residents in elderly care facilities have dementia. In the last decade, new and revised concepts of work have been introduced, with social work emerging as the leading expertise in Slovenian elderly care facilities, spearheading innovative forms of care (Mali, 2019; Mali & Grebenc, 2021). During this period, modern care concepts have been developed, focusing primarily on identifying and addressing the needs, wishes, and expectations of individuals receiving care. The new approach has a focus on treating people as individuals, while allowing them freedom of movement. Nonetheless, according to the Slovene Mental Health Act (Official Gazette of the Republic of Slovenia, 2023a), people with dementia are still placed in secure units, which are available in 30% of elderly care facilities in Slovenia (Slovene Ministry of Health, 2016). In the sphere of institutionalised care some progress has been made, with the most significant change being the introduction of holistic care that considers the person's individual needs (Mali, 2019; Mali & Kejžar, 2019). Despite these advancements, shortcomings in quality of treatment have been identified across various elderly care facilities. Many older facilities are not spatially adapted, and their personnel standards do not align with modern work practices (Mali, Flaker, Urek, and Rafaelič, 2018; Mali, 2019; Slovene Ministry of Health, 2023).

In contrast to institutionalised care, there is *community care*. This can be understood in two ways: firstly, as a range of community services, including various long-term care options available in non-institutional environments, such as health services and community social work. Secondly, however, the term *community care* can also be understood in a broader context, encompassing the daily assistance provided by family members and neighbours – commonly referred to as *informal care* (Hlebec, Mali, and Filipovič Hrast, 2014). The term *informal care* typically refers to unpaid care provided by family members, friends, or neighbours to individuals who need assistance due to age, illness, disability, or dependence. Estimates suggest that 10 to 25% of people living in Europe already provide informal care; however, the definition of a carer can vary depending on the context. Studies conducted in Great Britain suggests that at least 60% of people will become family carers at some point in their lives (Zigante, 2018; Jegermalm & Torgé, 2023).

Classification of Informal Carers

Informal carers are not a homogeneous group and the literature offers several ways of classifying and defining them. Many differences can be observed depend-

ing on factors such as the carer's location, the type of work they perform, as well as the age and other characteristics of the person they care for. Hvalič Touzery (2009, p. 111) cites that family carers are individuals who either live under the same roof as the person they care for or separately to them, who are providing unpaid care to their relative. He categorises informal carers into *primary* and *secondarycarers.* Primary carers are those who hold primary responsibility for the care of the individual, while secondary carers assist the primary carer. In addition to relatives, informal carers can include acquaintances, friends, neighbours, and other individuals. Milne and Larkin (2023) classify informal carers based on their own characteristics (such as age and occupational status) as well as the characteristics of the person they care for (e.g., whether or not they have dementia). They describe individuals who are employed while also providing care to someone who needs their assistance as *working carers*. People who provide informal care to two generations within their family – both their parents and their children – are referred to as *sandwich carers*. *Young carers* are informal carers who are under 18 years of age. The majority of these carers look after their mothers. The percentage decreases in the following order: caring for one's father, sibling, grandparent, other relatives, and individuals who are not related. Informal carers who are over 65 years of age are referred to as *older carers*. These carers predominantly look after their parents and life partners. *Former carers* are individuals who have previously provided care to someone but have ceased caregiving due to the person they cared for either recovering, moving to another environment, or passing away. The final group they mention is the focus of this article – informal carers of people with dementia, or *dementia carers*. This group is predominantly composed of women – either life partners or daughters of people with dementia – a finding confirmed by the research conducted for this article. Jegermalm and Torgé (2023) conducted a large-scale quantitative study on defining informal carers in Sweden in 2021 and found that informal carers can be categorised into three groups. The first group consists of individuals who live with the person they care for; these are referred to as *co-habitant family carers*. The second group consists of individuals who do not live in the same household as the person they care for but visit them several times a day, daily, weekly, or at other intervals. These individuals are referred to as *non co-habitant family carers*. They termed the third profile of informal carers *helpful fellowmen*. These are informal carers who provide assistance to individuals who are not their relatives and who do not require complex care.

It is clear, then, that informal carers can be categorised based on their own characteristics (such as age and family affiliation), the characteristics of the individual they care for, and whether or not they live with the person needing assistance. Informal dementia carers represent a specific subgroup of informal carers, but they can

also be further defined according to various aspects and characteristics, as described by the aforementioned authors.

Characteristics of Informal Care for People with Dementia

For people with dementia who are not in institutionalised care, it is often the case that they live in a home environment, though this is not always the case. As a result, a significant portion of the caregiving responsibilities falls on informal carers, who are predominantly life partners and adult children of the person with dementia. Informal caregiving for people with dementia often differs from informal care provided to individuals with other illnesses or disabilities. Many informal carers experience difficulties and various forms of distress while caring for a person with dementia. The biggest issue is the lack of familiarity with the nature of dementia as a condition, and the associated challenges. Researchers (Joling et al., 2010) report a lack of awareness regarding the rights of people with dementia. People are either not informed about or lack understanding of the rights and services to which they are entitled. Furthermore, people with dementia may exhibit behavioural issues, including aggression; this can be common in certain types of dementia. Therefore, issues may arise in the relationship between the person with dementia and their carer, as well as more broadly within the family as a whole (Zwaanswijk et al., 2013). Last but not least, informal carers often face the difficult decision of whether to seek institutionalised care for their relative with dementia, even though this decision is primarily that of the person with dementia themselves. The decision to move to an elderly care facility should ideally be made in agreement with all parties involved. This can lead informal carers to feel weighed down by the pressure of their heavy responsibilities, as well as the difficulties in balancing work with caregiving, emotional and mental distress, and frequent issues with sleep. These burdens help explain why partners of people with dementia are four times more likely to suffer from depression than individuals of the same age living with a partner who does not have dementia (Francke et al., 2017).

The lives of people with dementia and their informal carers are also impacted by stigmatisation. Like any other disability, dementia itself can become a stigmatising label that society attaches to individuals. Stigma, as defined by Goffman (1963), remains prevalent despite substantial efforts to raise awareness and inform the public about the disease (Slovene Ministry of Health, 2023). This stigma can lead to the social isolation of both people with dementia and their informal carers, as well as to feelings of shame and other impacts of discrimination. The stigmatisation of dementia stems from false beliefs and stereotypes about people with the condition, who are often falsely perceived as being confused and incapable of independent living. Often, this incorrect perception means that people with dementia avoid seeking help and participating in social activities due to the fear of being

criticised or negatively judged. Such isolation diminishes their quality of life and makes it more difficult to detect the disease early (Kitwood, 2005; Innes, 2009). Stigmatisation also has serious consequences for informal carers of people with dementia. Despite their crucial role in the dementia care system, informal carers often face stigmatisation stemming from misconceptions about their role. The social environment often labels them as victims of their family member's disease, portraying them as trapped in a difficult and hopeless situation. Feelings of shame, guilt, and isolation are often experienced by informal carers of people with dementia, exacerbating their existing challenges. Stigmatisation can mean that informal carers avoid seeking help, which can lead to physical and emotional exhaustion and result in broader social consequences. The lack of support for informal carers can directly impact people with dementia by diminishing the quality of their care, given the interplay between carer and care recipient (Mackenzie, 2006). Stigma can also discourage family members of people with dementia from assuming the role of informal carer (Innes, 2009). For these reasons, international strategic documents (Alzheimer Europe, 2014; World Health Organisation, 2017) recognise the importance of addressing the stigma associated with dementia and informal care. These documents highlight the need for educational and informational programmes to challenge and dispel stereotypes and misconceptions about dementia. Moreover, it is crucial to provide greater support for informal carers – particularly in managing stress and emotions – and to improve accessibility to resources, services, and financial assistance. The social discourse on informal dementia carers must become more inclusive and avoid labelling; this would likely improve the quality of life of both people with dementia and their informal carers. In working against stigmatisation, it is important to promote understanding and compassion towards informal dementia carers. It is important to emphasise that people with dementia must be allowed to retain their dignity, and that informal carers are an irreplaceable element of society, deserving, as such, greater recognition and support (World Health Organisation, 2013; 2017). According to Jane Mali (2022, pp. 138–139), social work with people with dementia needs to be focused on three key areas: researching the needs of people with dementia; destigmatisation and anti-discrimination; and ensuring the participation of people with dementia in care processes. Anti-discrimination is a fundamental principle of social work. It involves addressing prejudice, and negative, disparaging attitudes – which often manifest as exclusion, labelling, and stigmatisation. Miloševič Arnold (2007) describes the role of social work in preventing discrimination. She states that, "… dementia is not only a medical phenomenon. This is because its consequences affect the entire personality of the individual with dementia, including their ability to function socially and their social network. Therefore, dementia presents a challenge even in the field of social work, as it involves extensive direct work with individuals with dementia and their support networks, which are

crucial for the care of people with dementia. An important mission of social work is to prevent social exclusion and to counter all forms of discrimination against individuals and social groups. When discussing the social exclusion of people with dementia, we must also consider the social exclusion of their informal carers. Due to being overburdened, these carers often neglect their social contacts and become increasingly isolated from everyday life. The social exclusion of people with dementia and their informal carers is a critical reason for social work to take an even more active role in this area."

Conceptual Framework of Informal Caregiving

The work of informal carers can be understood through various conceptual frameworks. *Reproductive work* encompasses tasks related to caring for family members, maintaining the household, and providing for children. Although it is often associated with child-rearing, the concept is broader than this in scope. In fact, it includes all activities necessary to meeting the basic needs of the family, such as cooking, cleaning, tidying, running errands, organising household chores, and so on. Thus, reproductive work is closely related to informal care. The meanings of these two terms, reproductive work and informal care, overlap significantly and address similar issues. Reproductive work generally pertains to the care of the entire family – such as children, the elderly, or multiple generations – as well as household maintenance. In contrast, informal care specifically refers to the support provided to elderly individuals or those in need due to illness, medical status, or other personal challenges. These activities are crucial for the functioning of the household/family as well as for society as a whole, as problems in the family, as the basic social unit, are reflected in the wider dysfunctioning of society. Reproductive work is also related to the concept of *sandwich carers* – individuals responsible for caring for two generations within a family, typically their own children and their parents. However, reproductive work remains undervalued and unpaid compared to productive work or paid employment (Hrženjak, 2007). Reproductive work is closely tied to gender roles, both within the family and in society. Both reproductive work and informal care are mostly carried out by women. Often invisible and unappreciated by society, this work is essential to the daily lives and well-being of individuals and communities (Federici, 1975). Humer (2007) explores the informal caregiving activities performed by men within the life of the family. She argues that men's caregiving roles within the family context are primarily centred on providing material support to family members. Symbolically, men are viewed as a source of stability and reliability, in alignment with the patriarchal image of the man as the primary breadwinner. It is generally considered that men view caregiving primarily in terms of duty and obligation, rather than as an activity involving emotion, or *emotional work*. *Emotional work* is a concept that applies to both professional and non-pro-

fessional caregivers. Šadl (2002) describes it as the process whereby the individual performing the work – whether formal or informal – must manage their emotions to present a specific facial or physical demeanour. Informal care for people with dementia often requires caregivers to regulate their emotions in various ways. Primarily, this relates to masking negative feelings arising from disagreements with the person with dementia or their challenging behaviour. Flaker et al. (2008) discuss the concept of *shadow work*, which is of relevance to a discussion of informal care for people with dementia. Shadow work encompasses those tasks informal carers perform that remain unseen and unacknowledged by others. This concept includes not only daily caregiving and emotional support but also the coordination of health and social care services and various household chores. The concept intersects with related concepts such as reproductive work and emotional work. According to Flaker et al. (2008), shadow work is vital to the functioning of the long-term care system because informal carers assume a significant portion of the burden that would otherwise be managed by institutional or formal care services. Shadow work highlights an inequality in that caregivers, who are predominantly women, often find themselves in economically and socially vulnerable situations due to their unpaid caregiving roles. It is essentially work that is crucial to people's livelihoods and well-being, yet which remains invisible, unrecognized, and unsupported.

When describing their responsibilities in caring for a family member with dementia, interviewees often highlighted tasks that extended beyond informal care to include duties related to family care, child-rearing and household maintenance. They described tasks that overlap with the concepts of reproductive and shadow work, and sometimes also emotional work. This reflects the considerable burden borne by the interviewees, who invest significant effort into supporting their family members. This work is frequently overlooked or taken for granted by society. Consequently, the efforts of caregivers are often unacknowledged and unrewarded, leaving them without adequate support.

Methodology

The research material for this paper is drawn from the project *Long-term Care of People with Dementia in the Theory and Practice of Social Work*[3], conducted in Slovenia between 2020 and 2024 (Faculty of Social Work, n.d.; Mali, 2022a; Mali, 2022b)[4]. The research project employs the *rapid assessment of needs and*

[3] The paper is part of the project Long-term Care of People with Dementia in the Theory and Practice of Social Work (No J5-2567), co-funded by the Public Agency for Research and Innovation of the Republic of Slovenia.

[4] The research data will be utilised for the author's PhD thesis and is employed, in part, in this paper,

services method, which was introduced to Slovenia by the Faculty of Social Work at the University of Ljubljana. This method has become the primary approach for research in long-term care and deinstitutionalisation in recent decades (Flaker et al., 2019; Mali & Grebenc, 2021). It is a fundamental method for exploring the needs of various groups of people, contributing to the development of theory and practice in social work through a holistic and interpretive approach, while also allowing users to actively participate in research (Mali and Grebenc, 2018). The main purpose of this research strategy is to provide policymakers and key organisations with practical and actionable information to effectively address the needs expressed by individuals (Stimson, Fitch and Rhodes, 1998). A key feature of this method is its speed; it allows for a quicker collection of information than traditional empirical research methods. The method has demonstrated its ability to yield appropriate and effective responses (Flaker et al., 2019). Accessing people with dementia and their informal carers is a challenging task. In the research project, firstly statistical data was compiled and catalogued covering all the services in specific local environments/municipalities that interact with people with dementia and their family members. This is typical of the rapid assessment of needs and services method. Such services included medical and healthcare workers in local health centres and hospitals. The social workers who participated in the survey were employed in various settings, including social work centres, elderly care facilities, day care centres, home care coordination, and intergenerational associations. There were also some survey participants who did not have direct contact with people with dementia in their professional roles. These included representatives from municipal administrations, mayors, and their staff. Staff at various institutions provided the research team, with prior explanation and consent, with contact details for people with dementia or their family members/informal carers. Each individual was contacted separately to schedule an interview and provided with additional explanations as needed. The interviews took place in the interviewees' home environments.

For this paper, the current author has utilised research data from five interviews with people with dementia and five interviews with informal carers. They have also incorporated data from six focus groups that included informal carers, specifically focusing on their responses. The interviews were conducted in 2021 and 2022. The participants had diverse profiles. They lived and worked in various local environments across the eastern, central, and northern parts of Slovenia. The informal carers involved displayed a variety of characteristics. The researchers spoke to both women and men of various ages. Some were still working, while others

which is a required component of their PhD studies at the Faculty of Social Work, University of Ljubljana.

were retired. Some people with dementia were living in institutional settings, while others were in non-institutional settings. While searching for relevant literature and reviewing the transcripts of the interviews and focus groups, two key research questions in particular began to emerge: 1) What are the characteristics of informal care for people with dementia in Slovenia? 2) What are the hardships and difficulties faced by informal carers of people with dementia? The author sought to understand what the work of informal carers entails, including the nature of their tasks (such as reproductive work and emotional work), the challenges they encounter, and the hardships they endure. Every conversation and focus group session was carefully transcribed. The transcripts were used to conduct a text analysis of the conversations and focus groups, using the qualitative analysis method described by Mesec (2009; Mesec and Rape Žiberna, 2023).The transcriptions were thoroughly reviewed, with relevant parts of the texts underlined and categorized, and variables assigned to each category. Relevant concepts and categories were collected based on the research questions. The data gathered through the analysis were organized into themes, which are described in the following section.

Results and Discussion

Characteristics of Informal Care for People with Dementia

In accordance with the classification of informal carers, our interviewees belonged to the various groups described above. Women represented the vast majority of the interviewees. All the interviewees were life partners or children of people with dementia, especially wives or daughters. It seems probable that the gender disparity in the number of interviewees was not simply a matter of male informal carers being harder to reach or less responsive to interview invitations. It appeared to confirm the thesis that both informal care and reproductive work have a strong gender dimension (Oakley, 2000; Humer, 2007; Hrženjak, 2007). The care of family members and performing of household chores in Western society predominantly fall to women; this pattern is also evident in the author's own research. Mali, Rihter, and Mešl (2011) state that the care of an elderly person is seldom undertaken by the entire family. Rather, the family appoints a caretaker for this role. Caretaking is thus unevenly distributed and tends to be concentrated on a single individual. The team did interview some male informal carers, but their number was significantly smaller. Again, these were the life partners and adult sons of people with dementia. The interviews with men were not significantly different from those with women, and in some cases, they were even more emotional. The son of a woman with dementia demonstrated extensive knowledge about dementia and effective communication with people with dementia. This expertise was gained through active learning, research, and seeking information while caring for his mother. It would be incorrect

to definitively state that the gender of the informal carer influences the quality of care, whether material or emotional, or affects communication and attitude towards the person with dementia. Humer (2007, pp. 80-81) reports that men have increasingly become involved in caregiving, with more equal division of labour in recent decades. Humer also highlights the scarcity of studies focusing on men's caregiving activities outside of the immediate family context, particularly within the broader kinship network, which involves caring for one's own or one's partner's parents. Almost all interviewees were primary carers, meaning they were directly responsible for the care of a family member with dementia. However, in the interviews they described individuals who support them in the caregiving – that is, *secondary carers*. Secondary carers are primarily the adult children of people with dementia and their life partners. When asked about who supported her, the wife of a man with dementia responded, *"My sons are always available"* (S_2Ž_1M_I_01). The husband of a woman with dementia said, "*For my daughters, it is easier to be with their mother than it is for my son"* (S_2Ž_1M_I_01). All primary carers identified their children or grandchildren as secondary carers. The daughter of a woman with dementia spoke about the secondary carers and the stress she had experienced: *"My husband, my sister, and my friend have stood by me. But at that time, I would have needed a professional every day to help me interpret and reflect on the situation, my emotions, my sadness, my anger"* (S_Ž_55_I_03). The daughter of a person with dementia identified her husband, her two children, her mother's sister, and her sister's husband as secondary carers: "*These are all people who've helped me, asked me how I was. They spend a day or so with my mother so that I can take care of my other tasks, have a change of environment, have some time off, and rest. These are the details that count"* (S_Ž_65_I_11). The interviewee spoke about the relief provided by secondary caregivers, which is crucial for the continuity of informal care. The participants in the study were from various age groups. Many were over 65 years of age and categorised as *older carers*, while some were under 65 and still working, thus classified as *working carers*. Those in the working carer group reported challenges in balancing work commitments with caregiving responsibilities. They frequently had to explain at work why they needed to leave early or needed to take time off to accompany their family member to medical appointments. A significant number of respondents described that they not only provide informal care but also care for their children and the household, reflecting aspects of reproductive work (Hochschild, 1997), shadow work (Flaker et al., 2008), and emotional work (Hochschild, 2012).

Interviews with people with dementia themselves varied widely according to the impact of their condition and their current mood. It is important to note that the interviews were conducted during a single visit; this meant that the people with dementia did not know or trust the researchers, with whom they had had no prior

connection. Many of them talked about their past experiences, significant aspects of their lives, family, hobbies, work and so on. They recalled details of the past well, while questions about the present or recent past were challenging to answer. In terms of informal care, they mainly mentioned who assists them, rather than detailing how they help or identifying the specific tasks for which they need the most assistance. All interviewees with dementia reported that their life partner and children assist them with daily tasks. This was also true for those in institutional care settings. For example, a man living in a secure unit of an elderly care facility remarked of his wife, *"My wife does everything. My wife is a real treasure"* (ČD_M_85_I_03). Interviewees reported receiving help with daily chores, cooking, eating, hygiene/personal care, and being accompanied to doctors' appointments. A man with dementia living with his spouse in a village in the Štajerska region, when asked who helps him with his daily chores and in what way, answered briefly: *"My wife takes care of everything. My wife and sons, because they live close by. Other people don't help me. Every morning, she bathes me and dresses me"* (ČD_M_74_S_09). Similarly, a woman with dementia who lives with her daughter's family said, *"B does everything. I just clean up after myself. Everything else is done by B"* (ČD_Ž_79_01).

In interviews with informal carers, much discussion centred on the initial signs of dementia and the journey to diagnosis. Participants gave details of the process, noting variations such as whether the person with dementia was referred to a psychiatrist or a neurologist by their general practitioner. Most were referred to a psychiatrist, fewer to a neurologist, and some chose to self-pay for a neurology consultation. The answers indicated that diagnosing dementia through a neurologist involves a longer process, with more examinations and tests, compared to a psychiatrist, who typically provides a diagnosis after fewer visits, or even just one. Many interviewees noted that the diagnostic process can be lengthy, often taking several months: *"It took eight or nine months in total"* (S_M_0_I_15). The data reveal that people seek professional help relatively late, often when signs of dementia are already visible and dementia is already advanced. This delay highlights the strong stigma associated with dementia and that of living with or having a family member with dementia. For initial information and assistance, individuals most frequently turn to health centres or their general practitioners, rather than social work centres. None of the interviewees first sought help or information from social workers. This suggests that dementia is predominantly perceived through a medical lens, despite the fact that anti-dementia medication is generally not successful, and it remains a progressive disease with no return to baseline (World Health Organisation, 2021). The impact of dementia is largely social, affecting not only the individual but also their family members and close contacts. The consequences of dementia are directly related to the everyday life of the person with dementia, their social network and their relationships (Little, 2022). Social workers in social work centres and elderly

care facilities are typically contacted later, when individuals are seeking institutional care placements, day care services, home assistance, or other entitlements. Most of the interviewees reported receiving valuable information from various lectures organised in their locality. Lectures, often held in elderly care facilities (such as Alzheimer's cafés), community centres, or similar public spaces, are primarily aimed at individuals who interact with people with dementia. Most of the interviewees reported receiving particularly valuable information from a variety of sources, including brochures and lectures by the non-governmental organisation Spominčica – the only Slovenian organisation dedicated to supporting informal carers of people with dementia. Their activities include hosting lectures, talks and themed evenings on dementia in local communities. However, the organisation states that public awareness campaigns are their main activity. Raising public awareness on the topic of dementia is a significant recommendation of international organisations such as Alzheimer Europe and Alzheimer's Disease International, as it helps to reduce societal stigma (Spominčica, n.d.). An informal carer, the son of a woman with dementia, remarked: *"...That's why I went to the lecture organized by Spominčica There, they provided us with a toolbox full of knowledge, which comes in very handy"* (S_M_0_I_15). Many interviewees also obtain information by reading books and browsing the Internet. It was somewhat surprising to learn that the interviewees only began to educate themselves about dementia and consider care options once the disease's symptoms were already quite evident, rather than beforehand. Most families do not proactively plan for elderly care or discuss with their parents and grandparents the circumstances under which they would seek out an elderly care facility or other forms of assistance. Few of them apply for institutional care in advance. Typically, applications for institutionalised care are made at the last minute, often when the family urgently needs a placement for their family member due to caregiver burnout or other pressing commitments. In these situations, families may face delays in securing a placement, or they may have to accept a space in an institution located far from their home. This underscores the continued stigma surrounding dementia and residential care within society. Many families only start looking for a place in an elderly care facility when they reach breaking point, feeling the exhaustion and the physical and emotional toll of informal caregiving.

Informal care for people with dementia includes managing medical appointments with general practitioners, psychiatrists, or neurologists, which requires significant time, effort, and organisation. Carers often have to take time off work to accompany the person with dementia to the doctor during working hours. Furthermore, people with dementia need to be driven to outpatient clinics, given that they are no longer able to drive. This can be a major obstacle when the family lives in a rural area, far from the clinic. Furthermore, coordinating with different professionals and navigat-

ing the bureaucracy involved adds to the stress and time commitment. This is work that often goes unseen and unappreciated.

Hardships and Difficulties of Informal Carers

One of the most surprising findings from the research was that several interviewees with relatives in elderly care facilities or attending day care reported that the burden of care did not significantly decrease after their loved ones started receiving formal care. They tended to visit their relative daily or several times a week in the elderly care facility. This can require the adjusting of responsibilities and the arranging of transportation, which cannot be taken for granted (either for the elderly person or for carers who are still working) and can present a significant obstacle. Additionally, bringing in necessary supplies and clothing adds a financial strain, even though they are already paying for formal care. Some interviewees also took their relatives with dementia out for walks from the care facility because walks are not one of the services provided in an institutional care. This is a task performed out of love for the person with dementia, yet one that remains invisible to society at large (Hrženjak, 2007; Flaker et al., 2008). Furthermore, they must also ensure they can make ends meet because the financial burden of institutionalised care is immense: *"I am completely subject to the regime of the retirement home. I have to make additional payments to the retirement home, too, and the amounts are staggering considering my pension. It's hard for me to give up so much of my pension just to keep my mother safe"* (S_Ž_65_I_11). Most elderly people do not have enough income to cover the full cost of formal care. One respondent shared: *"I take him to day care in Žalec three times a week. Honestly, pensions are small, and we can't afford more care days than this. We receive €150 per month in attendance allowance, which doesn't even cover half of the cost. We can't afford it every day. This is a great shame. The doctor recommended various vitamins and supplements, but I had to carefully calculate what we could afford. Unfortunately, we can only manage day care three times a week"* (S_67_S_18). These seemingly small tasks represent a substantial commitment and responsibility, which naturally introduces stress into the lives of informal carers (Fauth, Femia and Zarit, 2016). The burden of informal caregiving does not end when the relative with dementia moves into institutionalised care or receives other forms of formal support, such as home care or day care. On the subject of home care, the interviewees stressed that it is insufficient, as despite receiving a few hours of help, they are still under a great deal of pressure. One woman whose husband has dementia described her experience with home care thus: *"When my sons started urging me to opt for home care, I couldn't make up my mind right away... Eventually they convinced me, and we accepted the help. But then we realized it was only three or four hours a day, and the rest of the time I was on my own"* (S_Ž_73_S_07). While interview-

ees generally expressed positive opinions about day care and home care, they also noted that the services provided were insufficient to fully meet their needs. Formal assistance is clearly of value and helps alleviate the burden on informal caregivers. However, there are still gaps, as support is often unavailable during certain times of the day or on weekends (home care is typically not provided on Saturdays and Sundays), leaving informal carers to manage on their own.

Numerous studies, from a variety of countries, have explored the impact of informal caregiving for people with dementia on both the mental (Pinquart and Sörensen, 2003, 2006; Savage and Bailey, 2004) and physical (Pinquart and Sörensen, 2007) health of caregivers. The psychological toll of informal caregiving is frequently highlighted in research – more so, in fact, than the physical effects. Anxiety is the most commonly reported psychological symptom, with challenging behaviours and aggression in people with dementia often linked to the onset of depression among informal carers. Researchers have noted that caregivers experience significant stress during the caregiving period, compared to their lives before the onset of their relative's dementia. Interviewees reported all of the aforementioned problems. One interviewee described how the emotional strain of caring for her mother with dementia had exacerbated her physical health issues: "*I became ill at the time and had three breast surgeries. My own trauma was so intense that my mother's diagnosis only worsened my condition. Her dementia made everything so much harder for me during that period"* (S_Ž_65_I_11). Pinquart and Sörensen (2007) found that the most prevalent physical impacts of informal caregiving are hypertension and related cardiovascular disease, with muscle and spinal injuries also being common.

While none of the interview questions specifically addressed stigma, it became apparent from the responses that both people with dementia and their caregivers face stigma, exclusion, and discrimination. Informal carers encountered disapproval from acquaintances and neighbours for deciding to place their relative with dementia in institutional care: *"Some people were very critical. These remarks affected me deeply because I truly want the best for my family"* (S_Ž_49_S_19). The son of a woman with dementia, who had also been the informal carer for his grandmother and father, shared: *"People blamed me for putting her in a care home. They said things like,* 'I could never do that to my family, but you've placed both of them in a care home'. *Yes, I did, because it was the right choice. People around you see things differently. Unfortunately, not everyone in this world will understand or like you. People still foster a negative attitude towards retirement homes" (S_M_0_I_15).* In addition to these criticisms, interviewees reported that old friends often distanced themselves after the dementia set in, leading to reduced socialisation both for people with dementia and their informal carers.

Conclusion

Similar challenges in informal care for people with dementia are also seen in other countries besides Slovenia, including Scandinavian countries and other developed European nations, all of which allocate significant resources to long-term care. In particular, the difficulties in balancing work commitments with informal care and the stress experienced by informal carers of people with dementia have been well-documented (Zwaanswijk, Peeters, van Beek, Meerveld and Francke, 2013; Francke, Verkaik, Peeters, Spreeuwenberg, Lange and de Pot, 2017). Informal carers undertake substantial work, deserving of greater recognition and reward from official institutions. In Slovenia, changes were introduced in 2024 with the new *Long-Term Care Act* (Official Gazette of the Republic of Slovenia, 2023b), which marks a significant shift in the social welfare system. This Act allows for *family carers* to be officially employed, formalising informal care as a job. This change represents the most substantial intervention to date in the sphere of social welfare mechanisms, public health, civil society, and voluntary networks involving families and individuals since Slovenia's independence. The rights of the family carer role are defined by the new long-term care system in Slovenia, but it is not entirely new, as Slovenia previously had *family assistants*. The status of family assistants did not constitute an employment relationship, however. Thus, it did not include employment benefits such as annual leave, holiday pay or paid sick leave. The new system allows family carers to leave the labour market to care for a family member with an impediment and limited independence, with renumeration provided. However, a family carer can only be a relative who lives at the same address as the person in need of assistance. This move from family assistants to family carers is a major step forward in acknowledging the importance of informal care. The transition to family carers is noteworthy, as the monthly payment exceeds the Slovenian minimum wage (it is financed under the new compulsory long-term care insurance) and includes 21 days of leave (during which institutional care is temporarily provided) and unemployment insurance benefits if the family carer status is lost (Hrženjak, Mali, & Leskošek, 2024). However, some controversies persist. The right to a family carer is limited to individuals in the fourth and fifth categories, defined in the Long-Term Care Act (Official Gazette of the Republic of Slovenia, 2023 b) as those who cannot take care of themselves any longer and are completely dependent on others. This restriction may seem irrational given the significant physical and psychological burden involved in caring for such individuals, which often requires skills similar to those of professional carers. Additionally, family carers must complete 30 hours of pre-service training and 20 hours of refresher training every five years. They also have to maintain a care diary. These requirements add an additional (bureaucratic) burden. To support informal carers, the state should perhaps explore additional relief measures or streamline bureaucratic processes. Solutions

should be found that take into account both the physical and mental well-being of informal carers and that acknowledge their efforts.

This research identifies the main characteristics of informal care for people with dementia in Slovenia. It confirms the findings of international studies: that informal care has a strong gender dimension and remains predominantly the responsibility of women, who are expected to care for family members in need of assistance, including children, the sick and the elderly. Consequently, women engage in substantial work, in addition to their professional responsibilities, which can be described using various concepts such as informal care, reproductive work, shadow work, and emotional work. The research project uncovered how informal care for people with dementia begins, the path to diagnosis, and the nature of the professional help sought by informal carers. Individuals with dementia primarily discussed who assists them in their daily lives. Informal carers reported where they had obtained crucial information and how they had educated themselves about informal care and their rights. The study highlights the challenges faced in informal care, noting in particular that carers experience difficulties in balancing their multiple responsibilities alongside their provision of care. It was observed that informal care does not cease when a person transitions to an institutional setting or is in receipt of other formal care services. The findings also indicate a correlation between informal care and a deterioration in the health status of carers.

References

Alzheimer Europe. (2014). *Glasgow Declaration 2014*. Retrieved August 20, 2024, from https://www.alzheimer-europe.org/policy/campaign/glasgow-declaration-2014?language_content_entity=en#:~:text=The%20Glasgow%20Declaration%20called%20for,global%20action%20plan%20on%20dementia.

Faculty of Social Work. (n.d.) *Dolgotrajna oskrba ljudi z demenco v teoriji in praksi socialnega dela*. Retrieved August 6, 2024, from https://www.fsd.uni-lj.si/raziskovalno_in_razvojno_delo/projekti/aktualni_projekti/2020101912512959/

Fauth, E. B., Femia, E. E., & Zarit, S. H. (2016). Resistiveness to care during assistance with activities of daily living in non-institutionalized persons with dementia: associations with informal caregivers' stress and well-being. *Aging & Mental Health*, *20*(9), 888–898. https://doi.org/10.1080/13607863.2015.1049114

Federici, S. (1975): Wages Against Housework. Bristol: Falling Wall Press.

Francke, A.L., Verkaik, R., Peeters, J.M., Spreeuwenberg, P., Lange, J. de, Pot, A.M. (2017). Dementia case management through the eyes of informal carers: a national evaluation study. *Dementia: International Journal of Social Research and Practice*, 16(5), 642–655.

Flaker, V., Ficko, K., Grebenc, V., Mali, J., Nagode, M., & Rafaelič, A. (2019). *Hitra ocena potreb in storitev.* Ljubljana: Faculty of Social Work.

Goffman, E. (1963). *Stigma; notes on the management of spoiled identity*. Englewood Cliffs: Prentice-Hall.

Grebenc, V., Mali, J., RIHTER, Liljana, Hurtado Monarres, M., Štrancar, A. (2022). Etika v raziskovanju dolgotrajne oskrbe ljudi z demenco. V: Mesec, B. (ur.), Rihter, L. (ed.), Petrović Jesenovec, B. (ed.). *Prihodnost socialnega dela: stroka, politika, akcija : 8. kongres socialnega dela : zbornik povzetkov : 16. in 17. november 2022, Terme Zreče, Hotel Vital*. Ljubljana: Faculty of Social Work, 2022. (p. 111).

Hlebec, V., Mali, J., & Hrast, M. F. (2014). Community care for older people in Slovenia. *Anthropological Notebooks*, *20*(1), 5–20.

Hochschild, A. R. (1997). *The Second Shift*. New York: Avon Books.

Hochschild, A. R. (2012). The managed heart [eBook]. V *commercialization of human feeling* (first ed.). University of California Press. http://uvl.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwtV3PT9swFH4anEAc9gsIsBHQOKFIsZ3U6Y5UjG0nBFTiZtmOjQRRqZoUjf-eZyd1SzkAh12i1Gqd6PuS58_u-54BfuSk10uNDDDb1wkGPJUUylWgVVwXKDesJM4oPBhm15e9s3P-d75117ztvzKNbci1c86-g-3QKTbgOXKOR2Qdj0uCOHycE97mopZO_k38mp_zf7g9lWTV-S29OPQL99Z4K3rg9d5ZVJy124eLCWrT44tpXZuqWlwZcCkWbBZSZxNEl-VCUT-3xaWel5teGgZCcp6zw0xrMW6rXQicc5DcGVxXYAVfZgwZ139IWMZCBcMR_tYF3F6KdXWNwqXXYV3WdxizMZ43tasJezMOa2yzPNDnCr-9h4WR_uojrDr3xyf4YEafYS0MD49fIEeA4w7g2AP8M34Bb3xvYw9v3MH7FYa_Tq8Gv5Nu04lEFinebcIUw7hWFqlJrcxdOaKU0T41paQlZarUXDFqOaXccJ4TpQzRhbSyTwpLjGabsCGdOWHUeBNjuQ1xQUutNLE6lybLuVRZpmyqMkqVRXkgIzhcAEg8VP6P8lp0KKIIRlEVQbyIW-BnODg_8Uqf0Ai2P-Jai_fmt0E1DxqO-uotgf4au8J13qb_i9GSAERvnDBEcLBMvaipSUWCIxzlpD5VkBEevfkc0_5qdN_S1C2vzZ3YPVpvJ1HxDffdQffdP2BOjQVCm

Humer, Ž. (2007). Skrbstvene aktivnosti moških v družinskem življenju. *Družboslovne razprave*, 23 (56), str. 75–89.

Hvalič Touzery, S. (2009). Družinska oskrba bolnih starih družinskih članov. V V. Hlebec (ur.), *Starejši ljudje v družbi spremememb* (109–123). Maribor: Aristej.

Hrženjak, M. (2007). *Nevidno delo*. Ljubljana: Mirovni inštitut

Hrženjak, M., Mali, J. & Leskošek, V. (2024). Policy controversies in the Long-Term Care Act in Slovenia. V: Dohotariu, A. (ed.), Gil, A. P. (ur.), Voĺanská, Ľ. (ed.). *Politicising and gendering care for older people : multidisciplinary perspectives from Europe* (119–137). Manchester: Manchester University Press.

Innes, A. (2009). *Dementia Studies: A Social Science Perspective*. London: Sage

Jegermalm, M., & Torgé, C. J. (2023). Three caregiver profiles: who are they, what do they do, and who are their co-carers? [Journal Article]. *European Journal of Social Work*, *26*(3), 466–479.

Joling, K. J., van Hout, H. P., Schellevis, F. G., van der Horst, H. E., Scheltens, P., Knol, D. L., ... van Marwijk, H. W. (2010). Incidence of depression and anxiety in the spouses of patients with dementia: A naturalistic cohort study of recorded morbidity with a 6-year follow-up. *The American Journal of Geriatric Psychiatry*, 18, 146–153.

Kitwood, T. M. (2005). *Dementia reconsidered: the person comes first*. Buckingham: Open University Press.

Mackenzie, J. (2006). Stigma and dementia: East European and South Asian family carers negotiating stigma in the UK. *Dementia*, 5(2), str. 233–247.

Mali, J. (2019). Innovations in long-term care: the case of old people's homes in Slovenia. *Revija za socijalnu politiku*, 26(2), 207–225.

Mali, J. (2022a). Pregled in analiza aktualnih konceptov socialnega dela z ljudmi z demenco. *Socialno delo*, 61 (2–3), 129–46.

Mali, J. (2022b). Dolgotrajna oskrba ljudi z demenco: od raziskovanja potreb do razvoja storitev. *Javno zdravje*, 5, 7–8.

Mali, J., Flaker, V., Urek, M., & Rafaelič, A. (2018). *Inovacije v dolgotrajni oskrbi: primer domov za stare ljudi*. Ljubljana: Faculty of Social Work.

Mali, J., & Grebenc, V. (2018). Rapid Assessment of Needs and Services in Long-Term Care. *Revija za socijalnu politiku*. 26(2), 171–187.

Mali, J., & Kejžar, A. (2019). A model of integrated care of residents with dementia – a case of innovation in long-term care with accommodation in Slovenia. *Ljetopis Socijalnog Rada*, *26*(3), 447–469.

Mali, J., & Grebenc, V. (2021). *Strategije raziskovanja in razvoja dolgotrajne oskrbe starih ljudi v skupnosti*. Ljubljana: Faculty of Social Work.

Miloševič Arnold, V. (2007). Socialnodelovni pogled na demenco. V J. Mali, &V. Miloševič Arnold (ur.), *Demenca – izziv za socialno delo* (str. 23–36). Ljubljana: Fakulteta za socialno delo.

Mesec, B. (2009). *Metodologija raziskovanja v socialnem delu 1: Načrtovanje raziskave, študijsko gradivo za interno uporabo*. Ljubljana: Faculty of Social Work.

Mesec, B. & Rape Žiberna, T. (2023). *Kvalitativno raziskovanje v teoriji in praksi*. Ljubljana: Inštitut za razvojne in strateške analize.

Milne, A., & Larkin, M. (2023). *Family carers and caring: What it's all about*. Leeds (UK): Emerald Publishing.

Slovene Ministry of Health. (2016). *Strategija obvladovanja demence v Sloveniji do leta 2020*. Retrieved July 11,2024, from https://www.gov.si/assets/minis-

trstva/MZ/DOKUMENTI/Preventiva-in-skrb-za-zdravje/nenalezljive-bolezni/Strategija_obvladovanja_demence.pdf

Slovene Ministry of Health. (2023). *Strategija obvladovanja demence v Sloveniji do leta 2030*. Retrieved July 12, 2024, from https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/NOVICE/Strategija-obvladovanja-demence-v-Sloveniji-do-leta-2030.pdf

Oakley, A. (2000). *Gospodinja*. Ljubljana: *cf

Pinquart, M. & Sörensen, S. (2003). Associations of stressors and uplifts of caregiving with caregiver burden and depressive mood: a meta-analysis. *Journals of Gerontology*, 58(2), 112–128.

Pinquart, M. & Sörensen, S. (2006). Gender differences in caregiver stressors, social resources, and health: an updated meta-analysis. *Journals of Gerontology*, 61(1), 33–45.

Pinquart, M. & Sörensen, S. (2007). Correlates of physical health of informal caregivers: a meta-analysis. *Journals of Gerontology*, 62(2), 126–137.

Savage, S. & Bailey, S. (2004*). The impact of caring on caregivers' mental health: a review of the literature*. Australian Health Review, 27(1), 111–117

Spominčica. (b.d.) *Ozaveščanje javnosti*. Retrieved August 7, 2024, from https://www.spomincica.si/ozavescanje-javnosti

Stimson, G. V., Fitch, C., & Rhodes, T. (1998). *The rapid assessment and response guide on injecting drug use: Social change and mental health*. London: WHO.

World Health Organisation. (2013). Mental health action plan 2013–2020. Geneva: WHO.

World Health Organisation. (2017). Global action plan on the public health response to dementia 2017–2025. Geneva: WHO.

World Health Organisation. (2021). *Dementia.* Retrieved July 11, 2024 from https://www.who.int/en/news-room/fact-sheets/detail/dementia

Šadl, Z. (2002). Emocionalno delo strokovnjakov med skrbjo in stilizirano predstavo. *Socialno* delo. 41(6), str. 311–315.

Official Gazette of the Republic of Slovenia. (2023a). *Zakon spremembah in dopolnitvah Zakona o duševnem zdravju*. Retrieved August 20, 2024 from https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2023-01-3144/zakon-o-spremembah-in-dopolnitvah-zakona-o-dusevnem-zdravju-zdzdr-a?h=zdz

Official Gazette of the Republic of Slovenia. (2023b). *Zakon o dolgotrajni oskrbi*. Retrieved August 20, 2024 fromhttps://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2023-01-2570/zakon-o-dolgotrajni-oskrbi-zdosk-1?h=zakon%20o%20dedovanju

Zigante, V. (2018). Informal care in Europe. Exploring formalisation, availability and quality. European Commission

Zwaanswijk, M., Peeters, J. M., van Beek, A. P., Meerveld, J. H., & Francke, A. L. (2013). Informal caregivers of people with dementia: Problems, needs and support in the initial stage and in subsequent stages of dementia: A questionnaire survey. *The Open Nursing Journal*, 7, 6–13. doi:10.2174/1874434601307010006

UDK: 364-72:[316.323.64/.7-058.17(4-191.2-11)
364-72:[316.323.64/.7-058.17(8)
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POPULISM AND SOCIAL POLICY IN TRANSITIONAL SOCIETIES: STRATEGIES AND IMPACT ON MARGINALIZED GROUPS IN CENTRAL AND EASTERN EUROPE AND LATIN AMERICA

Abstract

Countries in Central and Eastern Europe and Latin America that have undergone significant political and economic changes face new challenges in shaping social policy. Populist leaders in these regions often use social policy as a tool for gaining political support, targeting marginalized groups as part of their strategies. This paper analyzes various approaches of populist regimes in transitional societies and their impact on social policy, particularly toward marginalized groups. Through case studies from Hungary, Poland, Serbia, Turkey, Venezuela, and Brazil, the paper offers a comparative overview of populist strategies. The analysis includes a systematic literature review and a comparative analysis of empirical examples of social policy under populist regimes, incorporating a theoretical framework based on the concept of "welfare nationalism" and specific case studies. Findings reveal that populist leaders use social policy to strengthen political control and support, with varying approaches to marginalized groups depending on regional and cultural contexts. Transitional societies represent fertile ground for populist strategies that use social policy as a tool for political mobilization. This research highlights the need for more inclusive social policies to mitigate the adverse effects of populism.

Keywords: populism, social policy, transitional societies, marginalized groups, comparative analysis

Introduction: The problem and importance of studying populism and social policy in transitional societies

In recent decades, populism has emerged as a global phenomenon, with a strong presence in political systems worldwide. In transitional societies, particularly in regions like Central and Eastern Europe and Latin America, populist movements and leaders employ social policy as a tool to garner political support and control

over marginalized groups. This phenomenon poses challenges not only to democratic values but also to the stability and sustainability of social policies, which are often essential for economic and social development in these countries (Stockemer, 2019). Transitional societies are characterized by political instability, economic inequality, and specific social problems, creating fertile ground for the development of populist ideas and policies. In such environments, populist leaders often present themselves as defenders of "ordinary citizens," using rhetoric that targets elites, foreign influences, or specific social groups as the source of problems (Ketola, 2018). Social policy becomes one of the main tools through which populist authorities fulfill their promises, while manipulating social benefits to maintain political control. This manipulation particularly affects marginalized groups such as the unemployed, the elderly, migrants, and the poor, whose well-being is directly linked to government social programs. Studying populism in transitional societies is crucial, as it provides a better understanding of how populist governments shape social policy and the consequences of such an approach on social cohesion, institutional stability, and democratic processes. In countries such as Hungary, Poland, Serbia, Turkey, Venezuela, and Brazil, populist movements have reshaped social policies to meet specific political goals (Buxton, 2013). Understanding these changes is vital for developing more inclusive and sustainable policies that could mitigate the negative effects of populism on society.

Literature review and definition of key terms

A considerable body of literature examines populism and social policy in transitional societies, exploring how populist leaders and parties utilize social policy to gain political support. Stockemer (2019) highlights that populism encompasses rhetoric and policies favoring "ordinary citizens" over elites, while Ketola (2018) introduces the concept of "welfare nationalism" as a method by which populist leaders target specific groups within the nation. This approach simultaneously supports dominant groups while marginalizing migrants or other minority groups, thereby reinforcing a sense of belonging among the domestic population. Additionally, social policy encompasses the range of policies that a state implements to promote the welfare of its citizens, especially those in disadvantaged positions. In the context of populism, social policy can become a tool for strengthening political control and redistributing resources to specific groups to ensure voter loyalty. Buxton (2013) analyzes how social programs in Venezuela are used as a means of mobilizing the working class through anti-elite discourse. Epstein (2017) further emphasizes that populist approaches in social policy aim not only at wealth redistribution but also at enhancing political legitimacy through resource control. Similarly, Fischer (2020) illustrates how radical right-wing populism employs social programs as a method to garner support among lower social classes in the context of neoliberal reforms. By

examining these sources and key terms, this paper investigates how populist governments in transitional societies utilize social policy not only as a redistribution mechanism but also as a tool for political mobilization and control. These studies suggest the need for developing more inclusive policies to reduce the negative impacts of populism on social stability and democracy.

Populism and social policy – theoretical overview

Populism can be defined as a political ideology or strategy that emphasizes the conflict between the "ordinary people" and the "elite," often utilizing simplistic narratives and polarizing discourse to mobilize the public (Mudde & Kaltwasser, 2017). A key characteristic of populism is its appeal to the people as a singular moral category, contrasting with elites depicted as corrupt or incompetent. This rhetoric allows populist leaders to gain the trust of citizens, while social policy is used as a tool to bolster political legitimacy and control (Stockemer, 2019). In populist regimes, social policy often becomes an instrument through which promises of justice and equality are fulfilled. However, unlike universal models of social policy, populist approaches frequently use social benefits as a mechanism to secure the support of specific groups rather than achieving comprehensive social welfare (Buxton, 2013). This selective approach enables populist leaders to control resources and manipulate social programs to meet political objectives. For instance, in Hungary, Viktor Orbán has tailored social programs to conservative family values, utilizing social policy to reinforce traditional family values while simultaneously excluding support for marginalized groups (Lendvai-Bainton & Stubbs, 2020). Populism in social policy can take various forms, from right-wing nationalist populism to left-wing egalitarianism. In Latin America, populist leaders like Hugo Chávez in Venezuela directed social policy toward marginalized segments of society but with the aim of politically mobilizing the working class and reinforcing anti-elite rhetoric (Brading, 2013). In Central and Eastern Europe, right-wing populism employs social policy to promote nationalist values, often excluding migrants and minority groups from social benefits (Lugosi, 2018). These examples illustrate how populist leaders use social policy as a weapon in political battles rather than as a means of social justice.

Nationalism and social rights toward the concept of "welfare nationalism"

The concept of "welfare nationalism" refers to a form of social policy aimed at specific groups within a country while excluding others, typically minority or migrant communities. This concept is increasingly prominent in populist regimes that use nationalist discourse to justify the selective distribution of social rights (Ketola & Nordensvard, 2018). At its core, "welfare nationalism" is based on the idea that social rights are privileges reserved for "true members" of the nation, while "others"

are excluded from these benefits. In this way, social policy becomes a tool for reinforcing national identity and legitimizing populist governments (Greve, 2021). In the European context, right-wing populists frequently use "welfare nationalism" as a strategy to garner political support by appealing to ethnic and cultural differences as grounds for resource redistribution. This approach is particularly pronounced in countries like Hungary and Poland, where national identity and conservative values are often invoked to justify the exclusion of migrants from access to social rights (Buzogány & Varga, 2021). For example, the Hungarian government has introduced welfare programs favoring ethnic Hungarians and promoting family values, while excluding migrants and members of other minorities from these programs (Lendvai-Bainton & Stubbs, 2020).

In Latin America, the concept of "welfare nationalism" manifests through left-wing populism, where resources are concentrated on national working-class groups, while foreign companies and elites are portrayed as "enemies of the people" (Buxton, 2013). Chávez's model in Venezuela exemplifies how left-wing populism can leverage nationalism to shape social policy, securing support from the domestic workforce through redistributive programs directed at the national population, while foreign interests are depicted as threats to national sovereignty (Brading, 2013). Through "welfare nationalism," populist authorities not only meet the needs of certain social groups but also foster a political identity anchored in ethnic or national belonging. This form of social policy promotes a sense of belonging among members of the dominant population while marginalizing or excluding those who do not share this identity. Thus, "welfare nationalism" becomes a means of political mobilization and control, enabling populist regimes to retain voter support through selective welfare programs.

Methodology

Literature selection and database sources

A combined approach of manual searching and the use of key academic databases, such as Google Scholar, JSTOR, Scopus, and EBSCOhost, was employed in selecting the literature. The search was conducted manually due to the specific requirements for identifying relevant studies on populism, social policy, and marginalized groups in transitional societies. This manual approach allowed for a deeper understanding and selection of the most pertinent sources, especially those dealing with empirical studies and specific case analyses. The search included keywords such as "populism," "social policy," "marginalized groups," "welfare nationalism," and "transitional societies." The timeframe was limited to works published between 2010 and 2023 to ensure that the collected literature reflects current trends and the development of populist strategies in social policy.

Inclusion and exclusion criteria

To ensure a consistent and adequate selection of sources, the following inclusion and exclusion criteria were applied when choosing studies:

Inclusion criteria:

Works published in peer-reviewed journals, academic monographs, and relevant conference proceedings.

Studies that directly investigate the themes of populism, social policy, and marginalized groups in transitional societies.

Empirical studies and case studies addressing populist strategies in social policy, including specific cases in Hungary, Poland, Serbia, Turkey, Venezuela, and Brazil.

Works that provide theoretical foundations, such as the concept of "welfare nationalism," within populist regimes.

Exclusion criteria:

Studies that do not focus on populism and social policy or address related topics without a clear link to social policy.

Studies analyzing solely the economic aspects of populism without reference to social policies.

Works lacking sufficient data or methodological details.

Based on these criteria, over 45 studies were reviewed to select the most relevant sources, covering a wide range of theoretical and empirical perspectives. This number of sources provides enough diversity to cover key aspects of populist strategies in social policy across various regional contexts without overburdening the analysis.

Structure of comparative analysis and introduction of case studies

The comparative analysis is structured to enable the comparison of populist approaches to social policy between Central and Eastern Europe and Latin America. Each of the analyzed countries serves as a specific example of how populist regimes utilize social programs to achieve political goals. In this way, the comparative analysis clearly presents the similarities and differences between populist strategies in different contexts.

The case studies include the following countries:

Europe: Hungary and Poland, where populist regimes rely on the concept of "welfare nationalism" to redistribute resources in favor of the ethnic majority.

Balkan Region: Serbia and Turkey, characterized by authoritarian populism, where social programs are tailored to the needs of dominant ethnic and religious groups.

Latin America: Venezuela and Brazil, where left-wing populism uses social policy as a means of mobilizing the working class and reinforcing anti-elitist discourse.

Through this comparative structure, the study offers a comprehensive analysis of how populism shapes social policy in diverse socio-political settings. The case studies allow for a deeper insight into the specific ways populist regimes in transitional societies use social policy as a tool for political mobilization and control.

Empirical analysis

Analysis of populist regimes in Hungary, Poland, Serbia, and Turkey

In the transitional societies of Europe, populism manifests through the expansion of social policies that primarily favor ethnic majorities and conservative social values. This approach serves as a tool for retaining political power by providing specific social benefits to certain groups.

a) Hungary

Under the leadership of Viktor Orbán, Hungary offers a paradigmatic example of right-wing populism with authoritarian tendencies, employing "welfare nationalism" as a foundational approach in social policy. These policies favor ethnic Hungarians through support for traditional family values and the promotion of birth rates among the ethnic majority (Buzogány & Varga, 2021). Specific programs, such as subsidies for young families, housing purchase credits, and tax breaks, are directed at the majority population, while minority and migrant groups are excluded from these benefits (Lendvai-Bainton & Stubbs, 2020). This approach to social policy serves to strengthen political support by linking national identity with social protection.

b) Poland

A similar model is observed in Poland, where the Law and Justice Party (PiS) has implemented a policy that merges social and national politics through programs like "500+," which provides monthly financial support for each child (Buzogány & Varga, 2021). This program aims not only to improve family living standards but also to reinforce conservative values by promoting family structures as fundamental societal units. Social policies in Poland are used to mobilize the electorate, with the connection between social assistance and political loyalty becoming a pronounced way to retain support among conservative voters.

c) Serbia

In Serbia, populist politics use the rhetoric of national pride and economic independence as the basis for social policy, especially directed at the unemployed, elderly citizens, and other marginalized groups. This strategy aims to gain loyalty from socially vulnerable groups through selective forms of assistance that favor the dominant ethnic group (Orlović & Kovačević, 2019). For instance, programs such as financial aid for the unemployed or subsidies for local jobs are used to enhance the ruling party's political influence among workers and pensioners, thereby solidifying political control and support for the ruling elite.

d) Turkey

Under the regime of Recep Tayyip Erdoğan, Turkey combines populism and authoritarianism through social policy directed at promoting the values of the conservative majority base. A focus on economic development, particularly in construction and infrastructure, is used to strengthen political support through projects that directly impact citizens' daily lives (Adaman & Akbulut, 2020). These policies are supported by rhetoric that emphasizes national identity and often targets specific social groups as a threat to traditional values. This social policy model allows the government to use welfare programs as a tool for political mobilization, while populist rhetoric polarizes society and simultaneously consolidates support among conservative segments.

Analysis of populist strategies in Venezuela and Brazil

In Latin America, left-wing populism utilizes social policy to promote equality and social justice, often accompanied by a sharp anti-elitist and anti-imperialist discourse. Venezuela and Brazil serve as examples where social policies have been employed as tools for securing political loyalty and strengthening the working class.

a) Venezuela

In Venezuela, under Hugo Chávez's leadership, the populist government implemented social assistance programs like the "Misiones" programs, which include free education, healthcare, and subsidized food products aimed at the working class and marginalized communities (Brading, 2013). These programs empower the working class and strengthen support among the poor, while the anti-imperialist discourse frames foreign corporations and national elites as threats to the country's sovereignty (Buxton, 2013). Through this approach, Chávez achieved high levels of political loyalty and mobilization via redistributive policies that radically redefined the relationship between the state and its citizens.

b) Brazil

In Brazil, particularly during the Workers' Party (PT) governance under Luiz Inácio Lula da Silva, left-wing populism employed social programs like Bolsa Família to reduce poverty and improve social inclusion (Fleury, 2023). Programs like Bolsa Família, which provide direct cash transfers to low-income families, built a strong base of support among lower-income social groups. Through these programs, the government achieved substantial reductions in poverty rates, yet they were also used for political mobilization and to strengthen trust among voters. The Workers' Party's populist rhetoric targeted the wealthy and elite groups, fostering social capital among marginalized communities but also contributing to societal polarization.

This empirical analysis of populist regimes in Europe and Latin America highlights how populist leaders utilize social policy as a tool for mobilization and maintaining political power, yet approaches differ depending on ideological spectrum and regional context. In Europe, right-wing populism relies on the concept of "welfare nationalism," favoring ethnic majorities and conservative values. Examples from Hungary and Poland illustrate how social policy can become a selective instrument, redistributing resources toward the targeted population while leaving marginalized groups without support. This model rests on a strong national identity and promotes ideas favoring ethnic homogeneity, often employing rhetoric that portrays migrants and other minority groups as threats. In this way, social policy serves as a means to strengthen the ruling elite's political base while also diverting attention from economic and political issues (Buzogány & Varga, 2021). In Serbia and Turkey, populist regimes integrate social policy within a broader authoritarian framework, where traditional values and nationalism legitimize government policies. Social programs function as symbolic indicators of support for the "common people," while the political elite use state apparatus to control resources and channel social assistance to loyal social groups. The example of Turkey under Recep Tayyip Erdoğan's regime emphasizes development projects and economic redistribution as a foundation for political support, while minority groups and opposition face restrictions on resource access (Adaman & Akbulut, 2020). In Latin America, left-wing populism uses social policy to promote economic equality and social justice, often paired with anti-imperialist rhetoric. In Venezuela, Hugo Chávez used social programs to support the working class and the poor, securing political loyalty from a large portion of the population while presenting foreign companies and elites as obstacles to public welfare (Brading, 2013; Buxton, 2013). Similarly, Brazil's Workers' Party employed programs like Bolsa Família to reduce poverty and social inequality, but also as a means to retain political support among the lower social classes (Fleury, 2023). These examples demonstrate how social policy becomes a tool for ideological and political mobilization, where dominant narratives are shaped by ruling parties, often through resource manipulation and control

over social programs. Similarities between European and Latin American populist regimes lie in their strategy of using social policy as a tool of political power and control. Whether it is "welfare nationalism" in Hungary or redistributive socialism in Venezuela, populist governments shape social programs according to the needs of their political base while marginalizing groups perceived as threats to their narrative. Thus, populist leaders and parties not only reinforce their position but actively reshape social policy to serve their political goals.

The empirical analysis suggests that the long-term sustainability of these policies is questionable. In the context of economic challenges, resource reductions, and increasing social inequalities, social policies favoring specific groups may destabilize the social fabric. This becomes particularly evident in countries where populist regimes use polarization and exclusivity as the basis of their policies. If the trend of selective redistribution and favoring certain populations continues, social cohesion may be disrupted, further complicating solutions to key economic and social issues in the future. In conclusion, social policy in populist regimes in Europe and Latin America functions as a tool of political manipulation and control, allowing leaders to appeal to the "common people," yet often at the expense of social inclusion and fairness. These models demonstrate how populism can shape social policy in ways that meet immediate political needs, yet deepen social and economic divides, threatening long-term stability and inclusiveness in society.

Discussion

Comparison of different approaches to populist social policy across regions

The analysis of populist social policies in Europe and Latin America reveals two key strategies: an exclusive "welfare nationalism" model in Europe and an inclusive redistributive approach in Latin America. While both models focus on mobilizing certain social groups and strengthening political support, they achieve this through different ideological and institutional pathways, reflecting the specific historical, economic, and social contexts of each region. In Europe, right-wing populist leaders in Hungary and Poland use "welfare nationalism" as a means of strengthening ethnic identity and consolidating political loyalty within the majority population. Social assistance programs favor ethnic Hungarians and Poles, while systematically excluding migrants and minorities, further solidifying ethnic and social boundaries within society (Buzogány & Varga, 2021). In this model, social policy functions not only as a mechanism of social protection but also as a tool for institutionalizing and maintaining a nationalist narrative that supports the political elite. Examples like the "500+" program in Poland and family support policies in Hungary emphasize values that reflect a conservative family ideal and the notion of protecting ethnic purity and cultural homogeneity. In Latin America, populism manifests through

inclusive and redistributive policies aimed at the poor and marginalized communities, with the intent of reducing economic inequality and strengthening social justice. Programs such as the "Misiones" in Venezuela and "Bolsa Família" in Brazil are designed to provide basic social protection for the working class, with an additional focus on political mobilization through anti-elitist and anti-imperialist rhetoric (Brading, 2013; Fleury, 2023). In this case, social policy is used not only to address social issues but also as a tool for strengthening a political base that aligns itself with ideals of social equality and resistance to global capitalism. Thus, in Latin America, populism is associated with progressive and socially inclusive goals, although these objectives are often subordinated to political manipulation and the maintenance of power. These regional differences indicate the specific ideological functions of populism: while European populism uses nationalism and exclusivity to consolidate power among the ethnic majority, Latin American populism leans toward economic egalitarianism and social inclusion but with a dependence on state resources. In both cases, social policy serves as a means of political mobilization but with different ideological implications that align with the needs and values of populist leaders.

Analysis of the effects on marginalized groups and social structures

Populist social policies in Europe and Latin America generate specific effects on marginalized groups and broader social structures, ultimately shaping social relations and cultural norms. In Europe, the application of "welfare nationalism" has direct consequences for minority and migrant communities. These groups are often excluded from social programs or have restricted access, which further marginalizes their positions within society (Lendvai-Bainton & Stubbs, 2020). Ethnically targeted social policies increase the sense of exclusion and discrimination among migrants and minorities, while fostering a sense of unity and protection of national values among the ethnic majority. In the long term, this can lead to social polarization and heightened ethnic tensions, which destabilize society and threaten community cohesion. Especially when populist authorities use rhetoric that portrays minorities as a threat, social tensions become institutionalized, and the state strengthens its authoritarian profile. In Latin America, social policies targeting the poor and marginalized groups have positive effects in terms of poverty reduction and improved living standards, yet come with challenges of political dependency and control. Programs like "Bolsa Família" in Brazil directly contribute to reducing social inequalities, allowing impoverished families access to essential resources. However, dependency on state assistance can lead to political loyalty based not on active political engagement but on fear of losing economic benefits (Buxton, 2013). In this way, populist authorities in Latin America use social policy not only to address social issues but also to maintain political influence among voters. The impact

of this strategy on social structures can be twofold: while the living conditions of the poor improve, the potential for creating a dependency on the state may, in the long term, undermine the development of a politically active and economically self-reliant working class.

Broader implications of populist social policies

Across both regions, populist social policies, whether inclusive or exclusive, polarize society along political and ethnic lines. European populism relies on ethnic exclusivity as a means of maintaining political power, while Latin American populism focuses on socio-economic redistribution as a tool for political mobilization. However, both strategies foster dependency among social aid recipients, whether through ethnic affiliation or class identification. These policies significantly impact social cohesion and stability: the European model risks deepening ethnic tensions and excluding minority communities from broader social structures, while the Latin American model potentially undermines economic growth and stability through reliance on state support. Furthermore, populist authorities use these policies to consolidate their positions on the political spectrum, reducing the space for pluralism and democratic participation. Thus, populism in both regions acts as a factor of social polarization, contributing to the creation of societies based on exclusive and dependent relationships with the state. This comparative analysis suggests that while populism may improve resource access for certain groups, its long-term impact on social inclusion and political stability remains questionable. In the European context, populist policies may erode social inclusiveness and provoke ethnic conflicts, whereas in Latin America, dependency on state assistance may hinder the development of a politically mature and economically stable society. This complexity of populist social policies warrants further attention and critical examination, especially in transitional societies prone to social divisions and economic challenges.

Conclusion

This study offers an in-depth analysis of populist social policies in transitional societies in Europe and Latin America, illustrating how populism, despite ideological and geographical diversity, utilizes social policy as a tool for political mobilization, control, and social structuring. Fundamentally, the key findings reveal that populist leaders shape social programs in ways that maintain political power, often at the expense of social inclusivity, long-term stability, and democracy. In Europe, right-wing populism uses social policy to promote "welfare nationalism," supporting ethnic majorities through conservative values while systematically excluding minorities and migrants. In Hungary and Poland, social policies aimed at the ethnic majority not only foster social division but also institutionalize discrimination, linking national identity with social rights (Buzogány & Varga, 2021). This approach

excludes specific communities from state protection and undermines the principles of social justice, potentially leading to long-term ethnic tensions and destabilizing social cohesion. Additionally, the focus on traditional family values, such as demographic measures to boost birth rates, serves as a political legitimacy tool for populist leaders who aim to reinforce an authoritarian model of governance. Conversely, Latin American models of left-wing populism, as seen in Venezuela and Brazil, use redistributive social policies as a means of mobilizing the working class and impoverished groups. Programs such as "Misiones" in Venezuela and "Bolsa Família" in Brazil provide immediate economic benefits to vulnerable groups, reducing poverty and promoting social justice. However, these policies foster dependency on state aid, increasing the risk of political manipulation. Although these programs reduce economic inequalities, their political instrumentalization results in social policy becoming a mechanism of political control, where social loyalty is maintained by fear of losing assistance rather than by an understanding of political pluralism and civic rights (Brading, 2013; Fleury, 2023). Ultimately, populist social policies reveal the duality of populism: while they offer immediate benefits to specific groups, they often exacerbate divisions, increase dependency, and compromise democratic principles. This study highlights the need for further critical analysis and inclusive policy approaches that balance citizen needs with stable democratic structures, fostering long-term societal inclusivity and cohesion.

Broader implications of populist social policies

A crucial aspect in both contexts is the use of social policy to shape social relationships and values according to populist norms. European right-wing populism emphasizes strengthening ethnic boundaries and values that reinforce national identity, leading to a reduction in inclusivity and a potential increase in ethnic conflicts. Meanwhile, Latin American left-wing populism, through redistributive policies, creates an appearance of economic inclusion while simultaneously establishing dependency that undermines the economic ambitions and independence of marginalized groups.

Thus, both models illustrate how populism utilizes social policy as a tool to build social structures aligned with political interests rather than the actual needs of the citizens. In Europe, populist policies tend to deepen ethnic divisions, potentially leading to social tensions, while in Latin America, the dependency created by redistributive programs can limit the social mobility and empowerment of marginalized groups. These approaches serve political agendas but often fall short of fostering true social cohesion and economic independence.

Key conclusions and directions for further research

These findings underscore that, while populism may temporarily improve the living standards of certain groups, its long-term effects often undermine the foundations of an inclusive society and democratic participation. In Europe, "welfare nationalism" may further deepen ethnic divides and marginalize specific groups, while in Latin America, dependency on state support may limit social progress and foster political loyalty based on economic insecurity. These conclusions highlight the need for further research in the following areas:

- Impact of Populist Policies on Social Inclusion and Ethnic Relations: Further exploration is required to understand how exclusive social policies in Europe shape ethnic and social relationships, particularly in societies where migrants and minorities have historically been marginalized.
- Long-Term Social and Economic Effects of Dependency on State Support: In Latin America, additional studies could shed light on how populist dependency affects economic development and civic responsibility, as well as how these policies influence citizens' perceptions of their rights and obligations.
- Analysis of Democracy and Political Participation: Examining how populist regimes shape the perception of democracy through social policy could help explain why populism remains popular despite its authoritarian tendencies.
- Comparative Analysis of Various Populist Regimes: Comparative studies of other populist regimes across different regions can deepen our understanding of the mechanisms through which populism utilizes social policies, including potential consequences for global democratic processes.

In conclusion, populist social policies present ambiguous tools: while they provide immediate social benefits to certain groups, they often encourage political control and social polarization. A critical examination of the effects of these policies can aid in the development of more inclusive social policies that promote social justice, political freedom, and economic advancement without manipulating citizens for political gains. Further research can offer solutions for integrating social policies that balance citizens' needs with stable democratic structures, thereby contributing to more inclusive societies worldwide.

References

Adaman, F., & Akbulut, B. (2020). The socio-ecological crisis in Turkey: A Polanyian perspective. The Journal of Peasant Studies, 47(5), 1014–1037. https://doi.org/10.1080/03066150.2020.1773167

Bošković, B. (2020). Globalism vs. Nationalism in the 21st Century. University Press.

Brading, R. (2013). Populism in Venezuela. Routledge.
Buxton, J. (2013). Social Policy in Venezuela: Background Paper. UNRISD Working Paper.
Buzogány, A., & Varga, M. (2021). Illiberal thought collectives and policy networks in Hungary and Poland. European Politics and Society, 1–19. https://doi.org/10.1080/23745118.2021.1956238
Campello, D., & Zucco, C. (2016). The Volatility of Presidential Approval in Latin America. The Journal of Politics, 78(2), 567–580. https://doi.org/10.1086/684749
Csehi, R., &Zgut, E. (2021). Authoritarian Populism in Hungary: A Challenge for Europe and Beyond. Politics and Governance, 9(3), 264–276. https://doi.org/10.17645/pag.v9i3.4350
Ellner, S. (2018). Venezuela's Populism under Chavez: Strengthening the Populist Left. Latin American Perspectives, 45(4), 47–63. https://doi.org/10.1177/0094582X17739923
Epstein, W. M. (2017). The masses are the ruling classes: Policy romanticism, democratic populism, and American social welfare. Oxford University Press.
Fischer, A. M. (2020). The Dark Sides of Social Policy: From Neoliberalism to Resurgent Right-wing Populism. Development and Change, 51(2), 371–386. https://doi.org/10.1111/dech.12574
Fleury, S. (2023). Social Policy Dismantling and De-democratization in Brazil: Citizenship in Danger. Springer. https://doi.org/10.1007/978-3-031-23457-6
Frey, B. S., & Stutzer, A. (2021). Economic Populism in Switzerland. Journal of Economic Perspectives, 35(4), 189–212. https://doi.org/10.1257/jep.35.4.189
Gidron, N., & Hall, P. A. (2017). Populism as a Problem of Social Integration. Annual Review of Sociology, 43(1), 231–249. https://doi.org/10.1146/annurev-soc-081715-074244
Greve, B. (2021). Handbook on Austerity, Populism, and the Welfare State. Edward Elgar Publishing.
Ketola, M. (2018). Welfare nationalism and populism in Finland. Journal of Social Policy, 47(3), 501–518. https://doi.org/10.1017/S0047279418000039
Lapaj-Kucharska, M. (2022). Political and Social Problems in Venezuela. Journal of International Studies, 15(1), 89–107. https://doi.org/10.14254/2071-8330.2022/15-1/7
Lendvai-Bainton, N., & Stubbs, P. (2020). Authoritarian neoliberalism and welfare chauvinism in Hungary and Croatia. Development and Change, 51(2), 540–563. https://doi.org/10.1111/dech.12557
Lugosi, N. (2018). Populist rhetoric and welfare chauvinism in Hungary. Critical Social Policy, 38(3), 434–453. https://doi.org/10.1177/0261018318773543

Mudde, C., & Kaltwasser, C. R. (2017). Populism: A Very Short Introduction. Oxford University Press.
Orlović, S., & Kovačević, N. (2019). Populism in Serbia: Between Authoritarianism and Democratic Backsliding. Journal of Southeast European and Black Sea Studies, 19(4), 529–550.
Rovira Kaltwasser, C., Taggart, P., Ochoa Espejo, P., & Ostiguy, P. (Eds.). (2017). The Oxford Handbook of Populism. Oxford University Press.
Stockemer, D. (2019). Populism Around the World: A Comparative Perspective. Springer International Publishing. https://doi.org/10.1007/978-3-319-96758-5
Yilmaz, I. (2023). Civilizational Populism in Democratic Nation-States. Palgrave Macmillan. https://doi.org/10.1007/978-3-031-23833-8
Bošković, B. (2020). Globalism vs. Nationalism in the 21st Century. University Press.
Frey, B. S., & Stutzer, A. (2021). Economic Populism in Switzerland. Journal of Economic Perspectives, 35(4), 189–212. https://doi.org/10.1257/jep.35.4.189
Gidron, N., & Hall, P. A. (2017). Populism as a Problem of Social Integration. Annual Review of Sociology, 43(1), 231–249. https://doi.org/10.1146/annurev-soc-081715-074244
Greve, B. (2021). Handbook on Austerity, Populism, and the Welfare State. Edward Elgar Publishing.
Ketola, M. (2018). Welfare nationalism and populism in Finland. Journal of Social Policy, 47(3), 501–518. https://doi.org/10.1017/S0047279418000039
Lapaj-Kucharska, M. (2022). Political and Social Problems in Venezuela. Journal of International Studies, 15(1), 89–107. https://doi.org/10.14254/2071-8330.2022/15-1/7
Lendvai-Bainton, N., & Stubbs, P. (2020). Authoritarian neoliberalism and welfare chauvinism in Hungary and Croatia. Development and Change, 51(2), 540–563. https://doi.org/10.1111/dech.12557
Lugosi, N. (2018). Populist rhetoric and welfare chauvinism in Hungary. Critical Social Policy, 38(3), 434–453. https://doi.org/10.1177/0261018318773543
Mudde, C., & Kaltwasser, C. R. (2017). Populism: A Very Short Introduction. Oxford University Press.
Orlović, S., & Kovačević, N. (2019). Populism in Serbia: Between Authoritarianism and Democratic Backsliding. Journal of Southeast European and Black Sea Studies, 19(4), 529–550.
Rovira Kaltwasser, C., Taggart, P., Ochoa Espejo, P., & Ostiguy, P. (Eds.). (2017). The Oxford Handbook of Populism. Oxford University Press.
Stockemer, D. (2019). Populism Around the World: A Comparative Perspective. Springer International Publishing. https://doi.org/10.1007/

Fleury, S. (2023). Social Policy Dismantling and De-democratization in Brazil: Citizenship in Danger. Springer. https://doi.org/10.1007/978-3-031-23457-6

Adaman, F., & Akbulut, B. (2020). The socio-ecological crisis in Turkey: A Polanyian perspective. The Journal of Peasant Studies, 47(5), 1014–1037. https://doi.org/10.1080/03066150.2020.1773167

Brading, R. (2013). Populism in Venezuela. Routledge.

Buxton, J. (2013). Social Policy in Venezuela: Background Paper. UNRISD Working Paper.

Csehi, R., & Zgut, E. (2021). Authoritarian Populism in Hungary: A Challenge for Europe and Beyond. Politics and Governance, 9(3), 264–276. https://doi.org/10.17645/pag.v9i3.4350

Epstein, W. M. (2017). The masses are the ruling classes: Policy romanticism, democratic populism, and American social welfare. Oxford University Press.

Fischer, A. M. (2020). The Dark Sides of Social Policy: From Neoliberalism to Resurgent Right-wing Populism. Development and Change, 51(2), 371–386. https://doi.org/10.1111/dech.12574

Ellner, S. (2018). Venezuela's Populism under Chavez: Strengthening the Populist Left. Latin American Perspectives, 45(4), 47–63. https://doi.org/10.1177/0094582X17739923

Buzogány, A., & Varga, M. (2021). Illiberal thought collectives and policy networks in Hungary and Poland. European Politics and Society, 1–19. https://doi.org/10.1080/23745118.2021.1956238

Karlson, N. (2021). Reviving Classical Liberalism Against Populism. University Press.

Orlović, S., & Kovačević, N. (2019). Populism in Serbia: Between Authoritarianism and Democratic Backsliding. Journal of Southeast European and Black Sea Studies, 19(4), 529–550.

Frey, B. S., & Stutzer, A. (2021). Economic Populism in Switzerland. Journal of Economic Perspectives, 35(4), 189–212. https://doi.org/10.1257/jep.35.4.189

Lugosi, N. (2018). Populist rhetoric and welfare chauvinism in Hungary. Critical Social Policy, 38(3), 434–453. https://doi.org/10.1177/0261018318773543

Greve, B. (2021). Handbook on Austerity, Populism, and the Welfare State. Edward Elgar Publishing.

Yilmaz, I. (2023). Civilizational Populism in Democratic Nation-States. Palgrave Macmillan. https://doi.org/10.1007/978-3-031-23833-8

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