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“SOCIAL WORK AND SOCIAL
POLICY IN TIMES OF GLOBAL
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FOREWORD

Continuing and multiple global scale shocks and crises disproportionately affect the world countries, with low and middle-income countries being particularly exposed and suffering. Within the last decade in particular, global crises such as Covid 19, wars and corresponding refugees and displaced flows, food, and energy price hikes and alike, have posed serious economic, political, and social challenges before governments to adequately cope with the consequences of these emerging crises. Considering that the global disturbances occur in the context of rapid climate change, which causes unprecedented floods, droughts, and heat waves, this adds to the severity of the crises and exaggerates their impact. Overall and irrespective of their nature, global crises have one thing in common: they threaten the livelihoods of poor and vulnerable people and aggravate existing inequalities in income, nutrition, health, education, and other aspects of their well-being. For social policy and social work, this is a call for prompt action!

In the context of globalization and given the limits of national policy responses, the need for (re)building developmental welfare states and promoting a “global social floor” consisting of a basic social protection package are high on the policy agenda. Governments are expected to alleviate negative consequences of global crises by drawing increased attention to the neglected dimensions of the crises and integrating social considerations into policy responses. Thus, social policies engage into proper redistribution of resources, extending the outreach of social protection schemes, setting up new ones and increasing the benefits and services designed for the poor, low-income and socially most vulnerable citizens. In other words, a redesign of the scope and scale of social protection is required in order to tackle extreme poverty, ensure access to food and basic health care to all citizens and build their resilience against upcoming shocks of different nature. To do so, a more universal, sustainable, and rights-based approach is a prerequisite for effectiveness of social protection schemes.



Parallel to such considerable policy shifts, social work professionals are particularly affected. In many fragile and lower income countries where social workers face challenging and substandard working conditions, case overloads and professional burnout, they are expected to live up to the emerging tasks, adopt and adjust frequent policy changes to the realistic possibilities and available resources in the practice. To be able to do so, social work practitioners deal with constant and flexible readjustments and introduction of new professional approaches, methods, and techniques, which emphasizes the need for their enhanced continuous professional education and training.

Due to the importance of the repetitive global crises and their social impact, in the last decade in particular, the Institute for social work and social policy within the Faculty of Philosophy, Ss Cyril and Methodius University in Skopje, organized an international conference titled “Social work and social policy in times of global crises” 19-22 September 2023 in Ohrid, North Macedonia. As the Conference was organized on the occasion of 65 anniversary of social work education in North Macedonia, awards for distinguished contribution were awarded to professors and researchers who contributed to the international promotion of social work education and research in North Macedonia. The Institute of Social Work and Social Policy received a certificate of appreciation from the International Association of Schools for Social Work for the engagement in promotion of social work education and research on the national, regional, and international level.

The Conference gathered over 100 domestic and international participants from academic, governmental, and nongovernmental organizations and institutions who took part in the wider academic discussion on new ‘imaginaries and ‘re-framing’ of social work and social policies during global crises. A total of 84 presentations were given by representatives from 24 countries (Norway, Finland, Germany, Italy, Belgium, Poland, France, Ukraine, Czech Republic, Greece, Switzerland, United Kingdom, USA, Canada, South Africa, Israel, Serbia, Croatia, Bosnia and Herzegovina, Slovenia, Montenegro, Albania, Bulgaria, and North Macedonia).

This Collection contains 32 papers prepared by participants following the conference event. The Collection of papers comprises of topics that tackle the issue of global crises from variety of perspectives relevant for social work and social policy. The papers are contextualized within several broad domains, including: social work in crisis situations; children, youth, and family policies; older people and disabilities; public policies and social services; social work and mental health; social work education and practice; and social policy, social welfare, and human rights.

The social work in crisis situations chapter includes papers discussing the challenges of social work training and practice in the 21st century, humanitarian aid perspectives in armed conflicts and wars, as well as crisis management practices towards foreign nationals. It also contains discussions on deepened social problems during Covid 19 pandemic and loneliness issues.



Children, youth, and family policies chapter contains papers that discuss, family and child regulation and practices, protection of children without parental care, tutoring in higher education, divorce models and trauma informed care practices, as well as models of employee leave of absences and their impact on family-work balance.

Papers that discuss public policies and social services for older and disabled people are part of the third chapter. Authors refer to the importance of quality of care in inpatient institutions, innovative post Covid 19 home-care services, care for persons with intellectual disabilities leaving the social care system, followed by conditions and challenges related to social services for persons with disabilities and the need for personal and home-assistance.

Social work and mental health chapter includes papers that refer to mental health issues of diverse population groups, such as: forced migrants, high school youth, children and youth with behavioural problems, psychiatric patients and children and youth as potential social network addicts.

Fifth chapter of this Collection is dedicated to papers discussing social work education and practice challenges from different perspectives and domains: field education, education for sustainable development, social entrepreneurship as innovative social work practice, challenges faced by professionals in local level social care services for young people from vulnerable groups, as well as social prevention of violent extremism and professional competencies of social workers in times of crisis.

The final chapter encompasses papers related to social policy and social welfare topics within a human rights perspective: human rights in armed conflicts, electricity subsidy programs, as well as harm reduction as a component of increasing human capital productivity, income, poverty and inequality, and civil partnerships in social policies.

We believe that this Collection of papers will be a valuable reading resource for academics, practitioners and students of social work and social policy and other related fields. It is expected that it will further promote the academic research, policy actions, as well as social work practices that advocate welfare, human rights, and dignity of vulnerable groups, but also emphasise the need for professional support and incentives for frontline workers during multiple crises.

Editors





**SOCIAL WORK
IN CRISIS
SITUATIONS**





SOCIAL WORK TRAINING AND PRACTICE IN THE CONTEXT OF 21ST CENTURY CRISES

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Abstract

Contemporary global crises have driven social workers into uncharted territory, compelling them to address micro, mezzo and macro level challenges that test their knowledge, attitudes, and skills. The pivotal question however remains: are social workers adequately equipped through their training to navigate these complexities to serve the best interests of their clients? This paper investigates how social work training and practice should go forward to be relevant within the context of 21st century global challenges. By identifying key components that should be integrated into social work training and practice, this paper aims to contribute to the discourse surrounding the role of social workers as agents of change in micro, mezzo, and macro level interventions.

Keywords: global crisis, social work training and practice, eco-social world view, sustainability, paradigm shift.

*Like a stranger who has just blown into town, ecology seems a presence without a past
(Worster, 1985, xiii)*

INTRODUCTION

Social work has traditionally operated within an anthropocentric worldview (Boetto, 2017; Ife, 2021), where humanity is placed at the centre and social issues are primarily framed in terms of the impact it has on human well-being (Dominelli, 2012). While this perspective has undeniably advanced the cause of human rights and because of social justice (UN, 2006), it has often neglected the intricate interconnections between humans and the natural world (Du Plessis and Brandon, 2015). In the face of pressing global challenges such as climate change and the accompanying natural disasters, ecological degradation, and the depletion of natural resources (Dominelli, 2012), there is an increased recognition and acknowledgement that social work is at a crossroad (Arkert and Jacobs, 2021) where it must evolve towards an eco-social worldview that encompasses sustainable development and sustainable living (Rambaree, 2020). An eco-social worldview acknowledges the existence of a



symbiotic relationship between humans and the natural world and emphasises the fact that humanity and the natural world are dependent on each other for their well-being (Mazzocchi, 2020).


This paper begins to give a brief overview of how social work education and training have evolved to where it stands today. Thereafter an argument is made out to reshape social work training and practice to transition from an anthropocentric worldview to an eco-social worldview where aspects such as promoting environmental citizenship (EC) and promoting sustainable development and living are included. Finally, the practical implications that such a paradigm shift will have on social work, will be addressed.

1. BRIEF OVERVIEW OF THE EVOLVEMENT OF SOCIAL WORK EDUCATION AND PRACTICE

The rationale for the brief overview of the evolution of social work is to illustrate how social work has always adapted and adopted new strategies to address the pressing needs at the time and as such stayed relevant. Of interest is the fact that the focus of attention during the evolution of social work has mostly involved the well-being of humanity with little to no focus on the well-being of the natural world. Before the 19th century, societal challenges seemed to evolve around people who were poor, for which the church took responsibility (Gladden, 2018). History changed and in the late 19th and early 20th centuries, societies were challenged with urbanisation, industrialisation, and immigration, and it was in this climate that social work emerged as a profession (Gladden, 2018). Two people who played significant roles in helping to establish social work as a profession are Jane Addams and Mary Ellen Richmond. It is through their doing that social work developed as a structural field as they realised the need for systematic approaches to address the needs of the communities they served (Gladden, 2018).

Throughout the 20th century, social work continued to evolve in response to changing social, political, and economic contexts (Gladden, 2018). Major events in the 20th century such as The Great Depression (Granadosa and Roux, 2009) and the Second World War, expanded social work services even further. It was during this period that critical social work theories emerged to not only challenge traditional practices but to also advocate for a more intersectional and culturally sensitive approach (Gladden, 2018).

The 21st century has brought with it challenges involving globalisation, technological advancements, and societal issues such as poverty, the displacement of people because of wars and unrest (Owain and Maslin, 2018), and climate change problems (Dominelli, 2012) such as wildfires, floods, and deadly heatwaves. Social workers in other words are engaging in a rapidly changing landscape where the complexity of social issues and environmental challenges are forcing them to respond from out of



their comfort zone. Social work is therefore forced to constantly adapt their skills and knowledge to address these evolving challenges.

The ongoing global problem of climate change is probably the most pressing present-day challenge for social work training and practice, mainly because social work is still conducted from an anthropocentric worldview (Boetto, 2017). It is well known that the outcome of the challenges posed by climate change especially affect the people who are poor and who are marginalised (Philip and Reisch, 2015). It is however not only this group of people that are affected but communities and countries at large pay the price for the climate change challenges.

Social work has been described to be transformative and emancipatory (Boetto, 2017) and from the brief overview one can understand why. Social work has been well positioned to play an important role in facilitating transformative change (Rambaree, 2020) to address challenges posed by climate change. And with this, social work once again finds itself at a place where urgent introspection is needed about finding alternative ways to constructively address the 21st century challenges. The question however remains, what is needed for social work to constructively contribute to solutions for present-day challenges.

2. RESHAPE SOCIAL WORK TRAINING AND PRACTICE

Over several years researchers, academics and practitioners have through many different platforms highlighted the importance to relook social work training and practice to include research and practice that would relate to the well-being of both the earth and its inhabitants (Arkert and Jacobs, 2021, 2023; Boetto, 2017; Dominelli, 2012; Ife, 2021; Jacobs, (in press); Molyneux, 2010; Orr, 2021; Rambaree, 2020). For the author, such a paradigm shift will involve a shift from an anthropocentric worldview to an eco-social worldview where the promotion of sustainable development is at the centre of social work training and practice.

2.1. Transition from an anthropocentric to an eco-social worldview

Seeing that social work as a profession emerged from Western Modernity, its ontological, epistemology and as a result its methodological assumptions carry the signs of that heritage (Tascón, 2018). This ‘Western Modernity’ brought with it an anthropocentric worldview, which amongst others encompasses neo-liberal capitalism (Žižek, 2018), patriarchy (Federici, 2019) and colonialism which has the imposition of a white Western worldview (Fanon, 2002). The common denominator of all these components is “man having dominion over” everything else and especially over “the rest of the natural world” (Ife, 2021, p. 243).

The outcome of this worldview involves:




- Climate change (which relates to the Anthropocene) where global warming and its sometimes-deadly outcomes are basically killing the natural world/life as we have known it and consequently humanity as well. It is however not only global warming that is a direct challenge of the Anthropocene (Kingsnorth, 2017; McKibben, 2019). Ife (2021, p. 242) warns, that the “over-fishing of the oceans and the erosion of topsoil, if allowed to continue at their present rate, will result in serious global food shortage by mid-century.”
- The ultimate strive of neo-liberal capitalism is the continuous economic growth, population growth, growth in consumption which has led to an unprecedented worldwide consumerism mentality, and growth in the exploitation of resources (Harvey, 2005). The imperative for growth is now challenged with the constraints of a finite planet, “with resulting pollution, environmental degradation, global warming, [and] loss of biodiversity” (Ife, 2021, p. 243).
- Patriarchal values of aggression and competition, which “have been disastrous not only for women, but also for the natural world, for eco-systems, and for human communities” (Ife, 2021, p. 243).
- Colonialism which resulted in “racism and assumed superiority of the ‘white man’, and hence the devaluing and exploitation of those of other races” (Ife, 2021, p. 243) as well as those of other believes.

A legacy of the anthropocentric worldview and one which social work embraced and is still embracing (Midgley, 2014; Taqi, 2020) is the concept of social development. In South Africa for instance, the governmental department responsible for social welfare and social work is called the Department of Social Development (DSD) which pride themselves in offering the following services:

- Rebuilding of family, community, and social relations,
- Integrated poverty eradication strategy,
- Comprehensive social security system,
- Violence against women and children, older persons, and other vulnerable groups,
- HIV/AIDS,
- Youth Development,
- Accessibility of social welfare services,
- Services to people with disabilities,
- Commitment to co-operative governance, and
- Train, educate, re-deploy, and employ a new category of workers in social development.

At first glance the service delivery seems to be comprehensive and seems to encompass everything to address the needs of the individuals and communities they serve. None of these services however focus on involving the environment.



The outcome of the anthropocentric worldview resulted in unsustainable living for both humanity and the natural world. And this is the context in which social workers have worked for decades and will be continuing working for decades to come. It is however also the world which have already dramatically impacted the lives of individuals, families and communities and will do so in the future as well (Ife, 2021). Although social work established credibility within this anthropocentric worldview, Ife (2021) however doubts whether this credibility will carry any weight in the years to come. In Eisenstein's (2018) opinion a mere technological initiative will not suffice to address the contemporary global challenges, and Eisenstein, together with a plethora of authors (Arkert and Jacobs, 2023; Boetto, 2017; Gray and Coates, 2015; Peeters, 2012) highlight the importance to adopt a different world view about the place of humanity in relation to other species and the earth itself. It will thus imply that an eco-social worldview must be adopted. Although Eisenstein's comment did not focus on social work as a profession, adopting a different worldview is especially relevant for the social work profession working in the 21st century reality.

An eco-social worldview starts with acknowledging the “world as a whole” and understanding that it is “an interdependent and interconnected living system in which humans are an integral part of nature and partners in the processes of co-creation and co-evolution” (Du Plessis and Brandon 2015, p. 55). Thomas Berry, who is an eco-philosopher earth lawyer and a theologian, in Cashford (2011, p. 9) also highlights the interdependent focus of an eco-social worldview by stating that:

The planet Earth is a single community bound together with interdependent relationships. No living being nourishes itself. Each component of the Earth community is immediately or mediately dependent on every other member of the community for the nourishment and assistance it needs for its own survival.

Boulet (2021, p. 30) supports the notion that planet Earth should be viewed as a single community where “non-human” is included and “I/we-humans” are decentred. Boulet goes further to say that “post”-humanism does not imply “de-humanising” or even “anti” humanism, but that it “simply urges us to ‘start wondering how the earth wants us to live with her’ and what the nature of the relationship might be ...” (2021, p. 31). An eco-social worldview thus does not give preference to humans over non-humans or vice versa but values their interrelatedness for the sake of the well-being of its inhabitants.

2.1.1. A philosophical paradigm shift in social work training

Many social work researchers over the years have indicated that social work in general, but social work practice particularly, does not sufficiently address the ‘eco-social’ in social work (Bexell et al., 2019; Kemp, 2011; Krings and Schusler, 2020; Molyneux, 2010; Rambaree, 2020). Peeters (2012) directly addresses this conundrum by stating that social work has, in the current capitalism approach, failed to provide sustainable solutions to eco-social problems such as hunger, poverty, inequality, and environmental crisis. A paradigm shift is thus called for. Boetto et al. (2018, pp. 46-




57) elaborate on what a philosophical paradigm shift or a transformative change will require of the social work profession:

... transformative change requires that conventional methods in social work practice are undertaken differently. This change involves a paradigmatic shift in orientation about the place of humans in the natural world from being human-centred (which prioritises human needs and wants) towards a transformative eco-social approach (which understands Earth as a holistic entity) ... Rather than viewing humans as the centre of development in the world, human represent just one part of a much larger, holistic, and interdependent system. At the core of this philosophical shift is understanding the interdependence between the natural environment and human well-being.

Although Rambaree et al. (2019, p. 1) is of the opinion that “Eco-social work is social work ... eco-social work is not a specialty within social work, rather all social work can, and we argue should be eco-social work”, for social work to adopt an eco-social worldview, will entail that social work will need to make a 180° turn and not only critically reflect (Ringø and Svensson, 2023) on how it has up to now approached its training and practice but also on what needs to be put into place to address the global calamities.

A framework to cultivate environmental social work (ESW) and environmental citizenship (EC) by Jacobs (in press) is put forward as a possible solution to address the paradigm shift that is needed in social work. The framework incorporates principles of Boetto’s (2017) transformative eco-social model which is built around three circles namely the ontological, the epistemological and the methodological circle. The framework builds up to where EC is established with sustainable development and living as the ultimate outcome. In accordance with Boetto’s (2017) model, the ontological base refers to the ‘being’ of social work and this is what in the first place needs to be addressed during training and on an ongoing basis during practice. By involving critical reflection and experiential theories, students and practitioners must be made aware of their worldviews, their beliefs, and their attitude towards “humanity as embedded in, and interconnected with, the natural world ...” (Ife, 2021, p. 247) as well as how, where, and how social work fits into all of this (Jacobs, in press). Once students/practitioners have established what their “worldview” is, they will be able to apply their new-found knowledge, values and ethics to their epistemological base which refers to how they in future will not only think about their worldview but also how they will apply it in practice. It is in the epistemological circle where new theories and worldviews such as indigenous knowledge approaches, anti-oppressive theories, and eco-feminism should be introduced, and old theories should be critically reflected upon (Philip and Reisch, 2015).

The new-found knowledge, awareness, and value system together with how they think about their role as a social worker can now transcend into being a social worker in the new dispensation. Here I would like to draw on Hycner’s (1995) view namely that to practice from a Gestalt point of view, needs to become “a way of being”. This



outlook rings true when adopting an eco-social approach to social work. Therefore, according to Jacobs (in press) the next logical responsibility for social workers will be, to educate the individuals and communities they work with, to become environmental citizens.

2.1.2. Environmental citizenship

Balundè, Poškus, Jovarauskaitė, Sarid, Farangitakis, Knippels, Hadjichambis, and Paraskeva-Hadjichambi (2020) are of the opinion that to achieve sustainable growth as well as preserving the natural environment, it has become imperative to educate individuals and communities to become EC (Shendell et al., 2023). The European Network for Environmental Citizenship (ENEC, 2018) defines EC to encompass:

Responsible pro-environmental behaviour of citizens who act and participate in society as agents of change in the private and public sphere, on a local, national, and global scale, through individual and collective actions, in the direction of solving contemporary environmental problems, preventing the creation of new environmental problems, achieving sustainability, as well as developing a healthy relationship with nature.

Smederevac-Lalic et al. (2020) points out that for individuals and communities to become environmental citizens, need to occur within the context of real-life connection to the experiences, competences, and values and only then will one be able to work towards sustainable environments. Jacobs (in press) is of the opinion that social workers: “cannot take this task on themselves solely, firstly, because of the magnitude of the need to educate individuals and communities to become EC, and secondly, because ESW’s might not have all the knowledge and knowhow to do so themselves.” It is a task that nevertheless needs to be done. Social workers will therefore need to draw on their networking skills and incorporate and work together with other disciplines and professions (nationally and internationally) to work towards building environmental citizens. Topics that need to be included in educating individuals, communities and organisations would amongst others, include the sciences of climate change (Peters, 2022), the place of indigenous knowledge in solving climate change problems (Masoga and Shokane, 2019) and the place of humans within the natural environment (Rambaree et al., 2018). Educating individuals and communities to become environmental citizens, could probably be seen as the most important way in how to work towards sustainability and a just world for all Earth’s occupants (Coates, 2003). An important aspect here is that working towards sustainable development and living becomes a joint responsibility because of the ‘pro-environmental behaviour’ of the citizens.

2.1.3 Sustainable development

The ultimate outcome of the framework proposed by Jacobs (in press) is to achieve sustainable development and sustainable living. It is well known that the concept of



sustainable development was popularised by the 1987 Brundtland Report (Purvis, Mao and Robinson, 2019) which has defined sustainable development as

... development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It contains within it two key concepts: the concept of 'needs', particularly the essential needs of the world's poor, to which priority should be given; and the idea of limitations imposed by the state of technology and social organisation on the environment's ability to meet present and future needs. (World Commission on Environment and Development, WCED, 1987, p. 43).


Sustainable development for Johnson, Korol and Perks (1994, p. 5) does not involve:

... sustained economic growth. It is not just 'business as usual.' To have sustainable development, there must be a shift in priorities and values from the prevailing growth-centred, consumer driven philosophy to one which values nature, promotes conservation, minimizes waste, reduces consumption, and protects the environment.

Much has over the years been done to incorporate sustainable thinking into social work training and practice (Arker and Jacobs, 2021). The most prominent of these is the Global Agenda for Social Work and Social Development (The Agenda) with 'Working Towards Environmental and Community Sustainability' indicated as one of the four priority areas (Rambaree, 2020). Gray and Coates (2105) are of the opinion that for social work to work towards environmental sustainability and de-growth, that specific environmentally sustainable values relating to conservation and restoration will need to be adopted. It for instance must entail the recognition that "... Earth's natural resources are finite and that current human activity is depleting Earth's natural resources at a greater rate than it can currently cope with, causing a variety of environmental problems, including extinction of species, climate variability, and global warming" (Boetto, 2019, p. 144). Working towards sustainable development and living, would require a 'buy-in' from individuals, communities, and organisations. In the author's opinion, this will be possible in an atmosphere where EC exists.

3. IMPLICATIONS

In this paper and elsewhere, the motivation to adopt an eco-social worldview is always with the individuals and communities it serves in mind. What academics however seem to forget, is that the paradigm within which social work students are trained no longer fully prepares them to address the realities and needs of the individuals and communities they serve. Social workers thus end up in practice, feeling incompetent (Arkert and Jacobs, 2021) and disillusioned about what is expected of them. Social work therefore needs to take the bold step and adjust the current training of students for social practice to be relevant in the 21st century context. The author is of the opinion that social work will be running out of time if this bold step is not taken sooner rather than later. It is believed that the only way forward for social work



is to adopt an eco-social worldview which must permeate every level of its service delivery. Transitioning to an eco-social worldview will imply less of a focus on social development alone and more of a focus on perhaps ‘eco-social development’.

CONCLUSION

Moving from an anthropocentric to an eco-social worldview in social work is not just a theoretical shift but a fundamental transformation in how the profession perceives and addresses social issues. By recognising the interconnectedness of all life, promoting sustainability and environmental justice, reshaping education, and practice, and embracing collaboration, social work can contribute significantly to create a more sustainable, equitable, and harmonious world where the well-being of humans and the environment are mutually reinforcing goals.

As the field continues to evolve, it is imperative that social work education remains dynamic, responsive, and forward-looking to ensure the profession’s continued effectiveness and relevance. Nelson Mandela once said that: “Education is the most powerful weapon which you can use to change the world,” (cited in Mandela, the Official Exhibition) and most probably to ensure the existence of humanity. It is believed that when humanity no longer exists, that the natural world will probably flourish because of it.

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WELCOMING CULTURE IN POLAND IN THE CONTEXT OF RUSSIA'S WAR OF AGGRESSION AGAINST UKRAINE: ON SILENCE IN THE ORDER OF HUMANITARIAN AID

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Abstract

Russia's war of aggression against Ukraine forced people to flee. A million refugees are seeking protection in Poland, mainly in large cities such as Warsaw, Wrocław and Poznań. Chris Melzer, spokesman for the UN refugee agency UNHCR, spoke of the solidarity of the Poles and the willingness of the Polish population to help. However, the first empirical analyses showed that this humanitarian aid is also characterized by racism against Roma and Sinti, among others. In this lecture I focus on "silence" (Hark 2014) in the order of humanitarian aid. I understand silence in the sense of the non-intelligible. The following questions will be addressed: What does the welcome culture look like? With which practices is the need for help recognized? How are the articulation in/possibilities of refugees from Ukraine problematized? To what extent are violent dominance relationships fabricated in the context of humanitarian aid? To what extent are these challenged?


The article is based on an empirical qualitative pilot study in which parents at various schools in Warsaw were interviewed about their commitment to refugees from Ukraine. The data were analysed using Kathy Charmaz' (2013) Grounded Theory.

Keywords: welcoming culture, migration, silence, humanitarian aid, Poland

"The subaltern is not heard because she is silent. On the contrary, she makes a speech. But this speech cannot be heard because it cannot be conducted under its own name or only under a distorted name, because the voice of the subaltern is diffuse and frayed, because it has been shortened and verbalized, because it has been disrupted and silenced, because it is outside the hegemonic *logos* and without *auctoritas*." (Sabine Hark, 2015: 287)

INTRODUCTION

Due to Russia's war of aggression on Ukraine, millions fled from Ukraine to different countries like e.g., Poland. In the first months after the outbreak of the war, about one million people from Ukraine came to Poland (Der Europäische Rat, 2022). Chris Melzer, spokesperson for the United Nations refugee agency (UNHCR) in Ger-



many, describes the help of the Poles for the refugees from Ukraine as a solidarity that it is enormous (Melzer, 2022). This solidarity was exclusive and the exclusivity is shown in the next quotes. The help at the Polish-Belarusian border looks different. Anna Błaszczak-Banasiak from Amnesty International Poland speaks of double standards, because the reaction of Polish society and Polish authorities was radically different in the case of Ukraine than it was in the case of the Polish-Belarusian border (Błaszczak-Banasiak, 2022). Help on the Polish-Belarusian border was criminalized and those who helped were exposed to oppression – and still are to this day (Grupa Granica and Helsińska Fundacja Praw Człowieka, 2022). Double standards are also reported at the Polish-Ukrainian border. Roma and Sinti or People of Colour are denied escape (Mikulska, 2022). Thus, there is a likelihood that assistance will be configured along racism. Whiteness turns out to be a limit to accessing assistance (Shmidt and Jaworsky, 2022). Another aspect that can be observed in the context of flight and cannot go without mention is the anti-Ukrainian rhetoric in Poland (Amnesty International Polska, 2022). Nationalism causes destruction of solidarity and represents a moment of desolidarization.

It is possible to speak of the simultaneity of different practices in the context of refugee assistance in Poland. Racist practices, selective solidarity and anti-Ukrainian rhetoric occur simultaneously with a voluntary commitment to the refugees in Poland. Besides private individuals, different professional groups, and companies there was also a group of parents who participated in the welcoming culture in their children's schools (Jarosz and Witold, 2023). The term welcoming culture does not appear in Polish discourse in this context, that is why I resort to the German-language sources, because in Germany the term welcoming culture appeared in 2015 in the context of the "summer of migration" (Hess et al., 2017). The term "Willkommenskultur" (welcoming culture) goes back, at least in Germany, to 2015 and the famous sentence of the then Chancellor Angela Merkel "Wir schaffen das!" (We can do it!), which was meant to express Germany's willingness to accept refugees (Herrmann 2020). "Willkommenskultur" means a positive, open, and friendly attitude towards refugees (Lämmlin, 2021: 7). The movement of support for refugees is titled as "Willkommenskultur" (Tietje, Dinkelaker and Huke, 2021: 8). However, voluntary engagement also creates opportunities not only for solidarity but also for vigilantism and racism (Quent, 2021). Shifts in the fields of sayability can be noted such as from welcoming culture to deportation culture (Jäger and Wamper, 2017: 178-183). "In welcoming culture, however, existing racializing, gendering, and ethnicizing colonial structures and images about the Others as needy, to be developed, or uneducated are reproduced." (Tietje and Tuijer 2018: 10). For the study of parents' commitment to refugees from Ukraine, the question arises how the welcoming culture of parents is produced in the school in Poland. The aim of the paper is to identify the normative conditions that are needed for a certain order of humanitarian assistance. For this purpose, the concept of silence (Hark 2014, 2015) is used. The concept of silence is a feminist and postcolonial concept. Following Sabine Hark, I understand silence as "a possibility of language, not in the sense of what is not said, but in the sense of what is




not intelligible; that which has been simultaneously suspended from and concealed within the order of the sensible” (Hark, 2015: 291). Who can formulate the needs and name the impediments to being heard (Meißner, 2015: 67) when the regimes of intelligibility, or the “grid of legibility” (Butler, 2009: 73), enable the conditions of speaking and listening? According to Sabine Hark, power-critical archaeology of silence focuses on two dimensions of epistemic violence: “first, the dependence of being heard on the demands of audibility, and second, the connection between subalternity and silence” (Hark, 2015: 292). For critical and radical social work to analyse migration regimes in times of global crises, the concept of silence is useful in this respect to show the contribution of social work to the organization and regulation of the fields of sayability.

In the first step, I present the framework of my research project. Then, I present the welcoming culture in schools in Poland, followed by a description of the order of humanitarian aid. In the conclusion I take up the results and go into the political mission of social work.

1. THE FRAMEWORK OF THE RESEARCH PROJECT

Humanitarian aid requires rapid, large-scale, and diverse assistance. The problems where humanitarian aid is used arise as a result of, for example, environmental disasters such as an earthquake or a flood or of a war such as Russia’s war of aggression on Ukraine. What further characterizes this aid is that the aid structures often have to emerge within a short period of time. The research project pursued the research question: How was the humanitarian aid in Poland ordered in the wake of the daily increasing number of refugees from Ukraine. Parents’ involvement in the school was suitable for empirical study for two reasons. First, among the refugees were children whom the schools had to educate, and this required the provision of support to these children and their families. On the other hand, school is a place where, on the one hand, a state institution is active, and on the other hand, it is a place where parents are involved. In this respect, school can be understood as a framework in which parents were committed to refugees. The survey of engaged parents reveals their perspective on this framework. The perspective of engaged people is relevant for the (future) design of a humanitarian aid, insofar as it is not possible without voluntary engagement. The study of parents’ involvement in the school can also be used to show how the interaction of volunteers and the state took shape in the context of humanitarian aid for refugees from Ukraine.

To examine the order of assistance to refugees from Ukraine in the wake of Russia’s war of aggression on Ukraine, an empirical qualitative study was conducted. Data collection was done with the help of the episodic interview (Flick, 2011). “The central starting point of this interview form is the regular request to narrate situations” (Flick, 2011: 274). Episodic narrative interview “is used to encourage research participants to convey bounded stories about their experiences of particular phe-



nomena” (Mueller, 2019: 1-2). The episodic interview is a combination of contexts described in the form of narratives, the content of which forms the basis for argumentation (Lamnek and Krell, 2016: 343). “Narrative-focused research is characterized by increasing levels of diversity and complexity (...)” (Mueller 2019, 1) A total of 28 episodic interviews were conducted. Data analysis was conducted using grounded theory according to Kathy Charmaz (2006). “(...) [W]e can view grounded theories as products of emergent processes that occur through interaction. Researchers construct their respective products from the fabric of the interactions, both witnessed and lived” (Charmaz, 2006, 178). Grounded theory methods enable us to look beyond the obvious (Charmaz, 2006: 181). With the application of grounded theory, it was possible to elaborate the emergence of the process of ordering humanitarian aid.

2. TWO FORMS OF WELCOMING CULTURE: “IMAGINATIVE PARENTS” AND “MINIMALIST SCHOOLS”

From the interviews with parents who dealt with refugees from Ukraine, I identified two patterns that describe the actions of the school and the actions of the parents. These patterns of action can be understood as forms of welcoming culture in Polish schools. One pattern of action describes parents’ engagement with refugee families from Ukraine. The other pattern of action describes the action of the school. I have called the parents’ welcoming culture “resourceful parents” and the schools’ welcoming culture “minimalist school.” Characteristic of both welcoming cultures is that they will welcoming refugees from Ukraine in specific ways. Parents welcoming refugees by developing many creative ideas on how to help refugees, how to identify refugees’ needs, how to coordinate help, what resources to use and how. The parents report those new ideas are always emerging in the context of care. The parents report those new ideas are always emerging within the framework of the care. The school, on the other hand, does not put obstacles in the way of the committed parents’ involvement, but it does not address the parents’ creative potential. The attached quote makes this clear.

“We had hoped that we would have a place in the school [where we could store these donations we received]. (...) [I] ran to the school to get a space, I heard, “There is no, there is no discussion, there is nowhere.” I say, “But Ms. Director” - (...) this is the school I also attended - so [I ask], “Ms. Director, what about this chamber?” [Answer], “No, it’s stuffed full of stuff.” [I ask further], “What about the chamber?” [Answer], “No.” [I ask further], “ Can’t [the Polish teacher] take these [her things], can’t she put them somewhere?” - Because there is a storage room for waste paper where the Polish teacher who runs the theatre keeps her costumes. - (...) [Answer]: “No. “NO” (...) So I ran - the school is on the premises of a housing cooperative - so I ran to the cooperative to ask if they could provide us [with a storage room] (they have non-rented premises). [I heard:] “No, how?” (...) [I] ran to the cultural centre. There was already a collection in the cultural centre, so they said, yes, they have a small storage space,




but they could share half of it with us. I say thank you very much, but (...) these packages from them and our packages will then mix, so this is not the best [solution].” (KSP1-2_12 (30)-13(17))

The mother describes trying to get a place at the school for the in-kind donations. Having attended the school herself, she can recall many possibilities of where the in-kind donations could have been stored. The quote shows not only the creative ideas she comes up with when looking for a suitable space, such as the room for the theatre group’s costumes, but also the attitude of the school, which, according to the mother interviewed, was not willing to either provide a room or look for a place to store the donations in kind for the refugee children together with her. After the definite refusal of the school, the mother does not give up and looks for further storage possibilities. This welcoming culture is not only characterized by the ideas, but also the implementation of these ideas and the search for possibilities of implementation. The welcoming culture “minimalist school” characterizes that it keeps the parents at a distance, gets involved with the parents’ ideas insofar as it pretends not to know that the parents have already found a space in the school to store the donations in kind. One mother, in connection with another of the parents’ own initiatives, describes the school’s attitude as follows: “It was so semi-official. We had no permission, none at all.” (3_7: 20-21) This inventiveness says a lot about the fact that schools do not have elaborated help processes for such unpredictable events.

This “minimalist school” also included a defensive strategy of not upsetting the existing order. This can be seen, among other things, in the fact that the teachers organize actions with bread smearing, doing it for refugees from outside the school as if there were no refugees at school who needed support. A similar action of the school is collecting cans for the front. The school does not change its own order of support for refugee students from Ukraine. This strategy leads to an outsourcing of the problem. Parents organize campaigns, urge to change the use of the school’s premises, use phone numbers to which the school has access: First, it issues these phone numbers to the helping parents. But then this issuance of phone numbers is stopped. This minimalist welcoming culture of the school led to the development of other forms of support. The parents used the existing network among themselves and organized various fundraisers for the refugees who stayed on the Polish-Ukrainian border or for the soldiers at the front. The school uses its evaluation system and awards points for student volunteering. This is a practice that, at first glance, should motivate students to volunteer for refugees and recognize them for their commitment. At the same time, however, it is a practice that rewards outsourcing support for refugees and preserves the maintenance of the existing order.

3. PARENTS’ WELCOMING PRACTICE TO FAMILIES FROM UKRAINE

Various practices were developed by the parents to support the refugees from Ukraine in the context of school and beyond, and to welcoming them to Poland.



These practices included, as a first step, identifying the needs of the students and their parents from Ukraine. These needs included school materials for the children, clothing, but also other items necessary for everyday life and household chores. For this purpose, parents at one school created an excel spreadsheet to have an overview of who needs what and at the same time make visible who can take care of it. A parent at another school reported the following experience of coordinating the fulfilment of needs at her own school, which did not have such a centralized organization and coordination of in-kind donations: “Sometimes someone would ask for a refrigerator and suddenly five refrigerators would show up. And you had to keep these five refrigerators somewhere at your home” (C_4-5, 32-2). Thus, the dedicated parents were faced with coordinating the in-kind donations and storing them. The parents took over both the organization and coordination of the cash and in-kind donations, as well as finding the premises where the in-kind donations could be stored. Organizing and coordinating food for refugees from Ukraine were other practices that parents took on. When the parents of a school realized that children from Ukraine could not have the lunch offered at their school, their first step was to look for a provider who would be willing to provide a free meal for a larger group of people. When the provider was found, the parents coordinated among themselves to deliver the food and serve it. The food was available not only to the children from Ukraine, but also to their families. The need for psychological help soon surfaced, so while the parents did not offer the help themselves, they did the research on where such help was offered and prepared that information for the families and children from Ukraine. Another practice constituted the provision of information. This information concerned, for example, the school system in Poland or a visit to the doctor. The preparation of this information was not a trivial practice. When preparing the information for refugee parents, it was first necessary to find out doctor’s offices that accepted refugees, then to prepare the information in writing, and then to translate it into Ukrainian, to prepare an information brochure graphically, and then to have it printed. This information brochure or information flyer was then handed out to helping parents who had direct contact with refugees. With the practices described, an attempt was made to create the framework conditions for the participation of children from Ukraine in school education in Poland. An attempt was made to establish a place of learning for those who were not so provided for in an existing school order. The welcoming practices of the parents show that participation in school education concerns the fulfilment of needs in many spheres of life and goes beyond the school as an institution.

4. THE TOOLS TO RECOGNIZE THE NEEDS OF THE UKRAINIAN REFUGEES

For the identification of the needs of the refugees from Ukraine, the helping parents used different tools without naming them as such. One tool for identifying needs was their own experience as parents of school children. Being involved in



care tasks related to school that they take on with their own children were a tool for identifying needs such as school materials or equipment for physical education. The conversations with parents and children from Ukraine can be noted as another tool for identifying needs. The perception of the limit of their own possibilities of action as helping parents can be described as a realization of the needs of the refugees and the amount of the help needed. The helping parents reported Ukrainian school staff, some of whom had lived in Poland for decades. I have called them “gate keepers” because they are seen by the helping parents as having access to refugee parents and their children, as the following example illustrates:

“(...) [Easter] is coming up (...) “Lena, maybe we should make some packages for them [for the families from Ukraine]?” What is important?” We agreed that it would be a package because Lena said that every Ukrainian needs to bake a cake for Easter so that Easter feels like a celebration. So that they don’t feel like they are in exile. [Lena] wrote me what they [Ukrainian women] need to prepare, because, for example, they use the citric acid [to make the sand cake], and I don’t use it, so it was worth having it [Lena]. She wrote what was needed. The PTA gave [their permission], and my husband and I visited everything we could, i.e., Biedronka, Lindel, Makro, in order to stay within the budget by buying qualitative food. (...) We had 38 families at that time. We prepared 38 packages. Each package also included a card with wishes for Easter in Ukrainian. One parent did the translation of the card from Polish into Ukrainian. We made a beautiful card from it (...). [Anyway], I prepared the packages at home. My husband and son helped me put them in the car. I put together a brave team that showed up at 8:00 a.m. for the distribution of the packages. [J]ust about every package was with a napkin, an Easter bunny, or an Easter chicken. (...) [I] even managed to get a baking pan so everyone could have a mould. Because we know they don’t have a mould. My parents suggested that it didn’t have to be metal, just aluminium (...) Lena said that they [Ukrainian families] were super happy. And I believe her (...). We tried (...) to make it look as festive as possible.” (KSP1-2_24 (12)-25(31))

An interviewed mother describes how she would like to give a gift to the refugees, as Easter is approaching and she does not know what should not be missing for Easter in Ukrainian families. She asks Lena, a school employee from Ukraine, for advice. Lena acts as a gate keeper here. She is seen as a helping mother who has access to information about how Easter is celebrated in Ukraine. The mother interviewed describes the entire process - from brainstorming to getting feedback from the families from Ukraine about the package for Easter.

The helping parents in the school have in mind not only the children as students, but also their families regardless of everyday school life. It is assumed that the refugees from Ukraine celebrate Easter and since they are mainly mothers, grannies, and older sisters, that they want to/can bake a cake. In this process, the needs are nationalized, gendered, and religiously classified.

5. CONNECTOR (ŁĄCZNIK) AS A PARENTAL METHOD OF ASSISTANCE IN A SCHOOL FOR REFUGEES FROM UKRAINE

At one school, the helping parents created a function to provide support to the refugee families at their school. The helping parents called this function “Connector” (“Łącznik”). The parent council of this school decided that at least one Connector was needed per class. The parent representatives had the task to pass this information to their classes and to nominate at least one Connector per class. The Connectors were parent volunteers who agreed to serve in this capacity. No further description of this function was available. Connectors were to be available to assist families who had fled. The school’s parent council received a phone number of the refugee family from the school’s administration, as well as information about which class the child would be enrolled in, and forwarded the information to the Connector. The Connector had as one task to make contact with a family who had fled and to inquire about the need for help. A mother who took over the function of the Connector in her class describes her experience to get the ID number for Sasha. Sasha is one of the refugees from Ukraine. Maria, the Connector, talks about one of the situations she experienced while filling her role. Sasha tries to get the ID number on her own, but she does not succeed and turns to Maria. Maria looks for other ways to assist Sasha in obtaining the ID number. The example highlights various tasks that Maria performs as a Connector. These tasks extend far beyond the school spectrum. The fact that the helping parents provided support to the other parents far beyond school matters is also shown by the example with the preparation of the packets for Easter. The helping parents would have to inform themselves first, in order to be able to continue to support the parents, for whom they have taken responsibility, in coping with everyday situations. Maria also establishes contact with another Connector to exchange ideas and look for solutions. All these tasks require time. The Connector was a function created by the parents within the school.

6. THE ORDER OF HUMANITARIAN AID

Refugee parents and their children are provided with opportunities to articulate their needs. The helping parents develop methods to identify these needs. However, another question arises: what were the conditions of the possibility of articulation for the refugee parents and their children? With the concept of silence, the question of the conditions of possibility of articulation of needs can be raised. Thus, it is possible to show the order of help that was established in the schools in Poland.

The expression “the order of aid” implies that aid is a political project. It is a product of social negotiations and an expression of brutal relations of dominance. The order of humanitarian aid in the context of school in Poland can be circumscribed along three normative presuppositions: the methods of perceiving the needs of refugee parents and their children, the attitude of gratitude, and the minimalist



school. The interaction of these three normative presuppositions constitutes this order. It is possible to develop such and no other methods for perceiving the needs of the refugee parents and their children because there is a minimalist school as a state institution within which the helping parents operate. A gap is created between the minimalist school and the imaginative parents. This gap leads to the emergence of certain methods of identifying the needs. “The attitude of gratitude” that the helping parents perceive in the refugee parents constitutes the third aspect of this order. The higher the gratitude, the higher the asymmetry between those helping and those being helped. The stronger the asymmetry, the more stable the social dominance relations. The refugee parents and their children are seen less as partners in this order. The school system exposes itself as a system that has an implicit knowledge. Reconstructing the methods of the helping parents shows how much effort and what kind of helping apparatus is needed to access this knowledge and what kind of good the students need to have the educational participation opportunities. How can help for refugees be imagined that does not fabricate violent relations of dominance, but challenges them?


CONCLUSION

The analysis of the parents’ engagement with the refugees from Ukraine within schools in Poland shows that the parents used practices that have a similarity with social work methods of action. Parents conducted consultations and provided information. They networked with other community partners to organize lunch, for example. They accompanied other parents to offices. They tried to recruit other parents to participate. They educated themselves and critically examined the limits of their actions. The parents responded to the humanitarian crisis that arose due to Russia’s war of aggression on Ukraine.

With the concept of silence, it was possible to elaborate the three normative conditions that bring into being a particular order of humanitarian aid in schools in Poland. For critical and radical social work in the context of refugee assistance and the humanitarian crisis, political mandates for action can be derived from this. Thinking social work in the context of schools globally, critically, and radically means making visible and changing the conditions of possibilities for participation for those children whom the respective order prevents from accessing education. But it also means to further develop the competence of listening, in order not to address social work to the distorted names, but rather to hear the silence of the subalterns.

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GERONTOLOGICAL SOCIAL WORKERS' VIEWS ON THE MULTIPLIED AND DEEPENED SOCIAL PROBLEMS OF THEIR CLIENTS DURING THE COVID-19 PANDEMIC IN FINLAND

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Abstract

Since the COVID-19 virus is a serious threat to old people, various measures were employed for their protection, leaving serious consequences in their lives. Due to the restrictions, closed services and the fear of the virus, many elderly people have been in isolation for relatively long periods. As global crises tend to do, COVID-19 worsened the situations of the most vulnerable people. In our study, we shed light on a specific group of old people: the clients of gerontological social work. We wanted to find out how the lives of elderly clients were affected by the pandemic and its governance in Finland according to gerontological social workers. We conducted two focus group interviews with gerontological social workers in two municipalities in Finland (N=8).

Our results show that the social problems of gerontological social work clients deepened and multiplied during COVID-19. The research revealed a vicious cycle, where the changes in the service system left the clients without the help they needed and caused digital divide and -along with the requirements of staying at home- social isolation. These gave rise to deepened mental health problems and problems in life-management. These in turn gave rise to immediate consequences such as inclusion problems and increased abuse and negative forthcoming consequences, as the gerontological social workers anticipated that more problems caused by the long isolation periods of their clients will be seen.

Keywords: Gerontological social work, aging, Covid-19, social problems

INTRODUCTION

When WHO pronounced COVID-19 as a global pandemic in March 2020, governments all around the globe responded to it with various measures. In Finland, the main political goal was to protect the lives of the elderly and other high-risk groups. This was implemented using various restrictive measures, many of which were directed specifically to older people. All people over 70 years of age were recommended to



stay at home in quarantine-like conditions. Support services for older people were largely shut down and visits to healthcare facilities were minimised. Mobility inside care homes was restricted and visits from the outside were denied. (Tiirinki et al., 2020.)

For older people, physical and social activity are fundamental in maintaining good physical and mental health (Wahrendorf, 2008). Social isolation has been linked to a loss of independence (Marczak et al. 2019) and an increased risk of mortality (Cox, 2020; Ylinen et al., 2019). During COVID-19 social isolation increased especially among older people dependent on social services (MacLeod et al., 2021) such as clients of gerontological social workers.


The aim of this article is to understand how the pandemic affected the lives of elderly social work clients. Since social workers have a good vantage point to the lives of the most vulnerable people in society, we decided to interview gerontological social workers and aim to amplify their voice. We asked how the lives of elderly social work clients were affected by the pandemic and its governance in the view of the gerontological social workers.

1. GERONTOLOGICAL SOCIAL WORK IN FINLAND

In this article, we focus on a specific field of social work in a specific context: gerontological social work (GSW) in the times of a global health crisis. GSW is a specialised area that connects common social work knowledge and special gerontological knowledge (Rossi et al., 2018; Ylinen, 2008). GSW seeks to empower the client. Its objectives are to enhance the quality of life of older clients, support their capabilities, secure their access to their rights, and ensure that, despite possible decreases in their functionality, they can enjoy as good a life as possible. The work is usually done together with the client, their loved ones, and a group of multiple professionals. In addition, GSW is also structural social work where information is produced and used to influence the conditions and opportunities of the elderly in society. (Ylinen, 2008; Ray and Phillips, 2012).

Finland's welfare system is based on universalism. All citizens in need are entitled to basic social security and services. Local social services are based on special legislation and include social services for older people, such as GSW. GSW is done in social services, open-ended work and in healthcare. Gerontological social workers (herein referred to as GS workers) work in social welfare offices, in healthcare institutions (hospitals, health care centres/local clinics, rehabilitation institutions) and in non-institutional social care offices. (Ylinen et al., 2022.).

Typical challenges leading to the clientship of social work include problems related to livelihood and poverty, problems caused by substance abuse, various psychosocial problems such as loneliness and mental disorders as well as different forms of abuse (Koskinen and Seppänen, 2013). The challenges of the elderly clients are not much different from those of younger. However, in old age, they are intertwined with



age-related changes in health and functionality, which inevitably creates problems (Seppänen, 2017).

1.1. Gerontological social work and COVID-19

In the times of COVID-19, the specific challenge of GSW was the relatively high age of the clients. In Finland, mortality from COVID-19 stayed notably high among older people during the pandemic. The median age of the deceased was 80. In the spring of 2020, almost half of the COVID-19 related deaths occurred in long-term care units. Since older people were seen especially vulnerable to the virus, their activity was significantly restricted. People over 70 years old were recommended to avoid any contact with other people. Almost all support services for older people were shut down or moved online. Many scheduled health care appointments were cancelled or postponed to a later date. (Ervasti et al., 2023; Ylinen et al., 2022.)

For older social work clients, physical and social activity is fundamental in maintaining good health. Social activity and inclusion reduce depressive symptoms and support mobility and cognitive functioning (Avlund et al., 2004; Krueger et al., 2009; Wahrendorf, 2008). Social isolation and loneliness, on the other hand, have been linked to a lower quality of life, cognitive impairment, reduced well-being, loss of independence (Marczak et al., 2019) and even an increased risk of mortality among older people (e.g., Cox, 2020; Ylinen et al., 2019).

Social community services are found to reduce social isolation among older people (Giebel et al., 2020). With stay-at-home recommendations and closure of social services during the pandemic, many older adults lost their ways to connect with their support networks and their health and social service providers. This created an immediate risk of social isolation, particularly for older people reliant on care and those who already had limited opportunities to engage with community resources (Ylinen et al., 2022). Isolation debilitated the well-being of many older people (Portacolone et al., 2021; Ervasti et al., 2023). Studies have found a significant increase in loneliness, anxiety, and depression among older people during the pandemic (Brennan et al., 2020; Wong et al., 2020). The older people who were the most socially isolated seemed more susceptible to the negative consequences and experienced more serious physical and mental problems than others (Lehtisalo et al, 2021; Koivunen et al, 2021).

In response to social isolation orders, technology-based communication was adopted as a means of maintaining social connections. During the pandemic, many key services were moved online. Even though some older people are quite experienced technology users, older people in general use these technologies much less than younger people (Cosco et al., 2021). Moving to technology-based interaction promoted the *digital divide* for many older adults (Ayalon et al., 2020). Financial limitations and impaired fine motor skills may be a barrier to the use of these technologies. Most platforms have not been developed to meet the needs of older people, leading



to difficulty in accessing and using them during the pandemic (Cosco et al., 2021; Gell et al., 2015). All barriers mentioned are reality to many GSW clients, preventing their involvement in the digital leap and deepening the digital divide (e.g., Ylinen et al. 2022).


GS workers faced imperatives to minimise contagion risks to older people. Face-to-face contact was limited, and meetings were moved online whenever possible. This made it more difficult to hear the client, support their participation and even maintain a confidential relationship with them. GS workers soon realised that their work could not be fully done remotely and that meeting with clients is imperative (Ylinen et al., 2022). During COVID-19, meeting clients required the use of face masks and keeping a physical distance. One main elements of building and maintaining trust in social work is making the client believe that they are being cared for and treated in a positive way. Clients observe the workers' emotions and behaviour closely (Behnia, 2008). Since face masks have been shown to lower peoples' ability to read emotions (Carbon, 2020), they can violate the process of trust building. Face masks can be a big challenge for old people in social interactions, since they have more vision and hearing impairments (Swenor et al., 2013). Also, for people suffering from Alzheimer's disease, meeting person with a face mask can even be disturbing (Gil and Arroyo-Anllo, 2021).

2. METHOD

In this study, we ask *how the lives of elderly social work clients were affected by COVID-19 and its governance in the view of the GS workers*. We arranged two focus-group interviews with GS workers (N=8) in two different regions in Finland in December 2022. Participants were all qualified social workers according to Finnish regulations, having a master's degree in social work. All participants were women, and the mean age was 43,9 years (SD=15,13). Two of the authors participated in the interviews as moderators.

Participation in the study was voluntary and participants were asked for written consent. The interviews had a confidential atmosphere, and the discussion was lively. We asked participants to discuss four themes: *working conditions during COVID-19, legal and ethical work, the impact of the pandemic on clients' lives and lessons learned*. The interviewees mainly led the discussion themselves. The researchers asked additional questions if necessary and made sure that the quietest ones also got the opportunity to speak.

Interviews were audio recorded and transcribed verbatim. The duration of the interviews was approximately two hours each, yielding a data corpus of 62 pages of transcribed text in Finnish. Data was stored in accordance with the principles of research ethics. Two of the authors analysed the data by deploying thematic analysis. We identified recurring issues related to our research question from the interview speech. From those, we then formed four different main themes: *changes in the ser-*



vice system, social isolation, and digital divide, deepened mental health and life-management problems and immediate and upcoming negative consequences.

3. RESULTS

3.1. Changes in the service system

According to our analysis, different changes in the service system had varying negative consequences on the clients. Participants described situations where the client was not getting the help they would have benefitted from because many services were either shut down or moved online.

Participants seem to conceive the closure of the services being quite absolute for their clients. They seemed to consider the social work and themselves as only service that still operated. Participants described a reduce in home care visits, elderly day care services, mental health support services, short term care and in visits to health care. In the following quotation the participant describes the consequences of the changes.

When the client has fallen off all services and contacts, a couple of years is a long time to be alone. The closures of daytime activities and short-term care places have had a huge impact on our work. – Participant2

It seems that participants had serious concerns about increased—and more diverse forms of—abuse against their clients. Increased abuse and simultaneous service closures made it difficult to meet clients' needs and, at the worst, endangered client's well-being. The next quote shows the intertwined nature of the problems. The social worker got the client's trust and managed to persuade her to leave the harming circumstances, however, because of the precautionary measures, the client wasn't willing to stay in shelter home and instead returned home.

My client was subject to psychological, physical, and financial abuse. An adult son who lived with his mother was abusing her. I managed to motivate this lady to finally agree to go to a shelter. Soon, I got a call from the shelter that they have isolated the client in one of the rooms, and now, when they—with face masks on—try to give her a tray with food in hat isolation room, she won't take that tray. She does not take anything. She just cries there. -Participant1

Our data shows that wearing face masks hindered participants' work. Participants found that for many elderly clients' face masks were unfamiliar and unpleasant, as the following quotation shows.

There have also been situations where, in the middle of a conversation, a client suddenly asks, 'please take that muzzle off your face, you look so horrible and scary'. – Participant3



A confidential client relationship is an integral part of social work ethic, and it seems that wearing face masks made it more difficult to create or to maintain confidentiality. Participants worried that masks would make it more difficult for their clients to recognise their faces or to understand their speech. The following quotation illustrates this.

I tried to make as much gesture with my eyes as I could, and that way build the trust. However, it hasn't been easy. -Participant2

3.2. Social isolation and digital divide

Our analysis shows that both social and digital isolation deepened among elderly social work clients during COVID-19. We interpret that the above-mentioned changes in the services increased social isolation and digital divide. It seems that social isolation and digital divide were both seen as having serious consequences for the clients. When real-world services were cancelled or moved online, elderly clients were exempted from both. One participant tells:

Our clients are lonelier than before, and now there are more lonely clients than ever before. – Participant4

The isolation from family and friends was seen as another main cause for social isolation. According to our interpretation, participants saw that social isolation affected most on those clients who were lonely and struggling even before the pandemic. It seems that participants saw pre-pandemic social relationships protecting clients from the negative consequences of social isolation, at least to some point. One participant describes this in the following quotation.

But for these lonely clients of ours the situation is worse, because their overall well-being was already slightly bad before the pandemic, and they lack that social circle, except for us. -Participant3

The participant sees the social workers, including herself, as a part of the client's social circle, but that the social work alone cannot protect the client from negative consequences. However, our data shows that some of our participants did more than expected of them as social workers.

It seems that the digital divide deepened during the pandemic when emphasis turned to online, to which their clients didn't have access. Clients were noticeably-lacking crucial digital skills and suitable devices. Interviews show that elderly social work clients "fell by the wayside". The participant saw that the switch to online services threatened their clients' inclusion and realization of their legal rights, as is shown in the quote below.

Services and other things, which older people should have access to have been transferred online. And they have no access to those whatsoever. This is how they fall off the whole system. -Participant1

3.3. Deepened mental health and life-management problems

Our analysis shows that the participants saw mental health problems and life-management problems increasing among the clients during the pandemic. Participants described decreases in clients' social and mental functional capacity and identified the causes to either be social isolation or inaccessible service, as explained in the quotations below:

Clients are isolated, their mental and social functionality has weakened. – Participant3

Substance abuse, mental health and other health problems may have increased. Clients have not had access to the services, and it is starting to show. – Participant2

Our data shows that participants were seriously concerned about their clients' mental health, overall well-being and coping. We notice that they see an increase or surfacing of different life-management problems among their clients. They talked about clients who refused to leave their apartments or cancelled services they would have benefitted from. They described fearful clients, who were more distant than before and clients whose delusional symptoms or behaviour increased. In the next quotation, one participant describes some life-management problems that clients face.

I made a visit to one of my clients and got a peek to the kitchen closets, I noticed that they were completely empty. I mean they were empty. Then I looked in the refrigerator. It was empty, but it glistened with purity. The client said it was disinfected and that there is no coronavirus coming from there. –Participant3

It seems that social workers were trying to alleviate the increased problems and service needs in different ways. For example, in situations as in the quotation above, they granted grocery delivery services to clients entitled to it, gave guidance to those who weren't entitled and some even mentioned doing the groceries for their clients or helped clients by bringing them food when needed, as in the quotation below.

We have guided clients to breadlines, and I have even queued in the breadline with some clients. – Participant1

It seems that the participants saw clients trying to or being forced to survive at home as long as possible without any support, which led to different crisis situations, as next two quotations show.

The apartments gradually went into devastating conditions. Rubbish they had not taken out in months started becoming infested with bugs. – Participant1

We have had clients who almost completely isolated in their homes. They did not have any services and they were really afraid of the virus. It has been very difficult to get there to do work authorized and prescribed by law – Participant2

According to our analysis, participants describe a vicious cycle, where one thing leads to another. Social isolation leads to more fear, more fear leads to more social isolation, which leads to difficulties in life-management and decreased wellbeing.



3.4. Immediate and forthcoming negative consequences

Our data shows the pandemic's management has had many immediate negative consequences on the clients, and some consequences are expected to emerge in the future. Participants saw that different forms of abuse against their clients have increased, as the following quotations show.

There's violence, there's abuse. – Participant6

Since our clients' adult children with poor mental health have also been locked in with them, financial and psychological abuse against our clients have increased. – Participant3

According to our interpretation, the participants saw that the clients' inclusion was endangered. Hearing the clients' views seemed to get more difficult since face to face meetings were reduced. In the next quotation the participant working in a rehabilitation ward describes such a situation.

The care team meetings were halted, as a precautionary measure. Those meetings are the place where the client's will is heard and the customized plan about their repatriation from the hospital is made. Since these meetings were missing, it was unclear on who is to decide here. Should they be made by doctors alone? – Participant7

Participants seemed worried about the realization of their clients' legal rights. They described legal guardians refusing to visit their clients and that was seen as a violation to the clients' rights. They considered that without the support services, it was impossible for some to survive in their homes. This was seen violating clients' right to live in their homes as long as possible.

Participants questioned the real motives behind the restrictions. Because of all the negative consequences, they pondered whether the restriction measures were really adopted for protecting the elderly, as shown in the following quotations.

Even if it was said that we are protecting the elderly and thinking of their interests, it wasn't in their interests anyway. Honestly were we only protecting the resources of the society? – Participant5

The decision-makers didn't know anything about the virus, and they thought that the most fragile people with lower disease resistance needed to be protected. But it is also easy to take advantage of the situation and hide behind it, so you don't have to think the whole picture. – Participant1

Our analysis shows that the participants were worrying about the consequences of the long isolation periods. They described many clients being miserable and feeling hopeless about the future, as the next quote shows.

One of my clients just said that I should cancel their taxi card. That they are not going anywhere anymore. I said, let's not cancel, in case you want to go to a friend's house for coffee. The client answered, no need, we will never see each other again. –Participant3

It seems that participants were expecting some consequences to emerge only in the future. They talked about social work becoming more of crisis work, which

meant that necessary preventive work was left undone. Social workers' time went – to quote them – to *putting out fires*, so there was less time to take care of the clients with less acute problems.

CONCLUSION

In this article we wanted to find out, how the COVID-19 pandemic and its governance affected the lives of elderly social work clients in the view of the GS workers. According to our interviews with GS workers, the situations of their clients seem quite worrying. Social work clients are always clients for a reason, that is, they need support. Our analysis showed that the social problems of GSW clients deepened and multiplied during COVID-19.

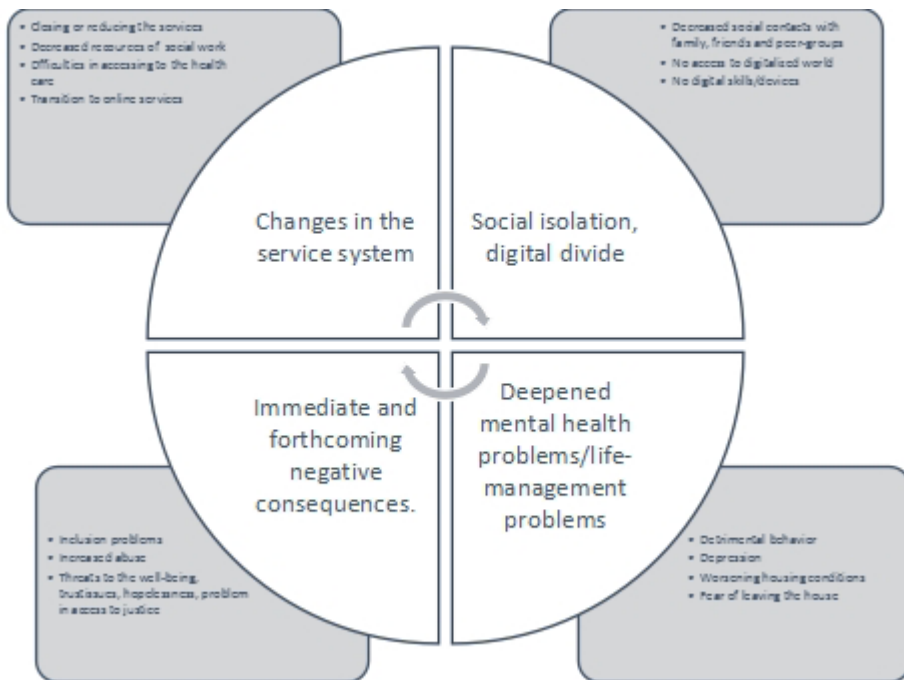


Figure 1 The vicious cycle of GSW clients' difficulties during Covid-19

From the interview speech we formed four main themes. In Figure 1, we describe the relationship between the themes as a vicious cycle, where the *changes in the service system* leaves the clients without the services they needed. This gives rise to *social isolation*, which was also increased by the recommendations of staying at home and the absence of friends and relatives, and to *digital divide* since the digital services were not accessible to the clients. These in turn give rise to *deepened mental health and life-management problems*, which, for some, got to the point where basic needs, such as, nutrition or healthy living conditions, were threatened. These



in turn cause *immediate consequences*, such as inclusion problems, hopelessness, and increased abuse, and anticipated *forthcomingnegative consequences*. Figure 1 is a simplified representation, since the relationships are not linear, but it also illustrates, as a result of our analysis, the cumulative nature of GSW clients' difficulties.

According to our analysis the changes in the services were seen to reduce the clients' inclusion, independence, well-being and led to social isolation. We found our participants worried about the long isolation periods of elderly clients. As has been seen in previous studies, isolation was related to the debilitated well-being of the elderly as shown in our research. Our findings support the previous findings of Lehtisalo et al (2021) and Koivunen et al (2021) that the most isolated elderly clients are especially more susceptible to negative consequences and experience more serious mental problems. Our findings also resemble the research of Marczak et al (2019), as clients were seen to suffer from isolation and its various negative consequences, such as, reduced well-being. Based on the interviews we found that the digital divide was seen as a severe problem. Since services were being offered in a technology-based environment, many clients lacked the equipment, or the skills required and couldn't participate. We found that GS workers saw clients' mental health deteriorate during the pandemic. It seems that the social workers were working hard to cover the lacking services and meet up to the growing needs of their clients.

According to our analysis, social workers were frustrated with the way their clients were treated – especially – in the later phases of the pandemic. Participants seemed to understand the strict policy in the initial stages of the pandemic due to a general unawareness of the virus' mechanisms. However, they emphasized that authorities should have taken the well-being of the older people more into account. While general restrictions were lifted, many measures aimed mainly at older people remained. They found especially those restrictions unfair and harmful to their clients.

Main limitations in our study are the small sample size and that it is not demographically representative, since the interviewees came from only two different municipalities. These reduce the generalizability of our results. Also, a major limitation is that the study reflects the GS workers views and not the clients themselves. Research is needed about the GSW clients' subjective experiences.


The results of our study shed light to a multiply marginalized group of people; people who are old and who have many support needs and different social problems. Leaving them without services and in social isolation can cause severe consequences. It is important to bear in mind, that usually in crisis situations, the people who suffer the most, are the people who are already most vulnerable. In the governance of future pandemics, it should be considered that old people do not necessarily have the time ahead to recover from the by-products of protecting their lives. That is to say the quality of their lives at all times should be taken into account.

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UNMASKING LONELINESS: INTRODUCING THE TIL SCALE FOR THE CZECH CONTEXT

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Abstract

The study delves into the multifaceted nature of loneliness in contemporary society, revealing the inadequacy of standardized measures to fully capture its essence, especially in discerning chronic from acute forms (Prohaska *et al.*, 2020). The trajectory of loneliness is notably influenced by various life stages, with both young and older adults often experiencing heightened levels. However, the COVID-19 pandemic exacerbated this issue, especially among the elderly (Su *et al.*, 2023). Globally, variations in the prevalence of loneliness are evident, suggesting sociocultural determinants. In the wake of the pandemic, social loneliness became more pronounced, but living with partners or possessing adequate social capital emerged as potential mitigating factors. The role of technology was underscored, emphasizing the need for older adults to be technologically adept in order to benefit from tech-assisted interventions. As loneliness and mental health are intertwined, targeted interventions, especially post-pandemic, are vital. Our research presents results of preliminary psychometric testing of the TIL scale. These results suggest that the TIL scale is a promising tool for assessing loneliness in the Czech context, paving the way for effective interventions.

Keywords: Loneliness, COVID-19, Older Adults, TIL Scale, Technology, Social Capital.

INTRODUCTION

Despite the increasing ways of connecting with others, a growing fear of loneliness is emerging in public discourse. The National Academies of Sciences, Engineering, and Medicine (USA) published a report on the impact of social isolation and loneliness on senior health (Prohaska *et al.*, 2020). Notably, a June 2023 report from the European Union on a comprehensive approach to mental health reveals that the number of individuals affected by loneliness has doubled since the COVID-19 pandemic and has reached alarming levels (European Commission, 2023).



Loneliness is an emotionally challenging condition, a mental distress that arises when an individual perceives a discrepancy in their social relationships, either in quantity or desired quality. It is vital to recognize that loneliness is a subjective experience and can vary among individuals. Some may feel lonely even in a crowd, while others may feel content being alone (Hawkley, 2023). Loneliness doesn't always correlate with objective social contacts or isolation. This implies that loneliness can have various causes and, therefore, requires specific solutions (Prohaska *et al.*, 2020).

We acknowledge that some people might be lonely or isolated but still feel satisfied in that situation. Conversely, others might have many social interactions yet remain unsatisfied with certain vital aspects of their relationships, leading to feelings of loneliness (Russell *et al.*, 2012). Solitude conceptually differs from loneliness, with the latter being a negative feeling. Solitude can be pleasant, whereas loneliness is not (Berlingieri, Colagrossi and Mauri, 2023).

Numerous studies indicate that loneliness affects mental and physical health (Hawkley, 2022), correlating with higher mortality and morbidity rates (Holt-Lunstad *et al.*, 2015). The association between loneliness and depression has been well-documented, including through meta-analyses (Erzen and Çikrikci, 2018). Research has also found connections with physical health, including stroke and ischemic heart disease (Valtorta *et al.*, 2016), and even an association with falls in older adults (Zeytinoglu *et al.*, 2021). Loneliness can be inferred as a social determinant of health with negative impacts on both mental and physical well-being (Cacioppo and Cacioppo, 2018).

The COVID-19 pandemic intensified scientific interest in loneliness and social isolation, highlighting the secondary effects (Holt-Lunstad and Perissinotto, 2023). In our study, we focus on loneliness among older adults. For social workers, it is crucial to have a reliable and preferably simple tool to identify loneliness. The brief three-item scale for measuring loneliness (Hughes *et al.*, 2004) appears to be useful in this regard. The Three-Item Loneliness Scale (TILS) is a widely used measure with robust psychometric properties, a shorter form of the renowned UCLA Loneliness Scale (Vassar and Crosby, 2008; Maes *et al.*, 2022). As a three-item scale, TILS is suitable for extensive and practical surveys. Moreover, there is substantial empirical support for the scale's construct validity (Czerwiński and Atroszko, 2023). TILS has been validated in American, Japanese, and Spanish populations (Hughes *et al.*, 2004; Igarashi, 2019; Trucharte *et al.*, 2023). For these reasons, the primary aim of this study was to perform preliminary psychometric testing of the TIL scale in the Czech context.

1. QUANTITATIVE MEASUREMENTS

We conducted quantitative measurements to validate TILS among the Czech population and qualitative insights to better understand the issue of loneliness during the COVID-19 pandemic.



Based on the above study objectives, we would like to verify the following research hypotheses:


- H1: There is a positive relationship between loneliness and neuroticism
- H2: There is a negative relationship between loneliness and extraversion
- H3: There is a negative relationship between loneliness and agreeableness
- H4: There is a positive relationship between loneliness and depression
- H5: There is a positive relationship between loneliness and anxiety

1.1. Study Sample

For this study, data was gathered from Czech individuals through an online survey managed by the respected Czech National Panel. This agency is known for reliable online data collection and is trusted for Czech survey research. Participants were chosen using quota sampling to mirror the country's adult population. The agency used online methods to contact stable panel members and provided incentives for completing the questionnaire. This approach aimed to achieve a well-balanced sample in terms of age and gender. The precise number of individuals who were invited to participate in the survey remains unknown, as it was contingent on meeting specific quotas over time. At the conclusion of the data collection process, the final sample consisted of 1662 participants. We excluded participants who had not completed any of the TILS items ($n = 202$). As a result, the number of remaining participants was 1460. In the subsequent step, we excluded individuals whose responses to questionnaire items on weight, height and age deviated beyond the specified tolerance thresholds: weight = 2 kilograms, height = 2 centimetres, age = 1 year. Lastly, respondents who completed the survey too quickly were also excluded ($n = 166$), leaving us with a total of 1294 subjects. Upon conducting outlier screening, outlying values were observed in 31 participants. However, upon further examination of these outliers, there was no evidence of uniform responding, meaning that participants did not consistently respond to items across questionnaires in the same manner. Therefore, participants with outlying values were retained in the dataset. This resulted in a final number of participants: 1294 (Age: $M = 49.78$, range 18–91, $SD = 15.49$; Females: 43.59%).

1.2. Measures

Big Five Inventory (BFI) assesses five dimensions of personality: openness, conscientiousness, extraversion, agreeableness, and neuroticism. The BFI consists of 44 statements, ranked on a five-point scale ranging from 'Strongly disagree' (1) to 'Strongly agree' (5). A higher mean score corresponds to a greater level of a personality trait. The Czech version was validated by Hrebickova et al. (2016). The internal consistency of all BFI subscales was satisfactory: BFI_N: Cronbach's $\alpha = 0.88$ 95% CI[0.87 - 0.89] and McDonald's $\omega_1 = 0.88$ 95% CI[0.87 - 0.89]; BFI_O: Cronbach's $\alpha = 0.85$ 95%



CI[0.84 - 0.86] and McDonald's $\omega_t = 0.85$ 95% CI[0.84 - 0.87]; BFI_A: Cronbach's $\alpha = 0.77$ 95% CI[0.75 - 0.79] and McDonald's $\omega_t = 0.77$ 95% CI[0.75 - 0.79]; BFI_C: Cronbach's $\alpha = 0.84$ 95% CI[0.83 - 0.85] and McDonald's $\omega_t = 0.84$ 95% CI[0.82 - 0.85]; BFI_E: Cronbach's $\alpha = 0.86$ 95% CI[0.84 - 0.87] and McDonald's $\omega_t = 0.86$ 95% CI[0.84 - 0.87].

The Overall Anxiety Severity and Impairment Scale (OASIS) is a measure aimed at gauging the intensity and functional implications of anxiety-related symptoms. Respondents are presented with five options, ranging from 0 (never) to 4 (all the time), which they choose based on how well these responses reflect their symptom experiences throughout the previous week. A higher score is indicative of higher anxiety. In this study, the Czech version, validated by Sandora (2021), was used. The internal consistency of the OASIS was satisfactory: Cronbach's $\alpha = 0.94$, 95% CI [0.93 - 0.94], and McDonald's $\omega_t = 0.94$, 95% CI [0.93 - 0.94].

The Overall Depression Severity and Impairment Scale (ODSIS) is essentially the same measure as the OASIS, but it focuses on depression. In this study, we adopted the abridged version of the ODSIS, which had been validated by Sandora et al. (2021). The internal consistency of the ODSIS was also satisfactory: Cronbach's $\alpha = 0.96$, 95% CI [0.96 - 0.97], and McDonald's $\omega_t = 0.96$, 95% CI [0.96 - 0.97].

1.3. Data analysis

To explore the scale validity, the zero-order Spearman correlation coefficient was used to investigate the relationship between personality traits, depression, anxiety, and loneliness. To further examine the psychometric properties of the scale, we used methods from the Classical Test Theory, such as Cronbach's α or Confirmatory Factor Analysis (CFA). We also employed Modern Test Theory methods to estimate, e.g., item difficulty and discrimination. Due to the word count limit, more details about statistical methods used and study sample are presented in online supplementary material (<https://doi.org/10.17605/OSF.IO/MFCTQ>). All statistical analyses were performed in the R programming environment, primarily utilizing the following packages: psychtoolbox (Novak, 2022), ufs (Peters, 2018), mirt (Chalmers, 2012), lavaan (Rosseel, 2012), papaja (Aust and Barth, 2020), psych (Revelle, 2020).

1.4. Results

1.4.1. Parallel analysis, reliability, and item statistic

Results of the parallel analysis supported the unidimensionality of the TILS. Moreover, after exploration of the eigenvalues, only one eigenvalue was found to be greater than one: 2.17, 0.58, 0.25. The factor loadings (λ) extracted from the CFA conducted on the first sample were high, ranging from: $\lambda = 0.55$ up to: $\lambda = 0.93$. The internal consistency of the TILS was satisfactory: Cronbach's $\alpha = 0.72$ 95% CI[0.69 - 0.75].



1.4.2 Item Response Theory results

IRT analysis of individual items. As the unidimensionality assumption was satisfied, it was possible to conduct IRT analysis. Results indicated that the TILS items overall show good discrimination. Item 2 (“How often do you feel left out?”) had the lowest discrimination parameter and Item 3 (“How often do you feel isolated from others?”) the highest discrimination ability. In terms of item difficulty, the easiest was Item 1 and the most difficult was Item 2. Figure 1 suggests that the measurement precision of the TILS is highest in individuals with average degree of loneliness and in individuals with above average degree of loneliness. The measurement window between average and above average degree of the loneliness shows a decrease in measurement precision. The frequencies of the responses to the TILS items are depicted in Table 1.

Table 1: Threshold (b) parameters, item discrimination (a) and frequency of responses of TILS items

Item	A	b1	b2	Hardly ever	Some of time	Often
TILS_1	1.58	-0.91	1.58	26.66 %	59.2 %	14.14 %
TILS_2	1.67	-0.14	2.00	45.9 %	45.75 %	8.35 %
TILS_3	14.58	-0.15	1.28	43.82 %	46.29 %	9.89 %

Note. TILS = Three-Item Loneliness scale

Figure 1: Test information function of the TILS

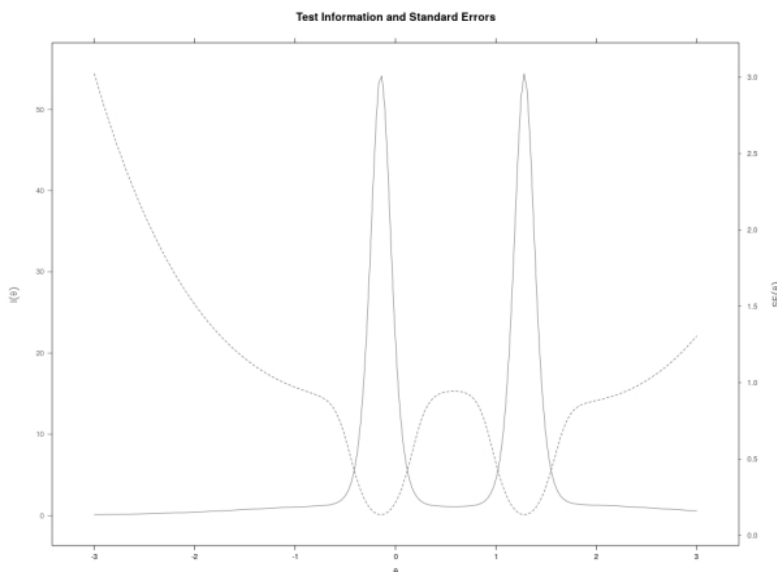


Figure 1 reflects the test information function of the TILS. The x-axis refers to the degree (standardized to Z - scores) of loneliness (θ). The y-axis (right) depicts the standard error of a measurement (dashed line), while left side of y-axis represents the degree of information ($I(\theta)$) obtained during the assessment of the different parts of loneliness (solid line).

1.4.3. Sociodemographic results

A comparison between sociodemographic groups indicated that most of participants were employed, had achieved vocational school or grammar school without a leaving exam, and were males and non-religious.

1.4.4. Correlational analysis

A significant negative association was found between loneliness and personality traits. More specifically, loneliness negatively correlated with agreeableness, extroversion (supporting H2 and H3) and conscientiousness. There was also a positive correlation between loneliness and neuroticism – supporting H1. No significant association was observed between openness and loneliness. In general, the strength of the associations ranged from small to medium (Table 2). In addition, a positive association was also found between anxiety, depression, and loneliness (supporting H5 and H6). The degree of association was medium in both anxiety and depression.

Table 2: Correlation matrix of the TILS with personality traits, depression, anxiety, and sociodemographic variables

	1	2	3	4	5	6	7	8	9	M(SD)
1. TILS	-									5.16 (1.53)
2. BFI_A	-.08**	-								3.49 (0.50)
3. BFI_O	.00	.13***	-							3.30 (0.58)
4. BFI_E	-.07**	.13***	.29***	-						3.04 (0.64)
5. BFI_N	.35***	-.26***	-.23***	-.27***	-					2.83 (0.73)
6. BFI_C	-.16***	.30***	.30***	.22***	-.31***	-				3.47 (0.54)
7. OASIS	.42***	-.18***	-.03	-.09**	.48***	-.15***	-			9.34 (4.18)
8. ODSIS	.41***	-.19***	-.06*	-.10***	.46***	-.15***	.87***	-		8.68 (4.32)
9. Age	-.09***	.13***	.01	-.01	-.15***	.04	-.17***	-.19***	-	49.78 (15.49)
10. Gender	.12***	.13***	-.03	.06*	.16***	.08**	.12***	.10***	.04	

Note. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; SD = standard deviation, M = mean, TILS = Three-Item Loneliness Scale, BFI_N = Neuroticism, BFI_O = Openness, BFI_E = Extraversion, BFI_C = Conscientiousness, OASIS = Overall Anxiety Severity and Impairment Scale, ODSIS = Overall Depression Severity and Impairment Scale

2. QUALITATIVE DATA COLLECTION

Data was gathered through in-depth interviews, which began with an unrestricted narrative section in which participants detailed their life history from around age 65, including prior significant events. Further sections delved into details of topics raised during the narrative, supplemented by semi-structured interviews focusing on aging perceptions. This interview structure was shaped by the Aging module (OUSHI, 2015) built on the DIPEX methodology (Breuning *et al.*, 2017) and standardized for the Czech context (Tavel *et al.*, 2015) by the Olomouc Institute of Social Health (OUSHI).



2.1. Research Sample

The research aimed for maximum variation to capture a range of experiences during this life phase.


Data Collection – Participants were sourced across the Czech Republic using snowball sampling. During recruitment, the research aims and nature of the interview were elaborated. The selection prioritized diverse participant attributes, such as age, living conditions and self-sufficiency. Data were collected from October 2020 to January 2021 amidst the COVID-19 crisis. Due to the ongoing pandemic, the interviews were conducted via platforms like Zoom® or Skype® or by phone. They varied in duration from 124 to 484 minutes.

2.2. Data Analysis

Interviews were transcribed, checked for accuracy, and reviewed by participants for final consent, after which they were anonymized. Using the NVivo 2022 software (AlfaSoft), the data underwent open and axial coding and were transformed into thematic codes which led to broader categories. These categories informed the thematic analysis. The “one sheet of paper” technique (Ziebland and McPherson, 2006) aided in grouping data and identifying trends or variations. A coding cross-check ensured reliability. A description of participants is provided in Table 3. The interviews were part of a study in the Shapes project (Eidel *et al.*, 2021), in which OUSHI is a partner. The research plan was approved by the Ethics Committee on Social Sciences at Maynooth University (SRESC-2021-2428941), and all interview participants provided their informed consent to take part in the research.

Table 3: Qualitative Research Participants – Selected Characteristics

Pseudo-nym	Age	Gender	Environment	Living situation	Dependency (Level of)	Access to internet at home
Jana	73	female	Village	with partner	independent	yes, high quality
Julie	87	female	City	widow	medium	yes, high quality
Tomáš	72	Male	Village	with partner	independent	yes, high quality
Jakub	65	Male	City	with partner	independent	yes, high quality
Monika	82	female	Suburban	roommate	high	no
Natalia	78	female	City	alone	low	yes, high quality
Jiří	68	Male	Suburban	with partner	independent	yes, high quality
Helena	79	female	City	alone	independent	no
Barbara	63	female	Village	with family members, widow	low	yes, low quality
Simon	70	male	City	with partner	independent	yes, low quality



All participants, except two (Tomáš and Monika), considered their digital literacy to be of medium level (they could use instant messaging apps, check emails, and browse news websites). Participants Natalia and Jakub considered their digital literacy to be high (they used also mobile banking, were familiar with video calling platforms, etc.).

2.3. Findings

A recurring theme in the participant statements was the excessive information in all types of media. *"... they scare people, especially the elderly, and they are basically desperate, because when they turn on the radio, television, anything, or the newspapers, it's always just this topic being discussed..."* (Simon) or *"...I don't listen to the news much anymore, I don't want to hear about it because it's always just corona, how many died and got infected, from morning to night, you always hear it..."* (Monika). This distribution of information was also reflected in personal contacts. Helena, for example, mentions, *"...friends just started calling me, and in the first few days, I had about 15 or more conversations a day because at that time, everyone began to ask if their friends are alive, what news they have..."* (Helena). Participants with partners often highlighted the importance of being with someone, *"... What helped me? Peace at home with my husband. I had no desire to roam around. I was afraid..."* (Jana).

Participants who lived in family houses with gardens or who went to cottages coped better, *"...I have a good experience because as soon as they announced quarantine, my daughter picked me up along with my son, his wife, and one-year-old granddaughter and took us to the cottage and we stayed there ..."* (Julie). Some coped by getting pets, *"...so we also didn't want to remain alone... that we'll buy a puppy..."* (Tomáš), and others, for example, relied on the computer, as Jakub did, *"...I drink coffee and then sit down at the computer..."* or in worse cases, alcohol, *"...I started to kind of fall into alcohol, when I was very alone, I would always get drunk... But alcohol didn't solve it..."* (Natalie). Family members, especially adult children, were important. They increased the frequency of meetings with their parents' using technology, *"...even installed a camera, so we were in contact. So, we spoke to them once or twice a week..."* (Jana) or *"...the children took care of our shopping..."* (Tomáš) similarly, *"...and I don't really go into the city because my sons take care of everything..."* (Barbara). The sadness of not being able to visit and being cut off from the outside world was most often mentioned by Monika, who lived in an institutional facility, *"...So the grandchildren can't come, no one. We just call each other. So otherwise, nothing but I miss the children and am afraid if any of them got sick..."*

3. DISCUSSION

For current social practice, especially in the field, it is imperative to recognize that standardized and valid measures, at present, typically do not encompass the explanation of the intensity of loneliness, do not specify whether loneliness is acute



or chronic and do not elucidate a specific cause (Prohaska *et al.*, 2020). Su *et al.* (2023), in their meta-analysis, highlighted shifts in the prevalence of loneliness during the pandemic among older adults (65 and older). Globally, the prevalence in this group increased significantly compared to pre-pandemic findings, where, for instance, Yang and Victor (2011) reported a prevalence of frequent loneliness in the age group of 60 and above in the European region below 10% (Yang and Victor, 2011). During the pandemic, the overall prevalence in this age category was around 29%, as indicated by the meta-analysis (Su *et al.*, 2023).


Chawla *et al.*'s meta-analysis (2021), conducted from studies with older individuals (60+) in high-income countries, revealed a total estimated prevalence of loneliness at 28.5%. The heterogeneity of prevalence emerged in a pattern consistent with other studies, indicating that the prevalence of loneliness was lowest in Northern European countries and higher in Eastern Europe and Mediterranean nations (Chawla *et al.*, 2021).

Loneliness facets vary across studies, often differentiating emotional from social loneliness. Emotional loneliness signifies lacking an intimate relationship, while social loneliness involves a broader lack of contact and involvement with friends, neighbours, and colleagues (Prohaska *et al.*, 2020). In our context, participant statements made it evident that during the pandemic, the primary issue was social loneliness.

Living with a partner was highlighted as beneficial during the pandemic, corroborating prior research showing that cohabitation or living with a partner could act as a protective factor against feelings of loneliness and social isolation (Lykes and Kimmelmeier, 2014; Hansen and Slagsvold, 2016).

Chen *et al.*'s study (2023) identified a significant relationship between loneliness and social capital and found that institutionalization significantly impacts manifestations of loneliness among individuals. Thus, policies promoting increased social support, trust, and cohesion among older adults in the public health sector should be crafted to reduce loneliness. This recommendation is particularly pertinent for individuals living in nursing homes, as this demographic exhibits a higher rate of loneliness and, concurrently, a lower level of social capital than non-institutionalized older adults (Chen *et al.*, 2023). Recently, loneliness gained public health attention due to its links to poor physical and mental health. Integrating loneliness into social policies is crucial for COVID-19 recovery and mental health support. Supporting senior involvement in community activities must be central to state anti-loneliness efforts (McDaid and Park, 2023).

Some participants pointed to the beneficial use of technology, especially during the so-called hard lockdown. These findings align with Wang *et al.*'s study (2023) suggesting that tech-assisted solutions can help reduce loneliness, provided there is adequate technological knowledge among older adults (Wang *et al.*, 2023). Similarly, Phang *et al.* (2023) show a positive impact of increased self-sufficiency in using digital devices on loneliness (Phang *et al.*, 2023). The quantitative part of this study



suggested that item 3 of the TILS had the highest discriminatory parameter, consistent with Igarashi's findings (Igarashi, 2019). Along with difficulty of this item, this suggests optimal measurement precision for individuals with average or above-average levels of loneliness. This is sufficiently practical, since interventions aim to capture these individuals. The quantitative component of our study confirmed several hypotheses, especially the positive correlations with anxiety and depression, further emphasizing the well-known connection between loneliness and detrimental effects on mental health (Lyra *et al.*, 2021; Bessaha *et al.*, 2023).

Throughout the pandemic, social workers could acquire valuable experiences and skills in the realms of screening and interventions, which can be applied post-pandemic to bolster preparedness for future crises. Although the highest prevalence of loneliness was observed among younger adults, an increasing trend of loneliness was evident across all age groups from the pre-COVID-19 era through the pandemic. Thus, it is indispensable for social workers to evaluate this issue among all clients systematically. A simple screening questionnaire can be a suitable tool for identifying potential problems in this domain (Berg-Weger and Morley, 2020). Our study responds to this recommendation.


CONCLUSION

The study reveals the complexity of loneliness, especially among older adults during the pandemic. The percentage increase loneliness in older adults during a pandemic, is smaller than that of young adults. In absolute numbers of people, however, it is a larger number because older adults make up a larger proportion of the population in the Euro-American geographic area. The emotional and social aspects of loneliness emphasize the role of relationships, notably cohabitation, in mitigating it. Policies fostering social support are crucial, especially in institutional settings. Dealing with loneliness in public health policies is vital due to its impact on mental and physical health. The loneliness necessitates targeted interventions. Technology can help combat loneliness, but it requires accessibility and digital literacy. The study's quantitative aspect reaffirms links between loneliness, anxiety, and depression. Social workers, equipped with pandemic experience, can address loneliness across age groups, strengthening crisis preparedness. Simple screening tools are essential in identifying and intervening in loneliness issues, aligning with proactive social work practices. The findings suggest that the introduced TIL scale is promising tool measurement of loneliness for the Czech population and, in a broader context, aid in evaluating future and present intervention programmes aimed at reducing loneliness. However, more psychometric studies are needed. From the qualitative section, we can infer the significance of some life circumstances.



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SOCIAL SERVICES CRISIS MANAGEMENT PRACTICES TOWARDS POOR FOREIGN NATIONALS

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Abstract

The COVID-19 pandemic increased the vulnerability of various already marginalized groups, such as foreign nationals, who were already facing high job insecurity, leading them to experience an urgent need for financial assistance, food aid, and other basic support. Consequently, this population, who are likely to work in precarious jobs and be in an insecure legal status, potentially became dependent on social benefits. Given the restrictive Swiss Federal Foreign Nationals and Integration Act that allows for the loss or downgrading of residence permits if foreign nationals depend on social assistance, social workers in charge of distributing social assistance face dilemmas between care and control. While social workers are instrumental in the creation of client images that exist along a continuum of 'most deserving' to 'welfare fraudsters', they also contribute to the current expectations of both state agents and clients towards services provided and actively shape the implementation of policies. Because social workers face a broad variety of individuals and high political pressure to select those deemed most needy, this article explores the daily challenges social workers encounter regarding professional ethics and client interactions. Based on ethnographically collected data derived from two research projects conducted between 2019 and 2023, we explore practices and discourses of several social services in Switzerland and trace the practices of social workers during a crisis. We take an interest in how social workers position themselves within the intersection of social policy and migration law and explore how they contribute to changes in a restrictive migration framework. This research increases the available knowledge on social work practice and its impacts during and in the aftermath of a crisis and therefore creates an understanding of how social work functions in a highly politicized field during socio-political emergencies.

Keywords: Social work practices, foreign nationals, welfare chauvinism, (un)deservingness



INTRODUCTION

‘Now the restaurants are closed. You do not have an employment. Go home.’
[Jetzt sind die Restaurants zu. Ihr habt keine Arbeit. Geht nach Hause.]
(Interview extract; own translation; labour organisation; 2020).

Since January 1, 2019, the Swiss Federal Foreign Nationals, and Integration Act (FNIA, 2019) stipulates that, social services must automatically report the receipt of benefits by non-citizens to migration offices. This reporting obligation is justified by a legal intersection between migration law and social policies, allowing for the possibility of the loss of residence status under foreign national law for individuals receiving social assistance. Both residence and settlement permits can be revoked or their extension rejected (Caroni et al., 2018; Spescha et al., 2015); this measure applies regardless of how long a non-citizen has been living in Switzerland. Simultaneously, the obligation to notify a migration office applies not only to social services but to all authorities and organisations, including schools or providers of integration programs which are involved with non-citizens. The information noted by staff about potential ‘needs for integration’, such as a lack of language skills or a refusal to participate in swimming classes, become part of migration control because this information should, in theory, be shared with migration offices (Kurt and D’Amato, 2021).

A notification, in the case of disciplinary measures taken by school authorities, or the sharing of receipts for unemployment compensation or supplementary benefits by non-citizens (under FNIA, 2019) is a daily reality that non-citizens face. While in the case of the latter two a permit withdrawal under the foreigner law is not possible (FNIA, 2019), this information-sharing is potentially threatening for foreign nationals. Consequently, non-citizens (i.e., so-called third-country nationals or persons from the European Union or the European Economic Area) receiving social assistance are not distinguished and are the focus of debates on migration law and the development of social policies on the intertwined policy areas related to the rights of non-citizens living in poverty. Affected groups are often dependent on state benefits and therefore fear a possible withdrawal of their permit under the foreign national’s law and an accompanying expulsion from Switzerland. This provision under the foreign national’s law is not new but has existed since 1934, when the Federal Act on the Residence and Settlement of Foreign Nationals (ANAG) was introduced, except for the specification that a notification must be made without being requested.

Until the end of 2018, foreigners in possession of a settlement permit for more than 15 years were partially exempt from permit withdrawal upon receiving social assistance. However, this exemption was nullified with the introduction of FNIA in 2019. Nevertheless, this exemption was heavily debated and recently changed, allowing protection after 10 years of holding a (settlement) permit. With the partial revision of FNIA in 2019, a downgrade option was introduced through which a settlement permit can be converted to a residence permit (Art. 63 FNIA, 2019; Borrelli et al., 2021).




The intersection between migration law and social policies is clear, demonstrating how both mutually enforce each other to exclude poor non-citizens from fully participating in and becoming part of society. In contrast to the already heightened scrutiny in the field of asylum (Keskinen, 2016) and socio-political linkages between asylum law and social policies (Ataç and Rosenberger, 2018), this work focuses on aspects of migration law and regulations affecting non-citizens with residence permits outside the asylum sphere. Moreover, this article highlights the tension between migration law and social policy – specifically on how migration law undermines welfare support for migrants with seemingly ‘stable’ permits. We also explore this intersection during the pandemic, allowing a comprehension of the extent to which a crisis enforces and potentially amplifies the effects of such policies and undermines a seemingly secure status.

In the following section, we illustrate crisis practices and strategies in social services that were implemented between 2018 and 2022, covering the period of the COVID-19 pandemic. We provide a practical illustration of how the intersection of social policy and migration control is expressed by social work professionals and how they were confronted with questions about current Swiss migration law in their daily work during the crisis.

1. SOCIAL ASSISTANCE AND LEGAL STATUS UNDER THE NATIONALS, FOREIGNERS, AND INTEGRATION LAW

Historically, Swiss policies related to the poor and Swiss socio-political goals such as poverty reduction, often supported the emigration of vulnerable populations (Seeleib-Kaiser, 2019). On account of Swiss federalism, these policies translated not only to incentivising poor individuals and families to migrate abroad but also led to a cantonal dispute about who was responsible for poor citizens. Therefore, citizens born in one canton but had moved to another could be deported back to their home canton if they became welfare-dependent.

Today, social assistance is still regulated at the cantonal level and is the last resort for individuals seeking social security (according to social workers interviewed in 2019–2021). Social assistance provides support if no gainful employment can be found in the long term, all assets have been used up, and none of the other social insurance schemes, such as unemployment insurance, disability insurance, or old-age and survivors’ insurance are applicable. Because social assistance is a cantonal competence, cantons allocate social assistance contributions according to their own standards. However, to maintain legal certainty and equality of rights, the Swiss Conference for Social Welfare (Schweizerische Konferenz für Sozialhilfe; SKOS, n.d.) develops guidelines for the calculation of social assistance. Moreover, the SKOS guidelines specify which measures support the professional and social integration of social assistance recipients. Because there is no national law on social assistance, the SKOS guidelines are not legally binding but instead guide the design of social assistance on



the ground (Charta Sozialhilfe Schweiz, 2023). Cantonal courts as well as the Federal Supreme Court (so far) generally adhere to these guidelines. Nevertheless, cantonal differences exist, for example, concerning the amount of social assistance paid or the obligation to reimburse social assistance (Schweizerische Konferenz für Sozialhilfe, 2021).

Compared to neighbouring countries such as Germany and Austria, social assistance in Switzerland is basically conceived as a debt, meaning it must be repaid to the authorities. SKOS recommends repayments in some instances such as the case of lottery winnings or inheritance but not in the case of earned income. However, many cantons do not follow this recommendation. Non-citizens must also pay back if they want to become naturalized; nevertheless, this requirement lies at the discretion of each canton. In the canton of Zurich, for example, a person must not have received social assistance for three years preceding the submission of a naturalization application, with the exception that the social assistance received has been repaid in full or that the person is receiving social assistance even though he or she is fully employed (Art. 7 Verordnung über das Schweizer Bürgerrecht (Bürgerrechtsverordnung, BÜV), 2018). In the canton of Berne, on the other hand, a person must not have received social assistance for the last 10 years (Art. 12 Gesetz über das Kantons- und Gemeindebürgerrecht (Kantonales Bürgerrechtsgesetz, KBüG, 2018). In a federal system, cantonal authorities are thus strong political bodies that often marginalize vulnerable groups lacking citizenship.

Social assistance is distributed by social services, which is organized regionally and communally in cantons. Social workers analyse the conditions of applicants and devise measures to return the recipients of social assistance as quickly as possible to the labour market. For non-citizens, social services also report the reception of support directly to a relevant migration office (Art. 97 FNIA), which can take additional steps to control an individual's further stay in Switzerland. For example, these offices can make use of integration agreements that can be linked to the residence title. For example, in these agreements, the migration office can state expectations about the progression of language acquisition. In principle, however, all non-citizens who reside in Switzerland have similar rights to social assistance as citizens, if they are in an emergency situation and cannot provide for themselves (SKOS). Nevertheless, the FNIA allows for the punishment of non-citizens by withdrawing, revoking, or not renewing their permit on the grounds of social assistance dependence (Art. 62 and Art. 63 FNIA; Caroni et al., 2018). Nonetheless, this allowance does not apply to persons seeking asylum.

Regarding such mechanisms, prior works often speak of 'welfare chauvinism', a socio-politically discriminatory attitude according to which the allocation of welfare support by states should be exclusively reserved for groups of people who are understood to 'belong' to the state (Heizmann et al., 2018), namely, citizens. Often, this restriction is based on nationalistic grounds that exclude non-citizens, curtailing their rights to assistance. This type of restrictive and often populist attitude is also strong-




ly related to notions that distinguish groups into ‘worthy’ and ‘unworthy’ categories and has especially been contextualized in research on the idea of so-called ‘deservingness’ (Chauvin and Garcés-Mascreñas, 2014; van Oorschot, 2006). Based on this idea, various policies in Switzerland and around the world try to create guidelines and strategies that increase hurdles for foreign nationals’ participation in society. For example, in England, under Home Secretary Margaret Thatcher in 2012, the so-called ‘Hostile Environment Policy’ was created. This policy was intended to create an environment so restrictive as to deter so-called irregular or illegal migrants who were denied a legal right to stay. Such measures and policy packages often include a reduction of support, be it in the health or welfare sectors or encompassing a restriction on the possibility of working or finding housing. Nevertheless, these measures do not only always address asylum-seekers (i.e., persons whose application was rejected or who were illegalised) but also diverse groups of people who have a residence title but lack the financial means to support themselves or their family. Subsequently, in the Swiss context, the tightening of FNIA regarding social assistance reception is a clear, practical example of welfare chauvinism. Although this ‘last net’ of social security exists for all people living in Switzerland, the legal ramifications of welfare dependence are particularly serious for non-citizens as financial indigence can lead to deportation. Consequently, foreigners belong to the Swiss solidarity community to a limited extent and are only partially worthy of receiving financial state support.

In the following section, we will address these dynamics of partial exclusion and political tensions using data collected from interviews and observations made in a research project conducted by the National Centre for Competence in Research on Migration Mobility (Grant number 51NF40-205605) and an ongoing research project on frontline workers during the COVID-19 pandemic within the National Research Program on COVID-19 in Society (Grant number 408040_209973). Both research projects were funded by the Swiss National Foundation. The data collection encompassed ethnographic data, including over 75 semi-structured interviews with national, cantonal, and communal offices and social services and non-state organizations as well as field notes taken during observations in the respective organizations.

2. CRISIS PRACTICES OF SOCIAL SERVICES

Switzerland declared a national lockdown after the emergence of the COVID-19 virus in March 2020. Accordingly, social services needed to reshape their daily work and communication with their clients. Simultaneously, the lockdown affected low-income sectors, such as blue-collar labour and the tourist industry as restaurants and hotel facilities closed, leaving former employees (mostly non-citizens) in desperate conditions and thus dependent on welfare support. The media portrayed this precarious situation using headlines underlining the sudden and seemingly unexpected long queues in front of food banks and soup kitchens, a reflection of the fact that the number of people seeking state support was much lower than the support requested



by voluntary organisations. This outcome revealed that many people feared seeking support due to the attendant danger of losing their residence permit (Hümbelin, 2016; Meier et al., 2021).

In the following section, we aim to highlight two aspects that characterised the period of the COVID-19 crisis. First, the discourse on the expenditure of public funds on poor foreign nationals increased, partially due to the heavy use of alternative support and the resulting non-adoption of social assistance. Consequently, the COVID-19 pandemic increased awareness about poor foreign nationals and finally stimulated changes in the current Foreign Nationals and Integration Law. Second, and in addition to the discussion about non-citizens experiencing poverty, the intersection of migration and social policy came to the foreground and created tensions in professional fields of work, such as social work, which were confronted with new challenges due to restrictions in migration law (Borrelli, 2019).

2.1. Use of public funds

Within public and political discourses, the question of the neediness of non-citizens emerges, mostly casting doubt about the deservingness of non-citizens to receive support. They face generalized suspicion, which extends to various non-citizen groups (Affolter, 2021; Borrelli et al., 2021; D'Aoust, 2018), depicting them as potential welfare tourists, asylum tricksters, and fraudsters. Especially in the field of welfare support, this image of cunning tricksters is long established (see the American discourse on 'welfare queens' which is highly racialized and gendered; Foster, 2017), given that such support is often connected to a discourse of misuse.

In the Swiss context, the use of public funds is regularly connected to taxpayers, or more specifically to the use of taxes for non-citizens, who are assumed to be not working and therefore – in the eyes of social workers and the broader public (see interviews with social services 2019–2022 and media discourses) – not contributing to the labour market and economy. Here, we see a shift from general discourses of misuse in the overall population to a specific one targeting non-citizens as their right to welfare is particularly fragile – politically and legally.

Social workers, or rather the caseworkers of social services, consequently find themselves in a position between 'help and control' (Böhnisch and Lösch, 1973) – at the crossroads of policy implementation that is characterised by restriction and the realization of human rights (Staub-Bernasconi, 2016) and can only succeed by being tenacious (Borrelli, 2019, 2020; Borrelli et al., 2021).

Taxes, or rather the saving of taxes, along with the moral stigmatization of welfare dependence have become a core issue, justifying the accusation that the non-citizens concerned are unworthy. Non-citizens are often perceived as a burden as soon as they claim public funds. However, this perception neglects the fact that a large part of the noncitizen population contributes taxes for a long time without receiving significant support or being allowed to profit from the taxes. This notion



also ignores those cases where individuals work full-time yet do not earn enough to stop receiving social assistance (a group called the ‘working poor’). Instead, as long as there is non-citizenship, residence status remains precarious. This ‘shadow side’ of exploitation is, on the one hand, accepted and, on the other hand, forgotten (Chauvin and Garcés-Mascareñas, 2014 – especially for persons lacking residence status, i.e., illegalized migrants). Non-citizens are allowed to stay as long as they pay taxes and are economically active and independent, but they are to be sanctioned if they become dependent on social assistance. Social services are not always opponents of migration control but at times support it in their execution and attitude. Nevertheless, in social work terms, reflection takes place, often leading to professional tension or even dilemmas, as shown in this quote:


‘[My work is] a search for a balance between protecting the rights of the clients and protecting the interests of the taxpayers.’ (Interview excerpt, own translation, Social Services, 2020).

In the spirit of welfare chauvinism, a caseworker makes a clear distinction between taxpaying citizens (i.e., those with Swiss passports) and foreign clients. Both sides are mutually exclusive, which means that people of other nationalities who also pay into the system are not recognized as such. Moreover, scant consideration is given to the transitions and backgrounds of clients who have most likely paid into the system for a long time, while engaging in precarious jobs and are underpaid but are still forced to remain in such vulnerable positions due to the pressure that the FNIA places on them. Solidarity and an understanding of the situation of affected persons therefore very often ends when the costs become exceedingly high, as evidenced in this quote:

‘We have quite a number of foreigners who claim social assistance. My goal is to know the practice and what we can do in these cases. [...] There are many recipients who should not be here. [...] There are several cases where someone with a B permit [residence permit] was dismissed just because they were on welfare. That should be checked in general, including whether people actually leave Switzerland. If you deport people, you can save a lot of taxes.’ (Interview excerpt, own translation, Social Services, 2020).

The quote by a labour organisation (2020) echoes this sentiment, revealing that foreign nationals face continuous expectations to leave as soon as they stop being economically productive. Nevertheless, the balance between political will (reduction of expenses) and support for clients leads to reluctance from social services and thus to negotiations between social services and migration offices. The understanding that taxes are only reserved for one’s population – however defined – is pervasive throughout the social and migration policy system.

During the COVID-19 pandemic, this precariousness worsened and pushed social workers to strategize, given their obligation to report dependence among non-citizens. As the introductory interview extract showed, some social services advised their clients with temporary permits (L-permit for short stays, which generally last for



less than one year and are tied to specific residence reasons which may or may not include employment) to leave as there was no foreseeable ‘return to normal’ and the lockdown affected their stay. This decision, however, did not necessarily work to the advantage of individuals but rather saved caseworkers time spent in processing applications and money. Simultaneously, social services mentioned that many of their clients were already aware of potential consequences and feared to come forward and instead lived off savings, relied on the support of family and friends, or indebted themselves.

2.2. ‘Poverty is not a crime’

‘Due to the current situation social work professionals find themselves in a role conflict. The task of social work is to enable people to lead a self-determined life. Due to the clarifications required by migration law regarding the causes and future development of the individual situation, social work becomes a handyman to the migration authorities. In addition, these legal requirements have led to an enormous increase in the workload. These resources should be spent more effectively on counselling those affected by poverty. For foreigners, social assistance is increasingly degenerating into an instrument that primarily determines their stay in Switzerland.’ (AvenirSocial, own translation, 2023).

The COVID-19 pandemic rapidly increased awareness about poor foreign nationals in Switzerland. Pictures of long queues of people in large cities waiting to receive free food from non-governmental organizations were published in the media. ‘Sans-papiers’, sex workers, the working poor, poor migrant households, and employees in casual jobs falling below the social security threshold found themselves thoroughly defenceless and fell further into poverty. Caritas Switzerland estimated their number to be 1 million people (Caritas, 2020). Moreover, Swiss Solidarity, a foundation that gave a grant of 44 million Swiss francs in support of frontline work organisations during the national lockdown estimated that 1.7 million people benefited from its COVID action programme (Swiss Solidarity, 2021).

In line with the heightened visibility of poor foreign nationals in the public sphere, Samira Marti, a member of the national parliament, submitted a parliamentary initiative entitled ‘poverty is not a crime’ in June 2020 – a few months after the national lockdown – seeking changes in the FNIA. Specifically, she demanded that foreign nationals who hold a residence or settlement permit and have been lawfully resident in Switzerland for 10 years should no longer be liable to lose their residence permit based on social assistance. Moreover, the Social-Democratic Party, the syndicate Unia, as well the non-state organisation ‘Schweizerische Beobachtungsstelle für Asyl- und Ausländerrecht’ (Swiss Observatory for Asylum- and Foreigners Law) launched a national petition under the same title which was signed by 16,914 persons by the end of May 2023 (Poverty is not a crime, n.d.). Additionally, the association ‘AvenirSocial’, an organization representing social work professionals, actively




supported the parliamentary initiative and the national petition and released press releases as well as a recommendation to members of the national parliament (AvenirSocial, 2023).

In 2021, the alliance Austausch Armut (Exchange on Poverty), with AvenirSocial as a member, published a policy document with several demands to fight poverty in Switzerland in the context of the current situation. Based on the ethical code of social work (Avenir Social, 2010), the alliance stated: 'We demand the removal of the legal entanglements between the migration authorities and the social services. Currently, it is hardly possible for certain groups of migrants to receive social assistance, as this is considered a lack of integration and can lead to the loss of residence status. This fear leads to many migrants remaining in precarious living situations' (Austausch Armut, 2021). Furthermore, studies revealed that the COVID-19 pandemic exacerbated the already dicey economic situation of poor foreign nationals due to the possible loss of their permanent residence permit (Lätsch et al., 2020; Meier et al., 2021). Finally, in June 2023, the national parliament approved this push for a change in the Foreign Nationals and Integration Law. It is currently unclear when this new regulation will come into force (Marti, 2020). Simultaneously, cantonal authorities began to create programs that – according to liberal and right-wing parties – undermined migration policy intentions. For instance, the cities of Zurich, Lucerne, and Bern developed programs that offered basic economic aid to non-citizens without calling the programs 'social assistance', thus making it unnecessary to inform migration authorities (Beyeler et al., 2021; Direktion für Bildung, Soziales und Sport, 2021; Golta et al., 2021; Regionaljournal, 2021; Schweizerischen Depeschentag, 2022). These initiatives contrast with neoliberal and welfare chauvinistic attitudes and instead show solidarity with vulnerable groups despite their nationality. These initiatives were made especially due to the pandemic and offered swift alternative support which was justified by the sudden drop in income for a significant segment of the population.

3. CRITICAL REMARKS AND REFLECTIONS

This article focused on the crisis practices of social services towards poor foreign nationals. We briefly highlighted how the use of public funds before, during, and after the COVID-19 crisis was and continues to be shaped by social workers and how social work actively contributed to the then-emerging awareness of poor foreign nationals and supported changes in migration law.

With the outbreak of the COVID-19 pandemic, the visibility of poor non-citizens increased. Given that this population faces severe consequences if it becomes dependent on social assistance, it often did not take up state support, which only fell within reach due to alternative support options that emerged out of the pandemic. Because the Swiss government could not provide support in a speedy, conventional way, queues in front of food banks, soup kitchens, or neighbourhood support groups



became emblematic of the precarious situation that exists in Swiss society. The crisis, therefore, brought groups in need to the attention of politicians and led to the creation of quicker support programs than had been in existence in the years prior to the pandemic.


Before the COVID-19 crisis, there were several restrictions, creating a hostile environment for non-citizens who became dependent on welfare support. However, during the pandemic and in its aftermath, the strict legal restrictions were relaxed for poor foreign nationals, among others supported by social workers.

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II

**CHILDREN,
YOUTH AND
FAMILY POLICIES**





FAMILY AND CHILD PROTECTION - REGULATION AND PRACTICES IN MONTENEGRO

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Abstract

Domestic violence is a sociological and public health problem that integrates complex consequences for all segments of family and society's life. It results in the collapse of the family, insufficient cooperation with the institution, psychophysical and emotional consequences for the victim. Domestic violence is viewed from different angles through the activities of various state bodies, each of which individually has specific responsibilities in combating crime, and therefore domestic violence. The increase in violence in society is directly related to the increase in domestic violence, and the psychological aspect of the problem of domestic violence has been neglected. Today, the perception of domestic violence has changed, it is today a social problem and a form of criminality, because it has become clear that, due to the consequences it causes, it cannot be socially tolerated, so active opposition to violence and protection from violence is one of the basic obligations of every democratic state which respect and protects human rights. The key roles of the institutions with which the Centre for Social Work must cooperate are the Police Directorate, the State Prosecutor's Office, educational and health institutions, and non-governmental organizations.

The procedures and actions of all institutions are precisely defined by the Protocol on Procedures, Prevention, and Protection from Domestic Violence, however official figures on reports of violence show that the actions are not synchronized and their synergistic effect is missing. Montenegro has certainly made a good introduction to face the problem of domestic violence.

Key words: domestic violence, victims of violence, protection from violence, Centre for Social Work

INTRODUCTION

Family and child protection are critical aspects of any society, as they play a fundamental role in ensuring the well-being and development of children. The family unit serves as the primary environment for a child's growth, emotional support, and



socialization (Škulić, Milošević, 2009). It is within the family that children learn essential values, develop their identities, and build the foundation for their future (Jović, 2022). Therefore, safeguarding the rights and welfare of children and promoting a safe and nurturing family environment is of utmost importance (Snyder, 2019).

Child protection is crucial because children are vulnerable to various risks, including abuse, neglect, exploitation, and violence (Demirović, Hajdarović, 2022). These risks can have severe and long-lasting consequences on a child's physical, emotional, and psychological well-being (Bancroft, 2003). Ensuring their protection is not only a moral obligation but also a legal and human rights imperative. By protecting children, societies invest in the future, fostering the development of healthy and productive citizens (Evans, 2010).

The purpose of this scientific work is to examine the family and child protection regulations, practices, and interventions in Montenegro. Through an in-depth analysis, this study aims to shed light on the existing framework for child protection in Montenegro, evaluate its effectiveness, and identify potential areas for improvement. By exploring the legislative landscape, institutional setup, and implementation of child protection measures, this research seeks to contribute to the knowledge base on family and child protection in the country.

This work aims to investigate and analyse the legislative framework, policies, and institutional mechanisms and practices related to the protection of the family and children in the country. Also, the research aims to assess the effectiveness of existing child protection interventions and programs, identify challenges and obstacles in the implementation of family and child protection measures, and present evidence-based recommendations for improving child protection practices. The goal is to contribute to a better understanding of the issue of child protection in Montenegro and the region and to support decision-making based on evidence regarding the protection of children's rights and well-being.

Montenegro, a small country in Southeast Europe, holds significant importance in the context of family and child protection. With its diverse cultural landscape and unique social challenges, Montenegro presents a valuable case study to explore the nuances of child protection policies and practices in a transitioning society. As a candidate country for European Union accession, Montenegro has made efforts to align its legislative framework with international standards, particularly in terms of women and child rights and protection.

Through this research, we aim to gain insights into Montenegro's progress, successes, and challenges in ensuring the protection of children and strengthening family support systems. By focusing on Montenegro, we hope to contribute to the development of evidence-based strategies and interventions that can serve as valuable lessons for other countries facing similar issues in the realm of family and child protection.



1. LITERATURE REVIEW

Existing research, laws, and regulations related to family and child protection in Montenegro reveal a growing commitment to ensuring children's rights and well-being. Several studies have highlighted the importance of a strong legal framework and effective implementation in safeguarding children's welfare.

The Law on Social and Child Protection serves as the primary legislative foundation for child protection in Montenegro. It outlines the rights and responsibilities of children, parents, and guardians, and establishes the state's obligations in ensuring child welfare. By the way, the Law on Protection from Domestic Violence prevent and protect individuals, especially women and children, from domestic violence, and to ensure the protection of their rights and dignity. Additionally, Montenegro has ratified various international conventions, such as the UN Convention on the Rights of the Child, further emphasizing its commitment to child protection (CEED, 2012).

Within the literature, there are discussions on the role of family support systems and the impact of socio-economic factors on child vulnerability. Studies have explored the importance of early intervention programs, parenting education, and community-based initiatives to promote child protection (CSW, 2015).

Theories and frameworks relevant to child protection and family welfare have been referenced in the literature. The ecological systems theory, for instance, emphasizes the influence of multiple layers, including the family, community, and society, on a child's development and protection. The child rights-based approach, as advocated by the UN Convention on the Rights of the Child, underlines the need to prioritize the best interests of the child in all decision-making processes (UNDP, 2019).

While progress has been made in family and child protection in Montenegro, there are still gaps in the current knowledge that require further exploration. For instance, there is limited research on the effectiveness of specific child protection interventions and programs in the country. Additionally, there is insufficient data on the prevalence and trends of child abuse and neglect in different regions of Montenegro (OSCE, 2021).

Furthermore, a deeper understanding of the impact of cultural and traditional practices on child protection is needed. Additionally, studies that are more comprehensive are necessary to identify the challenges faced by institutions responsible for child protection and the barriers hindering effective implementation (CSW, 2015).

Addressing these gaps through further research is crucial as it can lead to evidence-based improvements in family and child protection practices in Montenegro. By identifying areas that need strengthening, policymakers and stakeholders can develop more effective strategies and policies to protect children and support families more efficiently. A thorough investigation into these areas will contribute to enhancing the overall well-being and safety of children in the country.



2. METHODOLOGY

The case study approach will focus on examining specific instances of child protection in Montenegro. This may involve exploring notable child protection programs, successful interventions, or challenging cases that highlight the existing gaps in the system. By conducting case studies, the research can offer a deeper understanding of the complex dynamics and unique challenges faced in the country.

3. LEGISLATIVE FRAMEWORK, POLICIES AND IMPLEMENTATION


3.1. In-depth analysis of legal and policy framework

An in-depth analysis of the legal and policy framework for family and child protection in Montenegro involves a comprehensive examination of the relevant laws, regulations, and policies that govern child welfare, domestic violence prevention, and family support. The analysis aims to understand the strengths, weaknesses, and effectiveness of the existing framework in ensuring the rights and well-being of children and families.

The legal framework is firstly examined in the context of international conventions ratified by Montenegro, particularly the UN Convention on the Rights of the Child and The Convention on Preventing and Combating Violence against Women and Domestic Violence. The analysis evaluates how Montenegro aligns its laws and policies with international standards and whether there are any gaps or discrepancies (Zavod, 2022).

The analysis continues by reviewing the key laws related to family and child protection, including the Law on Social and Child Protection, the Law on Family, The Law on Protection from Domestic Violence, the Law on treatment of juveniles in criminal proceedings and the Criminal Code. Each law's provisions and scope are assessed to determine how they address issues such as child abuse, neglect, domestic violence, and child justice (CSW, 2015).

The analysis delves into the national policies, strategies, and action plans related to family and child protection. This includes a detailed examination of the National Strategy for the Protection of the Rights of the Child, Protocol on Procedures, Prevention, and Protection from Domestic Violence, which establishes procedures and institutional cooperation regarding family violence and violence against women and its accompanying National Action Plans. The Protocol regulates the collaborative work of all systems during the implementation of laws and conventions, as well as the obligation to take necessary measures to ensure the organization, equipment, and education of an adequate number of specialized experts dealing with the issue of domestic violence. The effectiveness of these policy documents in guiding actions and achieving desired outcomes is assessed (UNDP, 2019).



The analysis investigates the institutional setup responsible for implementing family and child protection policies. This includes examining the roles and responsibilities of government bodies, social welfare institutions, law enforcement, the judiciary, and civil society organizations in family and child protection.

The effectiveness of inter-institutional coordination and cooperation is assessed to determine how different agencies work together to address family and child protection issues. This involves evaluating the level of collaboration, information sharing, and resource allocation among stakeholders.

The analysis assesses the preventive measures in place to address family and child protection issues before they escalate. This includes evaluating the scope and impact of public awareness campaigns, educational programs, and parenting support initiatives.

The availability and accessibility of support services for children and families are examined. This includes analysing the provision of shelters, counselling, legal aid, and other forms of assistance for victims of violence and vulnerable families.

The analysis evaluates the data collection mechanisms and research efforts related to family and child protection. It assesses the quality and reliability of data, research findings, and their utilization in informing policy development and decision-making.

Furthermore, domestic violence is on the rise, as indicated by the data from the Police Administration. The number of reported and prosecuted cases has increased by about one-third compared to the same period last year. Statistics show that as of the first of July 2022, there have been 233 criminal offenses of domestic violence recorded. Women who experience violence and live in small communities' face even greater challenges. They are reluctant to talk about it.

Since the outbreak of the COVID-19 pandemic, there has been a dramatic increase in cases of violence against women and domestic violence in Montenegro, reaching up to a 30% rise. Violence against children is one of the key challenges concerning children in Montenegro. During the year 2021, more than two-thirds (69%) of children aged 1 to 14 in Montenegro were exposed to psychological aggression within their families in the month preceding the survey in Montenegrin households. Additionally, 30% of children experienced physical punishment during that period (Zavod, 2022).

While Montenegro has made progress in establishing a legal and policy framework for family and child protection, challenges remain in the effective implementation of these laws and regulations. One of the main challenges is the need for enhanced coordination and cooperation among various stakeholders involved in family and child protection, including social services, law enforcement, the judiciary, and civil society organizations. As a result, the program, supported by the UNDP office in Montenegro, provides training for the NGO SOS telephone for women and children victims of violence. The goal is to develop an effective multidisciplinary approach to violence against women and in families, following the Protocol on Procedures, Prevention,



and Protection. The last, but not the least training took place for three days in July 2023.

The implementation of women and child protection measures may also face barriers related to limited resources, including funding and trained personnel. Moreover, there is a need for improved data collection and reporting mechanisms to better track and monitor cases of child abuse and neglect (CSW, 2015).

Despite the legal provisions and policies, several areas require improvement in the family and child protection system in Montenegro.

There is a need for increased awareness among the public, families, and professionals about women and child protection issues. Focused prevention programs and education on women and child rights and protection are crucial in mitigating risks and early intervention.

Strengthening collaboration and coordination among different agencies involved in family and child protection is essential to ensure a holistic and effective response to cases of abuse and neglect.

Enhancing data collection and research efforts can provide a better understanding of the prevalence and patterns of child abuse and neglect, enabling evidence-based policymaking and targeted interventions.

Access to support services, such as counselling, mental health support, and parenting education, should be improved to assist families in crisis and prevent child maltreatment.


Ensuring meaningful participation of children in decisions affecting their lives is crucial in promoting child rights and enhancing the effectiveness of child protection interventions.

3.2. Institutional setup and practices in family and child protection in Montenegro

Effective protection against domestic violence requires a complex and long-term engagement of all segments of society, including interdepartmental and intersectoral collaboration.

Centre for Social Work (CSW) plays a crucial role in family and child protection in Montenegro. Their responsibility includes identifying and assessing cases of child abuse, neglect, or endangerment, providing support and services to children and families in need, and coordinating with other relevant institutions. CSW is the front-line agency that receive and investigate reports of women and child abuse and work to ensure the safety and well-being of children (UNDP, 2019).

Law enforcement agencies, including the police, are responsible for responding to reports of family and child abuse, neglect, or endangerment. They play a vital role in conducting initial investigations, gathering evidence, and collaborating with CSW



to ensure that appropriate action is taken to protect the child and hold perpetrators accountable.

The judiciary plays a crucial role in family and child protection cases, especially when legal interventions are required. Courts are responsible for making decisions regarding child custody, protection orders, and legal proceedings against perpetrators. Ensuring a child-friendly and sensitive judicial process is essential to protect the rights and well-being of children involved in legal cases.

Schools and educational institutions are important stakeholders in family and child protection. Teachers and school staff often have close contact with children and are in a position to identify signs of abuse or neglect. They play a role in reporting concerns to relevant authorities and may also be involved in preventive programs and educational initiatives on child protection.

Health care providers, including doctors, nurses, and psychologists, can play a significant role in identifying and reporting cases of child abuse or neglect. They may encounter children who present with injuries or behavioural issues related to abuse, and it is crucial for them to be aware of their reporting obligations and support the child's well-being.

NGOs and civil society organizations often work alongside government institutions to provide additional support and services to children and families in need. They may operate shelters, counselling services, or other programs aimed at supporting victims of abuse or providing preventive measures.

CSW initiates and, together with representatives from the government and non-governmental sectors, forms an expert team whose tasks are establishing an assistance plan for the child - victim of domestic violence, considering and implementing measures for the protection of the child - victim of domestic violence and coordinating activities throughout the process of protecting the child. The reporting of family and child abuse or neglect typically begins with concerned individuals or professionals contacting the CSW or law enforcement. The initial response involves conducting a thorough assessment of the child's safety and well-being to determine the appropriate course of action (CSW, 2015).

Once a report is received, CSW and law enforcement agencies conduct investigations to gather evidence and assess the family and child's living conditions. In collaboration with other stakeholders, they develop case management plans to address the customer needs and ensure their safety.

Child-friendly and trauma-informed interviewing techniques are used during the investigation to minimize further harm to the child. Professionals are trained to conduct interviews in a sensitive manner, ensuring the child feels safe and supported.

Children and families involved in family and child protection cases may be referred to support services such as counselling, therapy, and parenting programs to address underlying issues and promote positive family dynamics.



In cases where legal interventions are necessary, the judiciary is responsible for determining custody arrangements, issuing protection orders, and overseeing court proceedings related to child protection.

Coordination and collaboration among key institutions, including CSW, law enforcement, judiciary, schools, health care providers, and NGOs, are essential to ensure a comprehensive and effective response to child protection cases. Regular communication and information sharing facilitate a holistic approach to child protection (CSW, 2015).

A multi-agency referral system is in place to facilitate the timely and appropriate referral of cases between institutions. This ensures that information is passed on to relevant stakeholders for further assessment and action.

Regular case conferences and meetings involving different stakeholders are held to discuss complex cases and develop coordinated plans for intervention and support.

Professionals working in family and child protection receive training and capacity-building initiatives to enhance their skills in dealing with sensitive cases and trauma-informed practices.

Assessment of the coordination and collaboration among different stakeholders is crucial in identifying areas for improvement and strengthening the overall child protection system in Montenegro. By working together, these key institutions can better safeguard the rights and well-being of children and families in need.


4. CHILD PROTECTION INTERVENTIONS, PROGRAMS, CHALLENGES, BARRIERS, AND FURTHER RECOMMENDATIONS

4.1. Child protection interventions and programs in Montenegro

Montenegro has established shelters and safe houses to provide temporary accommodation and support to women and children who are victims of abuse, neglect, or violence. These facilities offer a safe and secure environment for children while they receive counselling and other necessary services (CSW, 2015).

Women and child protection interventions in Montenegro include counselling and psychosocial support services for children who have experienced trauma or abuse. Qualified professionals provide therapy and support to help children cope with their experiences and promote healing.

Various family support programs are implemented to strengthen parenting skills, improve family dynamics, and prevent child abuse and neglect. These programs offer guidance and assistance to parents and caregivers in providing a safe and nurturing environment for their children (UNDP, 2019).



Montenegro has a helpline and reporting mechanisms in place, allowing women and children and concerned individuals to report cases of abuse or seek help confidentially. These helplines facilitate early intervention and ensure that women and children's concerns are addressed promptly.

Schools and educational institutions in Montenegro conduct educational initiatives and awareness campaigns on child protection, including topics such as child rights, abuse prevention, and reporting procedures. These initiatives promote a safer and more informed environment for children (Zavod, 2022).

The country has developed a foster care system to provide alternative care for women and children who cannot remain with their biological families. Additionally, adoption services are available to provide permanent and stable homes for children without parental care (CSW, 2015).

The impact and effectiveness of women and child protection interventions and programs in Montenegro are continuously assessed through various means (CSW, 2015).

Relevant institutions collect and analyse data on women and child protection cases, including the number of reported incidents, outcomes of interventions, and child well-being indicators.

Regular monitoring and evaluation of women and child protection programs are conducted to assess their effectiveness in achieving desired outcomes and identifying areas for improvement.

Feedback from children, families, and service providers is sought to understand the experiences and perspectives of those involved in family and child protection interventions.

Research studies may be conducted to evaluate the long-term impact of specific interventions and identify evidence-based practices.

Montenegro continues to explore innovative approaches and best practices in family and child protection (CSW, 2015).

The country emphasizes interagency collaboration, where different stakeholders work together to address women and child protection cases. This approach ensures a coordinated response and holistic support for children and families.

Child protection interventions in Montenegro prioritize the best interests of the victim, placing the victim's needs and perspectives at the centre of decision-making processes. The Ministry of Labour and Social Welfare, with technical and financial support from UNICEF and the European Union, will work on developing a national Strategy for the prevention and protection of children from violence for the next five years.

Montenegro has taken steps to ensure that legal proceedings related to women and child protection are friendly and sensitive, providing a safe environment for them to share their experiences.



The country has recognized the importance of digital safeguarding for children, considering the risks and challenges posed by the digital environment. Efforts are made to raise awareness and promote online safety for women and children.

4.2. Challenges and barriers in implementing family and child protection measures in Montenegro

One of the significant challenges in family and child protection is the underreporting of victim abuse and neglect cases. Children and women may fear retaliation, lack awareness of their rights, or lack trust in the system, leading to a reluctance to report incidents (UNDP, 2019).

Limited awareness and education about women and child protection issues among the public, parents, and caregivers hinder early detection and intervention. Promoting awareness and providing educational programs can address this challenge.

Limited resources, including funding, personnel, and infrastructure, pose challenges to providing comprehensive and effective child protection services, especially in rural areas.

Societal stigma and social norms around family matters and child rearing can discourage reporting or seeking help for child abuse and neglect issues.

Some professionals working in family and child protection may lack specialized training in handling sensitive cases, conducting child-friendly interviews, or using trauma-informed practices.

Access to women and child protection services may be limited, especially for marginalized and vulnerable groups, such as children with disabilities or those from minority communities.


Socioeconomic factors, such as poverty and unemployment, can increase family and children's vulnerability to abuse and neglect. Addressing these issues through targeted social support programs can help reduce family and child vulnerability (CEED, 2012).

Dysfunctional family dynamics, including substance abuse, domestic violence, and parental mental health issues, can contribute to women and child vulnerability. Providing family support programs and counselling can address these challenges.

Inadequate parenting skills or lack of support for parents and caregivers can affect women and child well-being (CEED, 2012).

Parenting education and support services can help enhance caregiving practices and reduce the risk of abuse and neglect.

With the increasing use of technology, women and children may be exposed to online risks. Promoting digital literacy and online safety education can protect them from online exploitation and cyberbullying (UNDP, 2019).



Certain cultural and traditional practices may perpetuate violence against women and children. Promoting cultural sensitivity and awareness can help address harmful practices while respecting cultural diversity.

Refugee and migrant children may face unique challenges, such as language barriers, separation from family, and exposure to trauma. Tailored support and integration programs can address their specific needs (CSW, 2015).

The practice of placing children in institutions can have adverse effects on their well-being. Shifting focus towards family-based care and deinstitutionalization can promote better outcomes for children.

Addressing women and child vulnerability requires a multi-faceted approach involving various stakeholders, including government agencies, NGOs, and communities. Strategies include (Zavod, 2023):

- Enhancing public awareness and education on women and child protection rights and reporting mechanisms.
- Strengthening coordination and communication among institutions to ensure timely and effective responses to women and child protection cases.
- Allocating adequate resources to women and child protection services and ensuring equitable access to these services.
- Providing specialized training for professionals working in family and child protection to improve their capacity to handle sensitive cases.
- Implementing evidence-based prevention programs targeting factors contributing to women and child vulnerability, such as poverty, family dysfunction, and online safety.

By addressing these challenges and factors contributing to women and child vulnerability, Montenegro can work towards creating a safer and more protective environment for all children in the country.

To enhance family and child protection practices in Montenegro, focus is on (CSW, 2015):

- Strengthening reporting mechanisms and awareness campaigns.
- Improving interagency collaboration and case transfers.
- Allocating adequate resources to child protection services.
- Providing specialized training for professionals.
- Ensuring child-friendly justice in legal proceedings.
- Developing evidence-based prevention programs.
- Expanding support services and safe accommodation.
- Implementing digital safeguarding measures.
- Advocating for policy changes prioritizing child protection.
- Conducting research for informed policymaking



CONCLUSION

This study on family and child protection in Montenegro has provided valuable insights into the existing legislative and policy framework, institutional mechanisms, interventions, and challenges in safeguarding children's rights and well-being.

The study analysed Montenegro's legal and policy framework for family and child protection. It revealed the presence of essential laws and regulations, such as Law on Protection from Domestic Violence, aimed at addressing violence and abuse within families. However, some gaps and areas for improvement were identified, particularly concerning the effectiveness of implementation and enforcement.

The roles and responsibilities of key institutions, including Centre for Social Work, law enforcement, judiciary, and educational institutions, were explored. While these institutions play crucial roles in family and child protection, challenges in coordination and communication were evident, affecting the overall response to child protection cases.

The study examined various interventions and programs implemented in Montenegro to protect children's rights and welfare. Shelters, counselling services, family support programs, and child helplines were identified as essential resources. However, further evaluation of their impact and effectiveness is required to optimize outcomes.


The study identified challenges and barriers, such as underreporting, lack of awareness, limited resources, and cultural norms, affecting family and child protection measures. Addressing these challenges is vital to creating a safer environment for children.

The findings of this study have several implications for policy, practice, and future research in family and child protection in Montenegro.

Policymakers should prioritize strengthening the implementation and enforcement of existing laws and regulations to improve child protection. Measures to enhance reporting mechanisms and awareness campaigns can encourage prompt reporting and ensure a more robust response to child protection concerns. Policy changes may also be necessary to address specific challenges, such as improving interagency collaboration and addressing cultural norms that perpetuate violence against children.

Professionals working in family and child protection, including social workers, law enforcement, healthcare providers, and educators, should receive specialized training to handle sensitive cases effectively. Enhancing coordination among key stakeholders and implementing a multi-agency referral system can lead to more efficient and comprehensive interventions.

Further research is required to evaluate the effectiveness of existing child protection interventions and programs. Longitudinal studies can assess the long-term impact of these initiatives on children's well-being and development. Research on the



prevalence and trends of child abuse and neglect in different regions of the country can inform targeted interventions. Additionally, exploring innovative approaches and best practices from other countries can guide the development of evidence-based strategies in Montenegro.

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PROTECTION OF CHILDREN WITHOUT PARENTAL CARE IN THE REPUBLIC OF SRPSKA

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Abstract

The paper presents the results of the research, the aim of which is to analyse the circumstances in the field of protection of children without parental care in the Republic of Srpska and review current events with special reference to the change in legal regulations (Family Law). The research sample (N= 269) consisted of social work centre managers and professional workers who work directly on the protection and care of children without parental care. The data were collected using two research instruments designed specifically for the needs of this survey: an Analytical Form that obtained data related to the work process of legal guardianship bodies and the current state of affairs in the field of protection of children without parental care, and a Questionnaire that examined the attitudes and opinions of professional workers about the measures and forms of protection, state, and current events in this area.

On the basis of the obtained data, it can be concluded that in the Republic of Srpska there is a slight trend towards a decrease in the number of children without parental care. Data related to forms of protection show that all children without parental care are under guardianship, and that adoption, which is considered the most desirable, is also the least used form of protection. The number of children placed in foster families is twice as high as the number of children who are in institutional care, which confirms that the Republic of Srpska is working on deinstitutionalization and promotion of foster care. However, considering the significant drop in the number of children in foster care compared to previous years, it can be concluded that foster care is not at a satisfactory level either, namely, that in practice it is not represented in the expected scope.

The proposed changes to the Family Law, which refer to the involvement of the court in making decisions on the separation of children from the family and on maintaining the child's relationship with the parent with whom he/she does not live, the mandatory introduction of a trial period during the implementation of adoption and the program for preparing potential adopters for adoption, have been recognized by more than two third of professional workers as a way of improving the protection of children without parental care.

Keywords: children without parental care, adoption, foster care, professional workers



INTRODUCTION

In the majority of legal documents in the field of social protection, as well as in professional and scientific literature, the term child without parental care, in addition to children who do not have parents, also includes children who have parents, but do not take care of them. According to the Law on Social Protection (“Official Gazette of the Republic of Srpska”, Nos. 37/12, 90/16, 94/19, 42/20 and 36/22) a child without parental care is considered to be “a child who does not have parents, who is abandoned by his parents, whose parents are unable to provide him/her with full care because they are limited in exercising parental rights or are deprived of that right” (Article 18). In the Strategy for Enhancement of Social Protection of Children Without Parental Care for the period 2015-2020, the term *child without parental care* includes children: “without both parents (whose parents have died or disappeared), unknown parents or parents whose whereabouts are unknown, abandoned by their parents (parents who neglected their parental duties for more than one year), parents completely deprived of parental rights, parents prevented from exercising their parental duties (the parents of these children are alive, but for any reason, temporarily or permanently, they are prevented from exercising their parental rights: deprived of business capacity, have not yet acquired business capacity, etc.)” (Government of the Republic of Srpska, 2015: 4). Unlike the above definitions, in the context of the Guidelines for Alternative Care of Children - UN Framework (2018: item 29), this term means “all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances”.

In accordance with the provisions of the UN Convention on the Rights of the Child (1989) and the Family Law of the Republic of Srpska (“Official Gazette of the Republic of Srpska”, No. 17/23), the state is obliged to protect every child whose parents are not taking care of them through state bodies. The Centre for Social Work is an institution with public authority that takes care of the protection and care of children without parental care, and the normative bases of the form of care for children are determined by the Convention on the Rights of the Child, the Law on Social Protection, and the Family Law. Through the centre for social work, which performs the function of a guardianship body, children without parental care exercise their rights in the areas of: social protection (placement in institutions and care in a foster family), child protection (cash benefits and services) and family protection (guardianship and adoption). Adoption and guardianship as institutions of the Family Law, and placement in a foster family and placement in a social protection institution, which are defined by the Law on Social Protection, represent the basic forms of protection and care for children without parental care in the Republic of Srpska. Work with children without parental care includes work with families that are at risk of losing parental care, the goal of which is to prevent the separation of the child from the family. The choice of the most appropriate form of protection and care, which will satisfy the needs and interests of each child in the most adequate way, is the responsibility of the guardianship authority in whose territory the child resides.



1. ANALYSIS OF THE CURRENT SITUATION IN THE FIELD OF PROTECTION AND SUPPORT OF CHILDREN WITHOUT PARENTAL CARE IN THE REPUBLIC OF SRPSKA

1.1. Method

The aim of the research is to analyse the situation in the field of protection of children without parental care in the Republic of Srpska and review current events with special reference to the change in legal regulations (Family Law).


The data were collected using the research method and the survey technique, using two research instruments constructed specifically for the needs of this research: Analytical form (DRS - 23) which obtained data related to the work process of guardianship bodies and the current situation in the field of protection of children without parental care, and Questionnaire (DRS - 1/23) which examined the views and opinions of professional workers on measures and forms of protection, the state and current developments in this area.

The research, which was conducted in the period February-April 2023, included all centres for social work (N=51) and social and child protection services (N=11) in the Republic of Srpska. The research sample (N=268) consisted of two subsamples: a subsample of managers of social work centres/social and child protection services (N= 54) and a subsample of professional workers of guardianship bodies (N= 215) who work directly in the care and protection of children without parental care.

1.2. System resources

The most significant institutional resource of the social protection system of the Republic of Srpska for the protection of children without parental care is represented by centres for social work. In addition to the centres for social work in the Republic of Srpska, there is only one Home for children and youth without parental care, "Rada Vranješević" in Banja Luka. The Ministry of Health and Social Protection and the Public Fund for Child Protection represent significant resources of the system of protection of children without parental care, as well as non-governmental organizations, which in partnership with centres for social work provide services to children without parental care and families at risk of separation.

As already stated, there are 51 centres for social work and 11 social and child protection services (centres) operating in the Republic of Srpska. The organization of professional work, which the quality of the provided measures and services largely depends on, is suitable for the characteristics of each centre and conditioned by numerous factors, the most important of which can be singled out: the number of employed professional workers, the structure of protection beneficiaries, the number of inhabitants in the area for which it is competent centre and opportunities for organizing teamwork (Milovanović, Krgović, 2003). Social and family protection



work in the centres is performed by experts of various profiles (social workers, psychologists, pedagogues, dialectologists, lawyers, sociologists). The results of the analysis showed that in the largest number of centres (48.1%) professional work is organized as a specialist one, that polyvalent professional work is represented in a significantly smaller number of centres (18.5%), and that a mixed approach is applied by one third of the centres (33.3%). The findings further indicate that the Child Protection Department was formed in only 16.7% of the centres, as well as that the Team for the Protection of Children Without Parental Care exists in 31.5% of the centres.

In addition to institutional resources, *human resources* represent the basic prerequisite for providing efficient and effective child protection. That the centres have an insufficient number of professional workers is confirmed by the data obtained through this research, which show that more than one third of the centres (35.2%) employ less than three professional workers, and that in approximately the same number of centres (31, 5%) four to six professional workers are employed. Less than one-third of the centres (27.8%) employ only one professional worker for the protection of children without parental care, and the same number of centres employ three professional workers for these tasks (27.8%). Since the volume of work is increasing, it is to be expected that this is accompanied by a proportional increase in the number of professional workers, which, unfortunately, is still not the case. The majority of professional workers believe that they are educated to work with children without parental care, but that they need additional knowledge about certain forms of protection.

Although the *material resources of the centres* were not the focus of this research, it should certainly be emphasized that they also represent a significant resource that is largely reflected in the choice of forms of protection, but also in the quality of the assistance provided.

1.3. Protection and care measures

According to the submitted data (table 1), the total number of children without parental care in the Republic of Srpska is 317 (164 girls and 153 boys), out of which 81 are children without both parents. The number of children without parental care per centre ranges from 0 to 60, and one third of the centres have no children without parental care. The centres registered 345 children (164 girls and 181 boys) who live in dysfunctional families, where there is a risk of the child being separated from the family. It is interesting to note that more than half of the centres (61%) do not have any children who are at risk of being separated from their biological family.



Table 1. Number of children without parental care

TOTAL NUMBER OF CHILDREN WITHOUT PARENTAL CARE		CHILDREN AT RISK OF SEPARATION		
	Girls	Boys	Girls	Boys
	164	153	164	181
TOTAL:	317		345	

(Source: Research, Šćepović, Lepir, 2023)

Findings of the Evaluation Report on the Implementation of the Strategy for Enhancement of Social Protection of Children Without Parental Care for the period 2015-2020 (Evaluation report), show that in 2020, 315 children without parental care were recorded (Government of the Republic of Srpska, 2021: 19) and confirm that in the period 2020-2022 there was no increase in the number of children.

1.3.1. Guardianship

According to the submitted data, there are 317 children under guardianship in the records of the centres without parental care. In the largest number of cases, the centres appointed close relatives as guardians (199), while 97 children were under the guardianship of expert workers of guardianship bodies (direct guardianship), and other persons were appointed as guardians for 21 children (table 2). The above data confirm that all children without parental care were placed under guardianship. The number of children under guardianship in individual centres ranged from 0 to 46. More than one third of the centres (38.9%) do not have any minors under guardianship, and the largest number have one or two children. Although direct guardianship is quite common, in a large number of centres (63.0%) in no case was a professional worker of the centre appointed as a guardian, and even in 83.3% of centres in no case were other persons chosen as guardians.

Table 2. Number of children under guardianship

TOTAL NUMBER OF CHILDREN UNDER GUARDIANSHIP	CHILDREN WHOSE GUARDIANS ARE CLOSE RELATIVES	CHILDREN WHOSE GUARDIANS ARE PROFESSIONAL WORKERS OF GUARDIANSHIP BODIES	CHILDREN WHOSE GUARDIANS ARE OTHER PERSONS
317	199	97	21

(Source: Research, Šćepović, Lepir, 2023)

By comparing the obtained data with the data from the Evaluation report, a slight trend towards a decrease in the number of children under guardianship can be

observed. In 2020, there were 362 children under guardianship (Government of the Republic of Srpska, 2021: 16).

1.3.2. Adoption

Although adoption is considered the best form of protection for children without parental care, which ensures the child's continuity of life in the family, according to the data obtained in the territory of the Republic of Srpska in 2022 (table 3), only six adoptions were carried out (4 complete and 2 incomplete), not a single adoption was carried out with elements of international adoption, and one incomplete adoption was terminated.

Table 3. Number of adoptions in 2022

TOTAL NUMBER OF CHILDREN ADOPTED IN 2022	CHILDREN WHO ARE "FULLY ADOPTED"	CHILDREN WHO ARE "INCOMPLETELY ADOPTED"	CHILDREN WITH ELEMENTS OF "INTERNATIONAL ADOPTION"	NUMBER OF TERMINATED INCOMPLETE ADOPTIONS
6	4	2	0	1

(Source: Research, Šćepović, Lepir, 2023)

If these data are compared with the data from the Evaluation report, it can be seen that there was a decrease in the number of adopted children compared to 2020, when 9 adoptions were carried out (Government of the Republic of Srpska, 2021: 16).

1.3.3. Foster care

Data on children placed in foster families (table 4) show that out of a total of 135 children who were cared for by other families, 93 of them were placed in families that have the status of foster families, but also that as many as 42 children were cared for by families that are still not qualified to deal with foster care. The data also show that 70.4% of the centres do not have any children cared for by families that do not have the status of foster families, as well as that slightly more than half of the children are placed in relative families. The largest number of centres (63.0%) does not have a single child cared for by a foster family.



Table 4. Number of children placed in foster families

TOTAL NUMBER OF CHILDREN WHO ARE TAKEN CARE OF BY ANOTHER FAMILY	CHILDREN TAKEN CARE OF IN FAMILIES THAT HAVE THE STATUS OF FOSTER FAMILY	CHILDREN TAKEN CARE OF IN OTHER FAMILIES WHO DO NOT HAVE THE STATUS OF FOSTER FAMILY	CHILDREN TAKEN CARE OF IN RELATIVE FAMILIES REGARDLESS OF THE STATUS OF THE FAMILY	CHILDREN WHO WERE RETURNED FROM FOSTER CARE TO THE BIOLOGICAL FAMILY IN 2022
135	93	42	73	2

(Source: Research, Šćepović, Lepir, 2023)

The fact that in a small number of families from which children were separated, parental capacities and living conditions improve, is confirmed by the fact that in 2022, only two children were returned from foster care to their biological family.

Data on the number of children cared for in foster families differ significantly from the data stated in the Evaluation Report, which show that in 2020, 196 children were placed in foster families (Government of the Republic of Srpska, 2021: 19).

1.3.4. Institutional care of children without parental care

According to the results of the research carried out, 75 children are placed in the PI “Rada Vranješević” Home for Children and Youth without Parental Care in Banja Luka (table 5), which represents a large-capacity institution. More than half of the centres (57.4%) do not have any children placed in the institution.

The data that in 2022 only two children from the institution were returned to their biological family is another proof that a small number of families and parents are trained to function normally, which can also be an indicator that not enough is being done with the families from which the children were separated.

Table 5. Institutional care of children

TOTAL NUMBER OF CHILDREN PLACED IN AN INSTITUTION (HOME)	CHILDREN WHO WERE RETURNED FROM THE HOME TO THE BIOLOGICAL FAMILY IN 2022
75	2

(Source: Research, Šćepović, Lepir, 2023)

According to data from the Evaluation Report, 77 children were placed in the Home in 2020 (Government of the Republic of Srpska, 2021: 22), which shows that the number of children placed in the institution remained approximately the same.



2. PERSPECTIVES OF DEVELOPMENT AND ENHANCEMENT OF THE PROTECTION OF CHILDREN WITHOUT PARENTAL CARE

2.1. The process of planning the protection of children without parental care

Given that, in addition to laws and by-laws, the framework for action towards children without parental care is also made up of strategic documents, with the aim of improving their position, the Government of the Republic of Srpska adopted the Strategy for Enhancement of Social Protection of Children without Parental Care with an action plan for the period 2009-2014, and then, in order to further develop and improve system solutions, it also adopted the Strategy for Enhancement the Social Protection of Children Without Parental Care for the period 2015-2020, which represents “an expression of professional, legal, organizational and material efforts of the system to improve social support for children without parental care and families at risk of separation” (Government of the Republic of Srpska, 2015: 3). In addition, an evaluation of the implementation of the aforementioned Strategy for the period 2015-2020 was carried out, on the basis of which the Evaluation Report was prepared.

It can be said that in the normative-legal sense, significant developments have been achieved, starting in 2012, when the Law on Social Protection was adopted, which expanded the scope of activities of institutions in working with children without parental care. Likewise, in that period, a number of by-laws were made, of which the Rulebook on Foster Care (“Official Gazette of the Republic of Srpska”, No. 27/14) should be singled out, which significantly improved the field of foster care. In 2010, Save the children UK and the Ministry of Health and Social Protection of the Republic of Srpska developed minimum standards for institutional placement of children without parental care and for placement of children in families, which were never adopted, and therefore there is no obligation to apply them.

The results of this research showed that an analysis of the situation of children without parental care was carried out in only 11 local communities with current data. For the area of 39 local communities, such analyses have never been done, and in 4 the data from the analyses are out of date. Also, in 47 local communities there is no current action plan for children without parental care.

Since, according to the respondents' statements, only 50% of the centres have regular professional supervision of the applied forms of protection, it can be assumed that among the centres where there is no supervision there are centres that do not have a single child without parental care.




2.2. Current events related to the change in legislation (Family Law of the Republic of Srpska)

Due to the need to reaffirm certain institutes of family legislation and harmonize certain provisions with the Convention on the Rights of the Child after twenty years, in 2023 a new Family Law entered into force with significant changes, especially in the area that regulates parent-child relationships. We examined the opinions of professional workers about the amendments to the Family Law using the following statements: *The implementation of adaptive placement for a duration of up to six months gives the guardianship authority the opportunity to once again look at the expediency of adoption in the specific case; The adoption preparation programme enables professionals to better assess the competencies and motives of potential adopters; The decision on maintaining the personal relations of parents with children after divorce should be made by the court; and The separation of the child from the family should be decided by the court.*

Until the adoption of the Family Law of 2023, trial (adaptation) placement of a child in the family of potential adopters existed only as a possibility. The aforementioned law establishes the obligation to carry out a trial placement of a child in an adoptive family for a period of up to six months. According to the results of descriptive statistics, from the perspective of the majority of professional workers (94.4%), there is a need to introduce trial placement. A very small number (1.9%) do not think so, and 3.7% do not have an opinion on whether the implementation of a trial placement gives the guardianship authority the opportunity to look at the expediency of adoption once again. Trial placement also enables potential adopters to check whether they are able to respond to the demands placed before them, and according to Sladović Franc (2019: 38), unlike adoptions that were carried out earlier, experts are now primarily focused on assessment abilities of potential adopters to respond to the specific needs of the child.

The Family Law from 2023 established the obligation to prepare adoptive parents for adoption, which also did not exist in earlier legal provisions. Article 173 of the Family Law states that only a person who has been prepared according to a special program of preparation for adoption can adopt. The results showed that the majority of professional workers (91.2%) are of the opinion that it is necessary to implement a preparation program that provides additional opportunities to assess not only the competences, but also the motives of potential adopters, on which the success of adoption depends to a significant extent.

Making the decision to separate the child from the biological family, as well as arranging the maintenance of personal relations between the child and the parent with whom the child does not live, according to the provisions of the Family Law, is given to the court, in contrast to earlier legal decisions, according to which the centre had exclusive jurisdiction. Despite the fact that the professional workers of the centre considered the adoption and implementation of such decisions to be very



difficult and exhausting, and it was the centres that made proposals for changes to the legislation in this direction, the results of the descriptive statistics showed that one quarter of the respondents believed that the separation of the child from the family should not be decided by the court, 10.7% have no opinion, and more than half (63%) agree with the new legal solution.

Until the adoption of new legal solutions, the guardianship authority decided on the maintenance of personal relations between the child and the parent with whom the child does not live. According to the new Family Law, the decision is made by the court based on the opinion of the guardianship authority. Given that, due to the lack of mechanisms, professional workers encountered a number of problems in implementing the decisions made, and that the centres-initiated changes to existing legal solutions to the greatest extent, it is not surprising that 86% of professional workers believe that the decision to maintain parents' personal relationships with children after divorce should be decided by the court.

3. DISCUSSION AND CONCLUDING REMARKS


Based on the analysis of data collected from the centres, the paper presents the situation in the field of social protection of children without parental care in the Republic of Srpska. The data on the number of children without parental care obtained through this analysis, as well as the findings from the Evaluation Report, indicate that the total number of children without parental care did not change significantly in the period 2020-2022. The analysis of the situation in the field of social protection of children without parental care in the Republic of Srpska showed that more than one-third of the centres do not have any children without parental care, as well as that more than half do not have any children who are at risk of separation from the family. However, the fact is that, due to the lack of a single database, there are still no precise and reliable data on the number of children without parental care in the Republic of Srpska. In the Situational Analysis of Children at Risk of the Deprivation of Family Care and Children Without Parental Care in Bosnia and Herzegovina (UNICEF, 2017), it was stated that access to reliable data is hindered by the inconsistency of definitions of the term *child without parental care* in the legislation and in the Guidelines for the Alternative Care of Children - UN Framework (2009).

On the basis of the obtained data, it can be concluded that all children without parental care are under guardianship, mostly by close relatives, but also by professional workers of the centre, which is in accordance with the provisions of the Family Law, which establishes that a guardian must be appointed for every child without parental care. The data related to the number of accomplished adoptions unequivocally show that adoption, which enables the safe and stable upbringing of a child in a family, the permanence of placement, as well as a stronger sense of belonging (Šćepović, 2023), although it is considered the most adequate due to its numerous advantages, is still the least used form of protection for children without parental



care. Data showing that the number of children placed in foster families is twice as high as the number of children placed in the Home, confirm that in the Republic of Srpska work is being done on deinstitutionalization and the promotion of foster care as a form of protection that ensures a stable family life for the child. However, one should not ignore the presence of a decreasing trend in the number of children placed in foster families. Despite the fact that twice as many children were cared for in foster families than in institutions, the above indicates that foster care, which was expanding in the Republic of Srpska after the adoption of the Law on Social Protection and the Rulebook on Foster Care, is not represented in practice to the expected extent. Research findings that indicate that the number of children placed in foster care in the period 2020-2022 has significantly decreased, open space for some other research. According to modern trends in the protection of children without parental care, placing children in an institution is the last option that is applied only if there are justified reasons for it. In accordance with the Guidelines for the Alternative Care of Children - UN Framework (2009: item 21), residential care should be limited to cases when it is appropriate and in the best interest of the child, i.e., to accept “pluralism of services and respect the diversity of situations and needs of children seeking alternative care, and the priority is the protection of children in natural, relative or non-relative foster families” (Jugović, 2020:247).

Since the separation of a child from a family is considered a temporary measure and the aim is for every child to return to his/her family whenever possible, the fact that in the previous year a very small number of children were returned from the home and from foster families to the biological family indicates that not enough is being done to provide support to the biological family, as well as reviews of the procedures and quality of child protection are not carried out regularly. According to the Guidelines for the Alternative Care of Children - UN Framework (2009), efforts should primarily be focused on enabling children to remain with or return to the care of their parents (item 3), and separation decisions should be regularly reviewed, with the provision that the child's return to the biological family must be in his/her best interest (item 14). Separation of the child from the family should be the ultimate measure that is applied only when it is assessed that it is the best solution for the child, and the basis for the application of this measure is the existence of a real danger and a great risk to the life, health, and development of the child. The cumulation of various factors contributes to children being separated from their families and placed in the public care system, and although, given their intertwining, connection, and conditioning, it is not known for sure which are the most significant, child neglect and poverty dominate (Žegarac, 2014: 16; Sofović, 2019: 10). Although poverty should not be the only justification for removing a child from the biological family (Guidelines for the Alternative Care of Children - UN Framework, 2009: item 15), according to research results (UNICEF, 2017: 13), the reasons for removing children from families in Bosnia and Herzegovina, in a third of the cases, they are of an economic nature. An additional problem is that preventive activities, whose goal is to strengthen the capacity of parents and reduce the risk of separation, are



still carried out sporadically, mostly by non-governmental organizations. In relation to the scope of work and the demands placed on them, the centres do not employ enough professional workers, which inevitably affects the timeliness of meeting the needs of users, but also the quality of protection, which requires an interdisciplinary and multisectoral approach, and the centre's resources need to be strengthened in accordance with the Rulebook on the conditions for the establishment of social protection institutions and the performance of social protection activities ("Official Gazette", No. 90/17, 89/22).

Despite numerous efforts and the fact that in the Republic of Srpska there is a normative-legal framework that guarantees the protection of the rights of children without parental care which is constantly being improved and harmonized with the international legal framework, that the changes in the law were in favour of improving the position of children without parental care, as well as that both the scientific and professional public is interested in improving their position, in practice there are still failures when deciding on interventions that will respond to the needs of the child in the most adequate way. Although it seems that all prerequisites exist for providing quality protection to children, who represent a particularly sensitive and priority group of users of the social protection system, some questions are still relevant, such as: whether all children without parental care exercise their rights established by the domestic and international legal framework, whether the best interest of the child is taken into account and the individualization of the approach in each individual case, i.e., whether the solutions for each child are adapted to his/her needs, whether children are given the opportunity to participate in making decisions that concern them and whether their opinion is respected, what the quality of services is and whether all options are really exhausted before a decision is made to separate children from the family, and other issues concerning the protection of children and providing an optimal response to their needs.

All of the above indicates the necessity of further changes in this area, first of all the need for standardization of all forms of protection, but also for the introduction of new methods in professional work with children. Considering that it enables a comprehensive assessment of the child's needs and family assessment, individualization of the approach in the selection and planning of measures, monitoring, and evaluation of the achieved (Šćepović et al., 2018), the case management method should become mandatory in working with children without parental care.

More significant attention should be paid to the prevention of separation of children from the family and the provision of support to families at risk.


Similarly, bearing in mind that the previous Strategy for Enhancement of Social Protection of Children Without Parental Care was valid until 2020, it is necessary to adopt a new, current Strategy, in order to ensure continuity in improving the position and quality of protection of children without parental care.



Since, from the perspective of professionals, the amendments to the Family Law were necessary, it is to be expected that the new mechanisms will contribute to more effective protection of children without parental care.

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DIVORCE AS A NORMATIVE TRANSITIONAL CRISIS-SYSTEMIC DEVELOPMENT MODEL VS MODEL OF PSYCHOPATHOLOGY

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Abstract

Background: Every year, a divorce rate is increasing globally. In the Western countries, 40-50% of couples end in divorce. Although a divorce represents significant stress and risk factor with numerous negative consequences for adults and children, it is estimated that “difficult” divorce rate is around 10-15% of all cases. Such “difficult” divorce most often led to developing psychopathology. In the literature, significant evidence was found for the intercorrelation of divorce and a wide range of negative psychological behavioural outcomes for both parents and children, in comparison to fewer studies proving correlation between divorce and resilience.


Objective: The starting point for this paper was that majority of families in the aftermath of divorce continue to function without developing pathology. Therefore, family relations after divorce are not necessarily damaged but only change their form. This paper aims to present a systemic family model that explains complex and multi-layered processes that parents and children go through in the divorce. In theory, linear approach aims to respond to the key questions of why and how much parental divorce affects children. To the contrary, systemic circular model addresses how and in which way some children experience serious and long-term clinically significant outcomes, while others see little or no adverse effects after the parental divorce.

Results: This paper will summarize evidence related to mechanisms (such as emotional exchange, communication, life cycles, differentiation of self, family rules, transgenerational transmission) aiming to explain differences in children’s adaptation to divorce and inform about effective prevention strategies in the area.

Keywords: divorce, crisis, systemic family model

INTRODUCTION

While today divorce has become a matter of choice for most couples (Cohen, Geron & Farchi, 2010), until 30 years ago in most countries it represented a compli-



cated and often humiliating process because the reasons for divorce was based had to be proven in court (Davis & Murch, 1988). It is during the last three decades that divorce rates have increased dramatically in countries around the world. Cross-national studies attribute this rise in divorce rates mainly to socio-economic modernization and consequent changes in value systems (Beck & Beck-Gernsheim, 2004). Prevailing principles of individualism and human rights are increasingly embedded in international discourses and influence changes in laws, policies and behaviour of individuals (Boile, Smith & Guenther 2006; Frank, Camp & Boutcher 2010; Meier 2010; Meier & Jepperson 2000, Jaiakodi, Thornton & Akinn 2008; Thornton et al. 2012). Individuals are freed from traditional constraints, free to make a multitude of choices and lead lives that are often very different from one another. Certain new, modern family forms of living are considered normative and legitimate. Thus, in the literature today we find different names for new forms of marriage and partnership, such as: partnership without children, single-parent families, cohabitation, LAT (Living apart together) (partners in “relationships” but live separately, that is, each partner lives in his own home, mostly during the week, and they live together in one or the other residence regularly, usually on weekends), step-families (step parenting) (new, reorganized families), non-family and post-family unions, tentative marriages, partnerships of homosexual men or women with or without children (Coleman, 2013).

Certainly, conservative views consider this variety of family configurations as the cause of a range of problems, including an increase in violence, crime, and drug abuse among children and adolescents, while others point out that dysfunctional families with poor parenting led to increased negative mental health outcomes in children. The latter view is supported by studies indicating that children who witness frequent, intense conflict between parents before divorce are at increased risk for a host of negative developmental outcomes both before and after parental divorce, including depression, anxiety, aggression, antisocial behaviour, poor academic achievement, substance abuse substances, suicide (Kelly, 2000; Amato, Loomis & Booth, 1995; King, 2002). There is definitely more social acceptance of divorce today, but divorced families are still often presented in the media, by mental health professionals, or conservative political structures as a defective environment, while families in which parents have not divorced are assumed to be a healthy and nurturing environment for children (Popenoe, Elstain, & Blankenhorn, 1996; Whitehead, 1998). Indeed, a happy two-parent family is on average a better environment for a child than a family with divorced parents, but one needs to be very careful with this attitude, so that it does not become a stereotypical view of divorced families. As mentioned, data shows that many parents do not provide a happy environment for their children (for example Cummings et al., 1994; Amato, Loomis & Booth, 1995). Furthermore, even if there are differences in the average psychological well-being of children from happy marriages and those from divorced families, the majority of children from divorced families are emotionally well-adjusted children (Amato at all, 2005; Hetherington, 1999; Ellington, 2003., Wallerstein, Lewis & Blakeslee, 2002). From parental resources for adjustment, level of cooperation or conflict, duration



of divorce, economic situation, partnering of one or both the parents and the individual resources of each child will depend on how the divorce will affect the children and what the reactions and outcomes will be. Certainly, the combination of several stressful factors and a low level of external support can make it difficult for children to successfully cope with the divorce of their parents, which can lead to increased risk for symptom onset (Kelly et al., Emery, 2009).

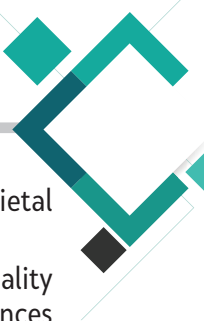
This paper aims to open the possibilities of sharing numerous adaptive capacities and behavioural strategies in all parts of the family system from systemic, contextual and constructivist positions. A special focus is placed on the deconstruction of the established perception of researchers and practitioners that divorce is seen as the cause of individual psychopathology (depression, alcoholism, etc.) or social pathology (crime, drug addiction, violence). Our initial assumption is that most families after divorce continue to develop without manifested pathology and that family relationships after divorce do not necessarily have to be broken but change their form.

1. PREVALENCE OF DIVORCE

Research on divorce rates in the world indicates that divorce rates vary significantly across different countries and regions (Wang & Schofer, 2018; Coontz, 2004.; Amato, 2010; Härkönen, 2014; Hill & Kopp, 2015; Sheykhi, 2020; Cherlin, 2017). At the beginning of the 21st century, divorce rates in Western Europe varied between 0.3 and 0.4. According to recent statistical data (2020-2021), the countries with the highest divorce rate (annually, per 1000 people) are the Maldives - 5.52; Kazakhstan - 4.6; Russia - 3.9 etc., while the countries with the lowest divorce rate are Sri Lanka - .15; Guatemala - .20; Vietnam - .20; Peru - .50 etc. In the Republic of Serbia, the divorce rate in 2022. was 1.5.(www.stat.gov.rs/sr-latn/oblasti/stanovnistvo/zakljuce-ni-i-razvedeni-brakovi/).

Although there is evidence of an increase in divorce rates in recent years, some researchers report a decline in the number of divorces in the United States, some parts of Europe, several East Asian countries, and several Arab countries. (Lappegård, 2018; Wang & Schofer, 201; Anser, 2013).

It should be pointed out that divorce rates are affected by numerous factors, including cultural norms, legal systems, socioeconomic conditions, and individual circumstances. Divorce rates tend to be higher in certain regions, such as North America and Europe, compared to other parts of the world. These regions often have more liberal attitudes towards divorce and provide easier access to legal processes. Higher levels of education and economic stability are often associated with lower divorce rates. Countries with strong religious or cultural traditions that discourage divorce may have lower divorce rates. Conversely, countries with more individualistic values and less social stigma around divorce may have higher rates. As well, countries with higher levels of gender equality tend to have higher divorce rates. This may be due to



increased opportunities for women, financial independence, and changing societal expectations.

The divorce rates can vary over time and may not necessarily reflect the quality or stability of marriages in a particular country. Additionally, individual experiences and circumstances can differ greatly within any given population.

Most researchers claim that the probability of a first marriage ending in divorce is approaching 50% (Amato, 2010; Raleigh, 2012; Schoen & Canudas-Romo, 2006). The percentage of divorce within the first five years of marriage is around 20%, and the percentage increases to 33% and 43% after 10 and 15 years of marriage (Bramlett & Mosher, 2002). About half of all divorced marriages are families with children (Amato, 2000; Kreider & Fields, 2005; Ralei, 2012), where children generally stay with their mothers after divorce (approx. 84%) (Lansford, 2009.). Some studies show that within 2 years after divorce, two-thirds of mothers form new romantic relationships (Anderson, 2014). In 20 to 30% of cases, partners enter into a new marriage or cohabitation with a new partner and his children. Obviously, divorce involves multiple transitions and as such has important potential implications for adjustment. It increases the adaptive challenges that both parents and children face (Greene et al., 2012; Anderson, 2014; Capaldi & Patterson, 1991; Cavanagh & Huston, 2008; Fomby & Cherlin, 2007; Martinez & Forgatch, 2002; Osborne & McLanahan, 2007).

2. FAMILY RELATIONS FROM THE PERSPECTIVE OF THE SYSTEMIC FAMILY MODEL

In the system orientation, the understanding of “normal” family processes in terms of average and optimal family functioning is highlighted. Normal functioning is conceptualized in terms of basic patterns of interaction in relational systems (Watzlawick, Beavin & Jackson, 2017). These processes should integrate the family unit and support its ability to perform basic tasks for the growth and well-being of its members, such as nurturing, care and protection of children, caring for the elderly and other vulnerable members. The systemic model destroys the myth of a normal family as a stress-free community in which harmony and cooperation reign. According to Minuchin, in every family, parents are faced with many problems in a partnership, raising children, problems with the wider family and the outside world, so “normal families” are those that “constantly struggle with these problems and negotiate compromises that allow cohabitation” (Minuchin, 1985).

The family is a system that moves through time. The life cycle of family formation occurs when two adults decide to form a family. This “agreement” does not have to be formalized (marriage) and does not have to imply a heterosexual relationship (today homosexual couples also adopt or give birth to children). Each partner has his own set of values and expectations, both recognized and unconscious. These two sets of values must be harmonized over time in order for coexistence to be possible. Each of the partners has to give up some part of their own ideas and preferences, thus losing individuality but gaining belonging. This is how the process of forming a



new system in which the partners negotiate, explicitly and implicitly, about the style or definition of their relationship. Relationships are established through a process of negotiation. It can be said that an “agreement” or “set of rules” is established that “regulates” various aspects of their relationship. These rules refer to issues such as e.g., who makes the morning coffee to some more subtle issues such as behaviour in specific social situations. How these initial rules develop depends on many factors: 1. Reasons why people live together (for example: romance, reproduction, security, custom...); 2. Belief systems of participants (each of the participants will bring into the relationship their own values, standards, and expectations about how to live together, how people should treat each other, and whose job it is to take out the garbage. The effects of opposing belief systems can be seen most strikingly in inter-ethnic marriages); Circumstances of the environment: such as the financial and material constraints within which the people in the relationship live; 4. Cultural customs - public opinion and attitudes can influence the choice of a couple and be a factor that affects their relationship (a couple may be affected by taboos about living with a person from a different social class or a person of a different nationality).

Many transactional patterns that develop during this process are not consciously thought about by the partners, they are simply part of everyday life. Some of these patterns are created with little or no effort. For example, if both partners come from patriarchal families, both will simply think that it goes without saying that the woman should wash the dishes. Other transactional patterns are the result of an established agreement: “It’s your turn to cook.” In both cases, established patterns govern the way in which each of the partners perceives himself and his partner in the partnership context. Hurtful behaviour can be behaviour that differs from what is considered normal.

Families develop their own internal norms, expressed through explicit and implicit relationship rules (Olson, et al., 1979). A set of these predictable rules, transmitted through family stories and ongoing transactions, regulates family processes, and provides expectations about roles, actions, and consequences. Family belief systems are also assumptions that influence family life, provide meaning, and organize experience in the social world (Reiss, 1981). Family norms are also strongly influenced by social, ethnic and spiritual values, (McGoldrick & Shibusawa, 2012). The rules of the subsystem are so rigid that the experiences that the partners have in extra-family transactions cannot be incorporated into the partnership subsystem, so the partners feel trapped, such a subsystem becomes impoverished and lifeless, eventually becoming subsystem that is not available as a resource for the growth of its members. When the partner relationship is dysfunctional, the child can become a “scapegoat”, or enter into a coalition with one parent against the other. It is important to recognize these interactions, to find out if the child is “trapped” in a partner relationship. If such conditions persist, spouses may find it necessary to divorce.



3. FROM RELATIONSHIP PROBLEMS TO DIVORCE

All relationships have their stages, but it is important that the family has sufficient flexibility in its rules. Because it allows the family structure to adapt to changing circumstances by adopting a different and more feasible organization. Family systems that have relationship problems can be seen as systems that “work in an outdated style” that prevents them from engaging in certain tasks at the next stage of development. For example, the transition to a new life phase (birth of a child) or some unexpected stress, require the partner system to adapt in order to respond to the changed demands from the context. If the participants in the relationship hold fast to their position when change is needed, then escalation or “more of the same behaviour” occurs and it seems as if neither person is able to budge from their position. If one of them tries to change something, the other responds in such a way that it returns to the previous definition of the relationship. For example, in a symmetrical escalation of abusive behaviour in which each participant continuously disqualifies the other, one of them may try to change the pattern by accepting defeat and saying “yeah, you’re probably right, I’m a bad lover” (taking a complementary (one down) position), and another may reply: “That’s the least of your faults, I can’t stand your cooking.” This is likely to provoke another round of symmetry. Such chronic escalations that can last for years, with only a temporary respite to allow the participants to “catch their breath” - we often describe as “an endless game”.

According to research, protective factors that contribute to a long-lasting and stable marriage include: attitudes about marriage (Timothy-Springer & Johnson, 2018); religious beliefs (Mackey & O’Brien, 2005); children (Bachand & Caron, 2001); Love, loyalty and mutual respect (Phillips & Wilmoth, 2012); satisfaction with sex in marriage (Elliott & Umberson, 2008); communication and successful conflict resolution (Koraei et al., 2017); providing support (Landis et al., 2013); perceptions about the division of roles in marriage and family (Pnina, 2009).

On the other hand, the risk of divorce depends on a number of factors, including age at marriage, education, household income, race/ethnicity, religiosity, parental and marital history, and societal characteristics (eg, crime rate, unemployment rate, poverty rate). Sometimes one factor leads to divorce, for example, research shows that 48% of women who married for the first time before the age of 18 divorced within 10 years, compared to 24% of women who married after the age of 25. However, mostly risk factors interact in complex ways. (Bramlett & Mosher, 2002).

The likelihood of divorce is also related to the interaction patterns and personal characteristics of the spouses. Couples whose interaction involves contempt and blame (Gottman, 2001; Hetherington, 2006.) are at greater risk of divorce. Also, the risk of divorce increases if the partners have very different views on family life, if they do not share at least some interests or friends (Notarius & Vanzetti, 1983), and if there is little interdependence of the spouses (Rogers, 2004). Sexual dissatisfaction also contributes to the risk of divorce, but according to some research, because



of this reason, divorce will be initiated more often by men than by women (Hetherington & Elmore, 2003.). In addition, the risk of divorce is increased when there is personal maladjustment of one (or both) partners (antisocial behaviour, depression, alcohol/substance abuse, and impulsivity). (Capaldi & Patterson, 1991; Kitson & Holmes, 1992).


Some studies provide evidence that partner conflicts can last much longer in families with children than in couples without children (Fischer, De Graaf, & Kalmijn, 2005; Kalmijn & Monden, 2006). About 25% of divorced couples experience permanent or even intensified conflicts after the separation, which usually concern finances and relationships with children. (Buchanan, Maccoby & Dornbusch, 1996.; Maccoby & Mnookin, 1992). In such conflicts, children may develop problems of loyalty to one of the parents, or the opinion that they themselves are to blame for the problems in the family. Behavioural disorders in the form of disobedience, anger, outbursts of anger occur more often in boys, while in girls, increased feelings of guilt and anxiety occur more often. (Hetherington, 1999).

4. RISK AND RESILIENCE AFTER DIVORCE

Given that divorce is a very stressful experience for spouses to face, it is not surprising that divorce can cause a variety of problematic outcomes for them. Although not all changes after divorce are negative, a considerable number of studies show that compared to people who are in a stable marriage, there is an increased risk of psychopathology in divorced people, a higher incidence of traffic accidents, more frequent abuse of alcohol or psychoactive substances, more frequent suicides, and the murder of a former partner (Schwartz & Finley, 2006).

More recent research extends these findings and provides a more detailed understanding of potential factors that moderate the effects of divorce on physical health outcomes in adults. For example, increased depression, dysthymia, alcohol abuse depends on certain factors such as gender, economic resources, quality of marriage and the presence of small children (Overbeek et al., 2006; Brown, 2014.).

Alcohol abuse and dysthymia were increased after divorce but not in those who had extremely poor-quality marriages (Overbeek et al., 2006). Divorcing couples who have preschool-aged children increases the risk of depression for both men and women after the divorce. Furthermore, increased alcohol abuse was observed in men after divorce, regardless of the presence or age of children, while increased alcohol abuse was found in women only if their children were in pre-school age (mainly due to the strain due to increased parental responsibility, the necessity of frequent contact with the former spouse, reduction of income, change of residence, etc.). problems can also arise due to inadequate income after divorce. (Williams & Dunne Bryant, 2006). Divorce Women with small children are at particular risk and some studies report that more than half of women with children under 6 live below the poverty line after divorce. (Teachman & Paasch, 1994). The decrease in income is often associat-



ed with other problems such as changes in employment, education, and residence (DeGarmo & Forgatch, 1999; McLanahan, 1999). Studies also show increased risks of diseases after divorce, such as hypertension, cardiovascular diseases, immune diseases (Lee et al., 2011, Zhang & Hayward, 2006. Sbarra et al., 2009).

The impact of parental divorce on children has been well researched with often controversial findings, from the fact that children of divorced parents are at serious risk of maladjustment on the one hand, to the fact that a significant number of divorced children are better adjusted than those from non-divorced families on the other. There are even data that children's lives are improved by the divorce of their parents and that on the other hand, most children have serious difficulties after the divorce of their parents. Divorce studies show that about 25% of children after parental divorce show high levels of problem behaviour compared to 10% of children from non-divorced households (for example: Hetherington, 1999; McLanahan et al., 1999; Amato, 2000).

However, most children (the other 80% have no behavioural problems) do not show serious difficulties after the divorce of their parents. It is important to point out that children who witnessed violence between their parents after their parents' divorce more often report relief, as the parental conflict decreases or disappears. Amato, Loomis, & Booth, 1995; Booth & Amato, 2001; Strohschein, 2005). The fact is that children are initially confused, anxious, angry due to the divorce of their parents, but if there is adequate support from adults, competent persons, children are able to adapt and recover. Longitudinal studies show that most problems in children disappear after a year or two after divorce. (Forexample, Hetherington, Cox & Cox, 1985.). Interesting findings are that boys who experience parental divorce in their preschool age show behavioural problems for a longer period of time compared to their peers from nondivorced families, as well as that if the parental divorce occurs when the children are in the adolescent phase, both boys and girls show behavioural difficulties for as long as 4 to 6 years after the divorce (Hetherington, 1999). One meta-study even showed that people (of both sexes) who experienced parental divorce as children have a harder time adjusting in adulthood, have more frequent depressive episodes, lower quality of marital satisfaction, reduced life satisfaction, problems with physical health, that women have less commitment in emotional bonds (Amato & Keith, 1991). Despite this evidence of long-term difficulties for persons who experienced parental divorce as children, some authors emphasize that these consequences are not necessarily the result of parental divorce but rather long-term and intense conflicts in the family before the divorce (Strohschein, 2005).

Globally, the results of research, especially prospective ones, are very important, and some areas are particularly indicative. According to previous data, externalizing problems (disobedience, aggressiveness, and behavioural disorders) are much more consistently associated with divorce than internalizing difficulties (depression, anxiety, fear, loss of self-esteem). This is associated with poorer parental control over children during divorce.




Today, increasing number of researchers start from the perspective of recognizing different conditions that affect the risk of developing difficulties in both children and adults (Amato, 2010; Hetherington, Bridges, & Insabella, 1998; Strohschein, 2005). Therefore, the systemic circular model provides a framework for understanding how some children experience severe and long-term clinically significant outcomes, while other children experience fewer or no adverse effects. Nevertheless, resilience does not mean that children are invulnerable to the effects of divorce. It is very important to identify conditions that influence risk versus resilience, such as a child's temperament (for example: Hetherington, 1999). In addition, children are not isolated individuals, but are part of a wider system that surrounds them, including family, school, peers, and community, and it is important to ask questions about the interactions between different factors. This includes child-level factors, such as genetics, temperament, and early experiences, but also system-level factors, such as family relationships, peer support, availability of resources, and socioeconomic status. It is important to understand how these factors interrelate and affect the child. For example, family and peer support can have a protective effect on a child and reduce the risk of negative outcomes. Also, the availability of resources such as therapy or educational opportunities can provide a child with the tools to overcome challenges and reduce the risk of long-term negative effects.

There is ample evidence regarding the mechanisms that may explain variations in children's adaptation to divorce and inform on effective prevention strategies in this area.

Here are some key mechanisms related to them:

1. Emotional support and presence of parents - Children who receive emotional support from both parents are more likely to adapt to change better (Fabricius & Luecken, 2007).
2. Open and honest communication between parents and children can help children understand the reasons for divorce and feel more secure during the transition. Also, it is ideal that after the divorce no conflict between the parents and that both are able to engage in supporting the child (according to the data of the study, there are about 25% of such situations, non-cooperation, communication breakdown, parallel parenting are much more common (Buchanan et al., 1996; Hetherington, 1999).
3. Different stages of a child's life cycle can affect their adaptation to divorce. Younger children may have a greater need for stability and routine, while older children may have a greater ability to understand and express their emotions (Clark-Stewart et al., 2000).
4. Children who have developed independence are more likely to adjust better to divorce (Walsh, 2012).

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5. A clear and consistent set of rules and boundaries can help children feel safer during a divorce. Thus, children who have clear rules and structure are more likely to adapt better to change.
 6. Transgenerational transmission of parents' experience during their divorce can influence children's adaptation to divorce. For example, children whose parents successfully went through divorce are more likely to adjust better themselves.
 7. Relationships outside the family can affect children's adjustment after divorce. Studies show that 75% of divorces involve reports of child support from trusted adults (Hetherington, 2003).
 8. New parent partnerships also have important implications for adult and child adjustment and parental functioning.

These mechanisms may provide guidance for understanding children's adaptation to divorce and inform effective prevention strategies. It is important that parents, professionals, and the community support children during this process, taking into account these mechanisms and applying appropriate strategies.

CONCLUSION

Firstly, it should be understood that modern family life is so diverse and complex that it is necessary to recognize that no model of family functioning should be propagated as the only normal or ideal one for all families. Of course, it is impossible to take a neutral attitude towards normality ("anything goes" type) because we all have our own views on the world, our professional and research paradigms, and personal and family experiences, but it is necessary to challenge the stigmatization of differences as pathological and take more inclusive positions. Today, when families face numerous stresses in society, which brings rapid and often unexpected changes, it is necessary to enable them to harmonize their values, preferences, resources with life's challenges in the best possible way and find their own ways to cope and develop resilience.


As stated earlier, divorce is really a new life cycle in the family context where the family regroups and tries to deal with physical and emotional losses and changes. This is a period in which family members must find ways to adapt to new dynamics and redefine roles and relationships. Knowing the patterns of family relationships and focusing on identifying and expanding personal and family strengths, resources, and potential is critical to understanding divorce. Post-divorce family functioning should be the focus of mental health professionals, because disturbed family relationships in both non-divorced and divorced families cause, maintain and complicate children's psychological problems. It is important to note that each child has unique circumstances and outcomes may vary. The systemic circular model provides a framework for understanding the complexity of these outcomes and highlights the importance of a holistic approach in supporting children experiencing difficulties.



Finally, from a systemic family perspective, family relationships can continue to develop after divorce, without manifest pathology. In fact, family relationships can change in their form, but that does not necessarily mean breaking ties between family members.


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NEW MODELS OF EMPLOYEE LEAVE OF ABSENCES AND THEIR IMPACT ON FAMILY-WORK BALANCE

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Abstract

The balance between work and family is one of the three key dimensions of the European Union's family policy. It is also one of the biggest challenges of contemporary families. Many European countries are trying to establish policies and provide instruments to help families. Among those instruments, absences from work due to having and/or raising children and their flexibility play a major role. Determined by EU membership, The Republic of North Macedonia makes continuous efforts to unify with the European legislation. In the context of this, the Law on Labour Relations is on the way to being changed, where a package of employee leave of absences for the birth of a child (maternity, paternity, and parenthood leave) is proposed. The main goal of this paper is to analyse the existing and new proposed employee leave of absence and to evaluate their potential impact on the family-work balance. Additionally, a research survey on the opinions of the respondents regarding employee leave of absence for the birth of a child will be conducted. The results will provide us with a broader picture and will help us to achieve the main goal of this paper.

Keywords: family-work balance, maternity leave, paternity leave, parental leave, family.

INTRODUCTION

In the modern landscape, achieving a harmonious work-life balance has become a paramount concern for parents. The delicate task of juggling professional commitments with parental responsibilities presents a formidable challenge. To address this challenge, a range of innovative strategies have emerged, including flexible work arrangements, progressive parental leave policies, and comprehensive initiatives



aimed at fostering seamless work-life integration. The European Union's vision for enhancing the synergy between familial and professional spheres is discernible through multifaceted forms of assistance and backing offered to parents. These encompass financial provisions, adaptable work hours, versatile employment engagements, and a diverse array of employer-backed support mechanisms, all intended to establish equilibrium and conciliation between family obligations and professional pursuits.

An array of benefits is extended to families to realize these aims:

Foremost among them is the priority accorded to the needs and welfare of children. Consequently, financial support assumes a crucial role, materializing in the form of social benefits and tax incentives that serve as recompense for the financial outlays associated with raising children.

The pursuit of congruity between familial and professional spheres also entails enhancements in education and the overall well-being of all family members. Provision of various forms of educational and caregiving assistance for young children is envisaged. This encompasses a spectrum of measures, ranging from direct service provisions to subsidies for essential services. These subsidies could take the form of tax credits, reliefs, or direct cash grants, aimed at facilitating families' ability to access necessary services.

A cornerstone of this initiative is the provisioning of family leave and other entitlements targeted at parents who are engaged in the upbringing of their children. This encompasses maternity leave, paternity leave, parental leave, and leave for the special care of a sick or disabled child. The provision of leave allowances primarily serves to safeguard the well-being of mothers pre- and post-childbirth, while concurrently addressing the child's caregiving needs and facilitating strong parent-child bonds. Recognizing the importance of nurturing paternal involvement, financial compensation is provided to fathers during their absence. This policy substantiates the aspiration for an equitable distribution of parental responsibilities between genders. This matrix of leave patterns – maternity, paternity, parental, and special child-care leave – spans the temporal sphere in which parents are absent from work due to their child's care requirements. In most countries, this absence is supplemented with cash disbursements to offset the earnings deficit incurred during this period of non-employment (Letablier, at al., 2009).

However, work-life balance remains a considerable challenge for many parents and workers with caring responsibilities, in particular because of the increasing prevalence of extended working hours and changing work schedules, which has a negative impact on women's employment. A major factor contributing to the underrepresentation of women in the labour market is the difficulty of balancing work and family obligations. When they have children, women are likely to work fewer hours in paid employment and to spend more time fulfilling unpaid caring responsibilities. Having a sick or dependent relative has also been shown to have a negative impact on women's employment and results in some women dropping out of the labour market entirely (European Parliament and Council of the European Union, 2019).



1. THE EUROPEAN UNION'S COMMITMENT TO ACHIEVING WORK-FAMILY BALANCE

Embedded within the framework of the European Pillar of Social Rights is the Work-Life Balance Initiative, a pivotal endeavour aimed at tackling the intricate challenges encountered by working parents and caregivers in harmonizing their professional commitments with familial responsibilities. This visionary initiative, encapsulated in the booklet “European Pillar of Social Rights,” endorsed by the European Parliament, the Council, and the Commission in 2017, underscores the significance of achieving work-life balance.

The Pillar delineates an assemblage of 20 fundamental principles and rights meticulously designed to underpin a labour market characterized by fairness and efficient functionality. Three pivotal chapters are important: equalizing opportunities and fostering labour market access, cultivating equitable working conditions, and nurturing social protection and inclusion.

In service of this overarching goal, the European Union has ushered in a directive heralded as (Directive (EU) 2019/1158), introduces a constellation of innovative measures designed to elevate the standards and provisions for parents navigating work-absence due to childcare, paternity, and guardianship responsibilities.


A core facet of the directive's aspiration is the infusion of greater flexibility into employment contracts, thereby accommodating the multifaceted demands of modern life. It not only augments the prospects for women's enhanced participation in the labour force but also champions a significant amplification in the utilization of parental leave by male workers, thereby fostering a more equitable distribution of caregiving responsibilities.

The Work-life Balance Directive introduces a set of legislative actions designed to modernize the existing EU legal and policy frameworks, with the aims of

- better supporting a work-life balance for parents and carers,
- encouraging a more equal sharing of parental leave between men and women, and
- addressing women's underrepresentation in the labour market.

Measures under the directive include:

- The introduction of paternity leave: under the directive, fathers must be able to take at least 10 working days of paternity leave around the time of birth of their child, compensated at least at the level of sick pay.
- Ensuring that two out of the four months of parental leave are non-transferable between parents and compensated at a level that is determined by the Member State.
- The introduction of carers' leaves: workers providing personal care or support to a relative will be entitled to five days of leave per year.

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- Extending the right to request flexible working arrangements to carers and working parents of children up to eight years old (European Commission, 2019).

In the context of absences, Article 33 is particularly binding. Article 33 of the Charter provides for the right to protection from dismissal for a reason connected with maternity and the right to paid maternity leave and to parental leave following the birth or adoption of a child, to reconcile family and professional life.

These absences, intrinsically intertwined with strategies to strike equilibrium between familial obligations and professional pursuits, assume a pivotal role. An undercurrent of empowerment surges through these measures, especially parental leave, which, while initially conceived as a tool to bolster parents' seamless reintegration into the workforce, has transformed into a robust instrument for catalysing gender parity.

Undeniably, this measure extends its mantle of support to fathers as well, accentuating the imperative of fostering close bonds with their new-borns. By embracing this approach, the directive implicitly champions the equitable distribution of parental roles across gender lines. The tapestry of absences, including maternity, paternity, parental, and special childcare leave, spans a temporal horizon wherein parents are distanced from the workplace due to childcare responsibilities. Notably, most countries institute cash-based remuneration as a means of recompense for income lost during these leave periods (Fliegner, 2014).

In this context, it is important to mention the International Labour Organization, which has a great contribution in ensuring the protection of mothers and work-family balance. A fundamental subject of interest for the International Labour Organization (ILO), since its foundation in 1919, is the provision of the well-being of the child and the protection of motherhood.

Maternity Protection Convention, 2000 (No. 183) is the most up-to-date international labour standard on maternity protection. The convention provides minimum standard for maternity leave, also requires ratifying states to take measures to ensure that a pregnant woman or nursing mother is not obliged to perform work which has been determined to be harmful to her health or that of her child and provides for protection from discrimination based on maternity. The standard also prohibits employers to terminate the employment of a woman during pregnancy or absence on maternity leave, or during a period following her return to work, except on grounds unrelated to pregnancy, childbirth and its consequences, or nursing. Women returning to work must be returned to the same position or an equivalent position paid at the same rate. Also provides a woman the right to one or more daily breaks or a daily reduction of hours of work to breastfeed her child (International Labour Organization 2020).



2. CHALLENGES AND PROSPECTS IN THE REPUBLIC OF NORTH MACEDONIA

Striking a harmonious equilibrium between professional commitments and familial duties is an ongoing struggle for numerous households in North Macedonia. Within this landscape, extended work hours, the scarcity of adaptable work arrangements, and the dearth of accessible, affordable childcare options collectively compound the challenges that parents grapple with in orchestrating their work-life balance.

In this realm, many Macedonian employees are ensnared in protracted work hours, engendering a scarcity of personal time for nurturing familial relationships and individual pursuits. This chronically prolonged labour can be a catalyst for weariness, tension, and, significantly, a dearth of quality moments earmarked for family bonding and shared activities.


Regrettably, flexible work options, a crucial facet for work-life harmony, remain a scarce commodity across industries in North Macedonia. The scarcity of such accommodations amplifies the difficulties parents confront when attempting to reconcile professional demands with familial responsibilities, including the intricate web of childcare and school timetables.

Another pressing hurdle lies in the inadequate accessibility to reasonably priced and high-quality childcare services within Macedonia. In pockets of the nation, these essential services are distressingly scant, casting an added burden on parents, particularly working mothers, who are compelled to expertly navigate the delicate dance between workplace obligations and childcare duties. These limitations in childcare resources have reverberations on work schedules and can exacerbate the pressures confronting families (Radulovikj & Todorova, 2020).

Embedded within Macedonian society is the persistence of traditional gender role expectations, which can compound women's challenges in simultaneously managing domestic responsibilities and advancing their careers. The formidable societal pressure on women to shoulder both these realms can profoundly impede their quest for a fulfilling work-life balance, curtailing their scope for professional growth and realization (Todorova & Radulovik, 2020). Existing campaigns to uplift women's roles in both familial and societal contexts, while commendable, have yet to shatter deep-rooted stereotypes. The image of women in leadership roles remains obscured by tradition. True gender equality begins within the familial confines, thus advocating for the equitable distribution of roles within households is pivotal (Radulović 2023:94).

The absence or insufficiency of family-friendly policies, including parental leave, flexible work hours, and workplace childcare provisions, casts a shadow over work-life harmony for Macedonian families. This lack of a supportive framework hampers parents in effectively balancing their vocational and familial obligations.

Efforts to transform this narrative are underway, as North Macedonia aligns with the European Union's tenets of family policy. The forthcoming law on labour relations, tailored to the EU Directive 2019/1158 on work-life balance, holds the poten-



tial to catalyse change. Facilitating this transformation necessitates provisions for preschool childcare facilities, already seeing progress through the establishment and renovation of public institutions (Radulović, 2023:94).

Nonetheless, despite these strides, the realization of family-friendly policies like flexible work hours, parental leave, and accessible childcare services remains elusive for many parents, particularly those in rural and underserved regions. The pursuit of comprehensive work-life equilibrium continues to stand as a collective aspiration for families across the nation (Radulovic & Misevska, 2020).

3. VARIETIES EMPLOYEE LEAVE OF ABSENCES DUE TO CHILDCARE

The landscape of parental leave systems is a tapestry woven with national nuances, rendering cross-border comparisons intricate. Within this intricate framework, four distinct categories of leave emerge to accommodate the needs of parents following the birth of a child (OECD - Social Policy Division - Directorate of Employment, Labour and Social Affairs, 2022):

Maternity Leave: This form of leave is tailored to employed women, primarily encircling the period surrounding childbirth, but also applicable to adoption. The International Labour Organization's Convention No. 183 mandates a maternity benefit of 14 weeks for eligible women. Mothers on maternity leave are entitled to a financial provision, ensuring they maintain a suitable standard of living for themselves and their child. This cash benefit should amount to no less than two-thirds of their previous earnings or an equivalent. The duration of this leave not only facilitates maternal recovery post-childbirth but also supports a seamless reintegration into the workforce. Striking the right balance is crucial; a leave period that is too brief may deter mothers from returning to work, whereas excessively lengthy leaves, particularly without job protection, can impact professional progress and income (Меѓународна организација на трудот, 2014). A global shift is evident towards maternity leave periods that meet or surpass the ILO's 14-week standard, with most countries now adhering to Convention No. 183. Notably, no country has reduced the duration of maternity leave since 1994.

Paternity Leave: An offering typically utilized by employed fathers in the months following childbirth. However, the duration of paternity leave is considerably shorter than that of maternity leave, often resulting in fathers receiving their salary throughout this period. Paternity leave utilization, especially for durations of two weeks or more immediately after birth, correlates with heightened paternal involvement in child rearing (Huerta et al., 2013). This form of leave can catalyse gender equality within households and professional spheres, reshaping attitudes towards parental roles and prevailing stereotypes. Although existing legal frameworks within the Union have limited incentives for equal parental responsibilities among men, rectifying this imbalance can lead to shifts in societal norms. The absence of paid paternity and parental leave across numerous Member States contributes to low utilization



by fathers. This disparity in work-life balance policy design perpetuates gender stereotypes, exacerbating discrepancies between caregiving and professional responsibilities. Equal treatment policies should ardently address stereotypes inherent in both genders' roles, emphasizing the vital role of social partners in enlightening both employees and employers, eradicating discrimination. The adoption of work-life balance measures by fathers, including leave and flexible arrangements, has demonstrated its potential to alleviate the disproportionate burden of unpaid family work on women, freeing them to allocate more time to gainful employment (European Parliament and Council of the European Union, 2019).


Parental Leave: This leave, availed by working parents, typically follows specific leaves like maternity or paternity leaves. It typically constitutes an individual right of the parent, though its usage might not be equally available to both parents in certain countries. Recommendation No. 191 (to Convention No. 183) and Recommendation No. 165 (to Convention No. 156) outline provisions for parental leave. Crucial aspects such as duration, compensation, and eligibility are typically decided at the national level. The diversity in parental leave systems is stark, encompassing variations in availability, payment, flexibility of use, the child's age, and transferability between parents (Меѓународна организација на трудот, 2014:9).

Child Care Leave: This form of leave often succeeds parental leave, enabling one parent to stay at home and care for their child, often up to the age of 2 or 3 years. While not uniformly available globally, this leave is prevalent in some nations. However, in many cases, it is unpaid, or compensation is minimal, underscoring the need for further enhancement in this regard.

4. LEAVE OF ABSENCE DUE TO CHILDCARE IN THE REPUBLIC OF NORTH MACEDONIA

The protection of the mothers during pregnancy and maternity, the protection of parents in the Republic of Macedonia is established by the Law on Labour Relations („Службен весник на Република Македонија“ бр. 62/2005; 106/2008; 161/2008; 114/2009; 130/2009; 149/2009; 50/2010; 52/2010; 124/2010; 47/2011; 11/2012; 39/2012; 13/2013; 25/2013; 170/2013; 187/2013; 113/2014; 20/2015; 33/2015; 72/2015; 129/2015 и 27/2016). In accordance with the stipulations of this legislation, mothers are granted the privilege of maternity leave under Article 165. During pregnancy, childbirth, and the early stages of parenthood, a continuous period of 9 months ensues, during which the mother is entitled to paid leave. For birth of twins or triplets, this entitlement is extended to a commendable 15 months.

In scenarios where the mother does not use her right to parental leave, it can be transferred to the child's father or adoptive parent. Unpaid parental leave with duration of three months, is available for nurturing of a child up to three years old, with the flexibility to split it into a maximum of three segments.



Additionally, the father has the right to paid leave in the event of personal and family circumstances, particularly linked to the birth of a child up to seven working days, outlined in collective agreements (член 165 и 166 од Законот за работни односи).

To sustain the financial underpinning of maternity leave compensation, the funds are sourced from the Budget of the Republic of North Macedonia. Notably, the compensation during periods of pregnancy, childbirth, and maternity stands at 100% of the foundational salary compensation. (Закон за здравствено осигурување на Република Македонија („Службен весник на Република Македонија“ бр. 25/2000, 34/2000, 96/2000, 50/2001, 11/2002, 31/2003, 84/2005, 37/2006, 18/2007, 36/2007, 82/2008, 98/2008, 6/2009, 67/2009, 50/2010, 156/2010, 53/2011, 26/2012, 16/2013, 91/2013, 187/2013, 43/2014, 44/2014, 97/2014, 112/2014, 113/2014, 188/2014, 20/2015, 61/2015, 98/2015, 129/2015, 150/2015, 154/2015, 192/2015, 217/2015, 27/2016, 37/2016, 120/2016 и 142/2016).

5. NEW DRAFT LAW ON LABOUR RELATIONS UNVEILED

The newly proposed draft law on labour relations has set in motion substantial transformations, igniting fervent public discourse particularly concerning maternity, paternity, and parental leave. Departing from the established norm, the current legal framework extends a worker's entitlement to a paid leave of absence for an unbroken period of nine months, which escalates to fifteen months in cases of multiple births (twins, triplets, and beyond) as per Article 165 of the Law on Labour Relations. This conventional approach now yields to a more progressive paradigm. The impending legislation introduces an enhanced guarantee for expectant mothers, 20 uninterrupted weeks for single births and 28 uninterrupted weeks for multiples. Fathers are bestowed with the prerogative to avail a total of 15 working days for a single childbirth to 20 working days for multiple births. This change is according to Article 4 of the EU Directive 2019/1158 demands. It is the right of the father whether he will use the leave in one part and continuously or in two equal parts with an interruption, whereby the first part must be used starting from the day of the child's birth, and the second part no later than the expiration of the maternity leave. This proposition also, aligns with the National Program for the Adoption of the Law of the European Union 2021–2025 (Влада на Република Северна Македонија, 2021: 106).

In addition, the right to parental leave is introduced. The right is guaranteed as a personal right that belongs to each of the parents (mother and father) equally and is intended for the care and nurturing of a child. Parents have the right to parental leave for a period of 4 months individually for one child, that is, 6 months individually if more children are born. With that, maximum freedom is provided in the use of parental leave, so parents can use it simultaneously (jointly), consecutively or combined. It can be used at once or in two parts, one of which must not be less than one



month. Parental leave can be used until the child reaches two years of age at the latest.

6. QUANTITATIVE STUDY: AGLIMPSE INTO PUBLIC PERCEPTION

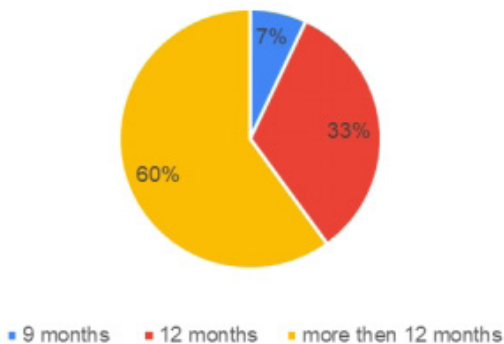
To see what the public’s opinion is about the types of leave for childbirth and raising children, as well as the proposed changes foreseen for the new Law on Labour Relations, we conducted research through a survey on the topic “New models of leave absences from work and their impact on family-work balance”. The survey was conducted through the Google forms platform during February 2023. The snowball method was used to collect the sample. The survey questionnaire includes ten questions about the different types of absences and their duration. At the beginning, clear definitions were given for the types of absences, to have a clearer understanding of the questions asked.


A total of 43 respondents engaged with the questionnaire, with a gender distribution of 76 % female and 24% male. Dissecting age demographics, the majority belonged to the 40+ bracket (43%), followed by 35-40 years (26%), 25-30 years (17%), and 30-35 years (14%). Significantly, all participants were married and had children spanning different age ranges.

The initial query probed participants on their perception of the optimal maternity leave duration. The choices encompassed 5 months, 9 months, 12 months, and a lengthier tenure. Remarkably, over half of the respondents (60%) advocated for maternity leave extending beyond 12 months, whereas 33 % favoured a duration of 12 months and 7% aligned with 9 months. Intriguingly, none endorsed a 5-month tenure (picture 1).

Picture 1. Opinions about length of maternity leave

How long do you think maternity leave should last?

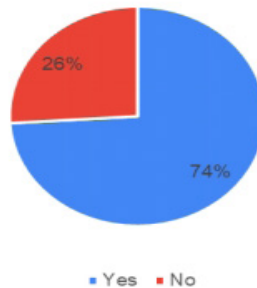




The subsequent query scrutinized the autonomy of women in determining the length of their maternity leave. Second question was: Do you think that a woman should decide for herself how many months of maternity leave she will use? Impressively, a majority (74%) endorsed women's choice in this matter, while 26% expressed dissent (Picture 2).

Picture 2. Opinions about woman decision of maternity leave lengths

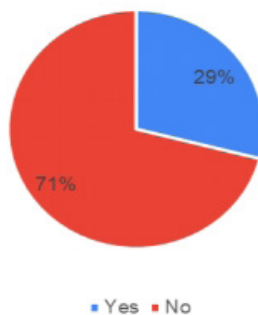
Do you think that a woman should decide for herself how many months of maternity leave she will use?



Challenging the impact of extended maternity leave on a woman's competitiveness in the job market, 71 % concurred with this notion, while 29% held a contrary viewpoint (Picture 3).

Picture 3. Opinions about length of maternity leave and labour competitiveness

Do you think that longer maternity leave makes a woman less competitive in the labor market?



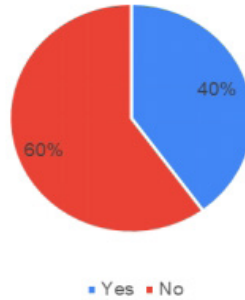
The theme of parity between parents was introduced through the fourth question, probing whether both mother and father should be entitled to an equal number of days for childbirth leave. The responses unveiled a split, with 59.5% endorsing the idea and 40.5% disagreeing (Picture 4). Data regarding gender showed us that 80%



of male respondents don't think that fathers and mothers should use equal number of days.

Picture 4. Opinions about equal share of maternity leave between parents

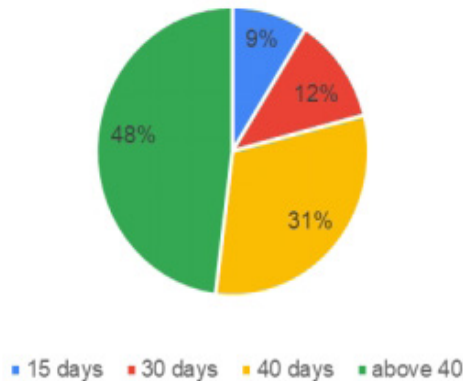
Do you think that mother and father should use an equal number of days of leave for childbirth?



Pertaining to paternity leave duration, the survey uncovered that 48% opined for more than 40 days, 31% for 40 days, 12% for 30 days, and merely 9% for 15 days (picture 5).

Picture 5. Opinions about length of paternity leave

How long do you think paternity leave should last?

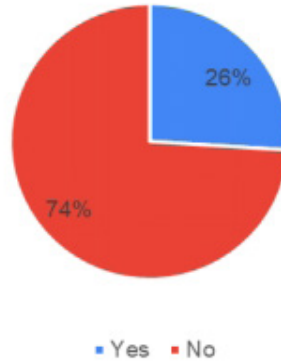


Inquiring about personal experiences, the survey assessed whether respondents knew fathers who had used a leave of absence to take care of a child. A majority (74%) indicated that they did not, while only 26% affirmed having knowledge of such cases (picture 6).



Picture 6. Acknowledgments about fathers that have used paternity leave.

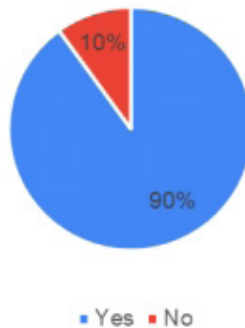
Do you know a father who has used maternity/paternity leave?



Regarding the draft Law on Labour Relations, which suggested a 4-month parental leave for both working mothers and fathers, spanning until the child turns 2 years old, an overwhelming 90% of respondents found the two-year span adequate, contrasting with 10% who held a differing stance (picture 7).

Picture 7. Opinions about new draft Law on Labour Relations

The new draft Law on Labor Relations provides for parental leave of 4 months for the father and 4 for the working mother until the child turns 2 years old. Do you think the period of 2 years is enough?

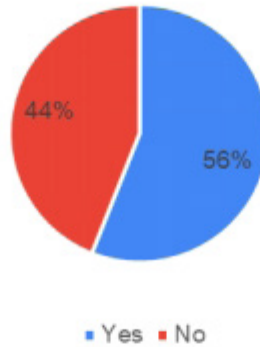


The prospect of male participation in this form of leave emerged in the eighth question. Half of the respondents (56%) believed their husbands or partners would use such leave, while 44% were sceptical (picture 8).



Picture 8. Opinions about new draft Law on Labour Relations

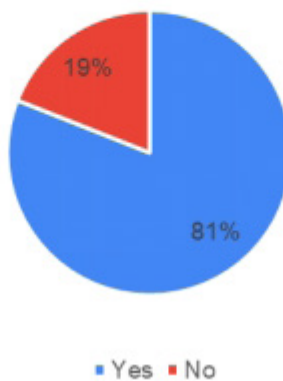
The new draft Law on Labor Relations provides for parental leave of 4 months for the father and 4 for the working mother until the child turns 2 years old. Do you think your husband/partner would use this kind of leave?



The sentiment of achieving a healthier work-life balance by embracing leave rights was overwhelmingly echoed by 81% of respondents, while 19% expressed a dissenting view (picture 9).

Picture 9. Opinions about work-life balance and rights of leaves.

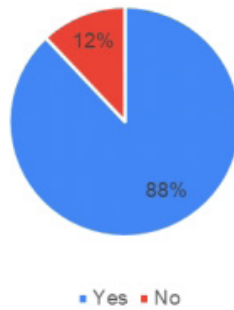
Do you think that if both the mother and the father use the rights of leave for the birth and raising of children, a greater balance between work and families is achieved?



Concluding the survey, the question of whether the flexibility of maternity leave contributes to an improved work-life equilibrium resounded with positivity, garnering an 88% agreement. In contrast, 12% remained unconvinced of the correlation (picture 10).

Picture 10. Opinions about work-life balance and rights of leaves.

Do you think that the flexibility of maternity leave (more options/duration) leads to a better work-life balance?



CONCLUSION

Absences from work for raising children are one of the key instruments for achieving work-family balance. The global endorsement of enhanced leave policies for both parents underscore their significance in nurturing family well-being and fostering broader community prosperity. The last two decades have borne witness to remarkable strides in terms of absence models and their durations, with European nations at the forefront of this transformative wave. In this context, the regulations and directives championed by the European Union and the International Labour Organization emerge as commendable driving forces, pressuring nations to elevate their legislative frameworks in this realm.

Although there are differences regarding the length and duration of absences, it can be noted that maternity, paternity, and parental leave as models is present in almost all countries of the European Union and that the minimum standards for their duration are respected.

In Macedonia, extant legislation accords nine months for mothers without provision for parental or paternal leave in the current paradigm. This disparity reveals that although maternity leave is transferable, it cannot be shared between parents, in other words, for fathers to take the leave, mothers must give it up entirely.

The newly proposed Draft Law on Labour Relations introduces the concept of remunerated maternity, paternity, and parental leave. This proposition has triggered a robust public response, notably fuelled by concerns over the reduction of maternity leave from nine to five months. Nevertheless, this draft law introduces a significant extension to paid parental leave, allocating four months for both parents, while also introducing a 15-day paternity leave. This configuration effectively amplifies the cumulative leave duration.

Our comprehensive survey yielded intriguing insights. Respondents, while advocating for maternity leave durations of 12 months or more, displayed contradictory



perspectives on whether longer maternity leave engenders a woman's diminished competitiveness in the labour market. The call for greater flexibility resounded across responses, with a consensus that women should possess the autonomy to determine the duration of their maternity leave. The sentiment prevailed that heightened leave flexibility could catalyse a more work-life balance.


Observing the survey's reception of the new parental leave proposal, a positive inclination emerges. Respondents overwhelmingly perceive the prescribed four-month parental leave period for both parents as substantial, aligning favourably with the two-year utilization period.

However, prejudices regarding the use of fathers' leave can be observed. Most of the respondents do not know a father who used some kind of leave to raise a child/children, and a significant proportion doubt that their husbands or partners would use this right. Also, majority of male respondents disagree that mothers and fathers should have equal days of essence for childbirth.

Considering these observations, it becomes evident that a revision of legislation regarding leave of absence due to raising children is needed, necessitating alignment with European standards. Paid parental leave, extended to both mothers and fathers, carries palpable advantages for working families. It manifests itself as a formidable tool for redistributing domestic responsibilities and nurturing childcare, ultimately culminating in an environment that nurtures work-family harmony.

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SUPPORTING STUDENTS FROM VULNERABLE CATEGORIES THROUGH THE MODEL OF TUTORING IN HIGHER EDUCATION – ATTITUDES, NEEDS AND EXPECTATIONS

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Abstract

Tutoring is considered as an additional and extracurricular academic support for students, with the aim to help individuals in acquiring knowledge and developing new skills.

The aim of the research is to make a survey with students and to learn more about their attitudes, needs, experience and expectations towards the tutoring system in the higher education. Broader goal of the research is to gain data that will be used in developing a model of tutoring that can help students to overcome the difficulties in the learning process and easily to face the challenges in the academic and everyday life.

Data were gathered with a survey of current students attending the study programs at the faculty of Philosophy.


According to the responses of students, the tutoring function should be implemented by providing literature and teaching aids according to the needs of particular students who need support, explaining the tasks for exam preparation, helping with administrative tasks, instructions for using the university software, registering courses to be taken in an exam session, registering and certifying a semester, and other academic tasks during their studies. In order to achieve this, an individual higher education plan should be developed that involves adjusting the educational standards and contents made by the tutor, with the assistance of the professor.

The ultimate benefit and recommendation from the research are the creation of conditions for developing an educational model for supporting students from vulnerable categories, which can further be improved and applied in work with all students.

Keywords: tutoring, higher education, vulnerable groups

INTRODUCTION

The inclusion of students from vulnerable groups in higher education implies an obligation to provide fair and effective higher education that meets their needs. This requires changes and adaptations in the system, by using available resources to



support learning and build on current practices and knowledge. Related to this, tutoring of students from vulnerable categories is a current need of higher education, which would lead to the acquisition and addition of knowledge and skills of these categories of students.

Present research and knowledge about this topic in Macedonia can be considered as insufficient. There are several publications in which certain aspects of this issue are partially elaborated. Assigning a tutor for an extracurricular support is still an unfamiliar concept to many, although this kind of support can be very useful and valuable for students. Several studies on tutoring have been carried out based on conducted surveys, and their results cause criticism of the existing higher education system. However, none of these studies can provide sufficient information about the effectiveness of tutoring. Tutoring effectiveness can be determined based on observable tutor action and student performance documented over certain period of time.

In the context of more detailed elaboration of the topic, firstly is necessary to present the concept of tutoring by different authors. Behr (1990, 9) refers to tutoring as the supervision of students that is privately organized and funded by parents outside of regular school hours. According to Krüger (1991), tutoring should mean classroom or community activity after school hours that is extracurricular, more or less regular and mostly temporarily aimed at supplementing the deficiencies in the performance of classroom teaching. Kowalczyk and Ottich (2006, 85) defines tutoring as classes that take place, in addition to regular school hours, and aim to ensure success after school hours and are used to teach thematic units. According the different views in tutoring (Dohmen, Erbes, Fuchs, & Günzel, 2007, 16) we can synthetise its meaning as a process in which a knowledgeable and skilled person, known as a tutor, provides personalized instruction and guidance to a student in a one-on-one or small group setting. The goal of tutoring is to help the students understand and master specific subjects or skills that they might be struggling with. Tutors can provide explanations, clarify concepts, answer questions, and offer additional practice opportunities to enhance the student's learning experience. Tutoring can occur in various contexts, including academic subjects, test preparation, language learning, and more.

1. Tutoring as a model for supporting students in higher education

According to the Education Strategy for 2018-2025 and in the Action Plan (2018) for reforming the education in the Republic of Macedonia, priorities have been set for ensuring the quality and effectiveness of higher education in accordance with European good practices. The focus is on increasing the efficiency of the learning process at universities, through dedication greater attention to each student, improvement of accessibility in higher education for students with physical disabilities as a vulnerable category of students and general priorities have been set in




the education system for the gradual introduction of a differentiated approach in teaching, that means adapting teaching process according to the needs of students from vulnerable categories.

Based on these priorities, this scientific research aims to improve the quality of higher education by detecting the educational needs of students from vulnerable categories and proposing ways to fulfil their expectations and demands. Tutoring as a supportive extracurricular activity is often associated with the possibility to improve the poor academic results (in the form of grades or feedback from the academic staff) and with the further improvement of the learning achievements of students.

Motives related to the labour market may also influence the introduction of tutoring with the assumption that additional learning support increases the qualifications of future employees and thereby improves their chances for suitable position in the labour market. There are also motives related to the educational system as well. If students are not content with the individual support they receive during regular classes, they could benefit from the extracurricular support and compensate the lack of knowledge.

In order to elaborate the term students from vulnerable categories, we will use definitions of some relevant authors. In addressing the question “What is vulnerability?”, Mackenzie et al. (2014) proposes a distinctive taxonomy of different sources (inherent, situational, and pathogenic) and states (dispositional and occurrent) of vulnerability. For example, inherent vulnerabilities are those that are intrinsic to the human condition and may depend on factors such as age, gender, race, and disability. Situational vulnerability arises from a specific context, such as the personal, social, political, economic, or environmental situations of individuals or social groups, and can be short-term, intermittent, or enduring. The extent, duration, and degree of impact of situational vulnerabilities may depend partly on the resilience of individuals. Changes occur in students’ personal lives due to (temporary) financial, family, or other changes, which may worsen and classify the individual into a certain vulnerable category. Pathogenic vulnerability can be caused by institutions as one source, but interpersonal relationships as well as institutional structures can be sources of pathogenic vulnerability.

Tutor can become a vital and significant assistant in the educational process that leads to the acquisition and addition of knowledge and acts as an intermediary between the university, the teacher, and the student. Our research project entitled “Supporting students from vulnerable categories through the tutoring model in higher education - attitudes, needs and expectations”, which was supported by the Ss. Cyril and Methodius University in Skopje, and realized at the Faculty of Philosophy (2022), encouraged, and opened up many questions relevant to this subject, especially in the area of inclusive education. That is why tutoring in higher education is seen as an auxiliary tool for students from vulnerable categories and precondition for successful implementation of the concept of inclusive education.



Inclusion is not just about providing access of students with disabilities to mainstream classrooms. It means providing all students regardless of race, language, class, geographic location, and disability with an equitable and effective education that meets their needs as students (Thousand, Burchard, 1990). “The social dimension of the Bologna process is responsive towards the needs of students that reflect the diversity of populations, and the background of students should not have an impact on their participation in higher education achievement.” (European Commission, 2015).

Higher education system can support the achievements of students through the involvement of experts from various profiles, the academic staff and other university resources, and with these to provide support in implementing inclusive education in higher education in several areas:

- enabling resource services from the university/faculty by engaging experts in inclusive teams, supporting the academic staff, and supporting the students in inclusive higher education by a tutor;
- modifying the university curricula according to each specific stage of education and define learning results based on the competencies that should be acquired in line with the personal development, independence, and social skills of the students;
- the faculty in line with the non-governmental sector and other sources can meet students demands with a high level of support that will allow them to focus on their studies and to improve current learning achievements;
- tutors provide support in acquiring knowledge and developing skills of students from vulnerable categories, respecting the different needs of students, and providing them with help and support in adapting to the different educational and social situations;
- tutors can participate in the development of an individual higher education plan with the assistance of academic staff, as well as in the development of specific teaching aids.

In order to support the learning process of the students from vulnerable categories, if necessary, tutors can be hired in the faculty as teaching assistants. Adequate attention should be paid to these pedagogical staff, who will be significantly involved in the process of inclusion of students from vulnerable categories in higher education, so that conditions will be created for the development of strong communication between the tutor, the professor, and the student.

The implementation of inclusive education in higher education is often seen as a separate initiative to pursue innovative changes in promoting student success at university. Inclusive education requires changes and adaptations, making use of available resources to support learning and building on existing practices and knowledge.



The focus of this scientific research is on the approaches, models, and effects of tutoring work with students from vulnerable categories in cooperation with higher education institutions, as vital part of the society. The perceptions of students from the vulnerable categories regarding the enhancement of their education are also examined. The results of research should contribute to the development and implementation of additional pedagogical approaches and methods, which will increase the educational opportunities of students from vulnerable categories.

2. RESEARCH METHODOLOGY

The topic of the research is related to the role of the tutor in the extracurricular work with students from vulnerable categories in the higher education and possibilities to contribute and improve the learning achievements of these students.

The main goal of the research is to determine models and characteristics of tutoring in the system of higher education, their efficiency, justification as well as the importance of tutoring work with students from vulnerable categories.

Consequently, the hypothesis framework has been drawn from the goal and tasks of the research and according to them, one general and three specific hypotheses have been set.

General hypothesis:

X0: Tutoring offers a special educational support that allows improvement of the success and knowledge of students from vulnerable categories.

Specific hypotheses

H1: Tutors have a high degree of motivation to work with students from vulnerable categories.

H 2: Micro methodical models of tutoring in the extracurricular process need to be planned according to the specific needs, interests, and opportunities of students from vulnerable categories.

H3: Tutoring offers special educational support that enables support for students from vulnerable categories.

According to the goals and tasks of the research, an appropriate research instrument (questionnaire) was developed through which the educational needs of the students, the educational models for tutoring, the meaning and effectiveness of the tutoring work with students from vulnerable categories are determined. Survey with students took place in the classrooms with support of teaching staff from university who delivered the questionnaire to the students.

The research sample consists of 551 students from all study programs from the first cycle of the Faculty of Philosophy in Skopje.

3. INTERPRETATION OF RESEARCH RESULTS AND CONCLUSIONS

In the following text, we present some of the data gathered with use of the research techniques. The demographic characteristics of the sample are presented at the beginning, followed by an analysis of the results obtained on the individual questions from the questionnaire-scaler and their discussion in relation to the set of the research hypotheses.

Regarding the question “Does your university/faculty have tutoring centres that provide support to students from vulnerable categories to improve academic success and learning achievements?”, the percentage of students’ negative answers is extremely high (70.78%), while one quarter or 24.14% declared positively. Most of the surveyed students, even 90.38% declared that they did not have any help and support from tutors during the academic school year.

Interesting results are obtained from the question “In what way do you think that tutors could provide support with tutoring classes?”. List of student responds are presented in Table 1. A quarter of the students declared that as tutors, they would help students from vulnerable categories by explaining and determining the material for preparing exams and exercises, and also, they could assist in providing academic literature and teaching aids, according to the needs of the student. The least elected option (10.14%) is that they will be of help in using the UKIM software and electronically registering and administration during the exam sessions through the I know system.

Table 1: Types of support for students from vulnerable categories during tutoring (Data are taken from the survey)


Categories of responds:	<i>f</i>	%
a) assistance in providing academic literature and teaching aids (according to the needs of the student)	287	21.55%
b) individual higher education plan, which implies adjustment of educational standards and contents (made by the tutor with the assistance of the professor)	191	14.34%
c) using adapted teaching aids and assistive technologies during tutoring classes	218	16.37%
d) explanation and determination of the material for preparing the exams and practical exercises	324	24.32%
e) administrative regulations (help and guidance for enrolment in semesters and administrative evidence)	177	13.29%
f) using the university (UKIM) software, registering courses and exams electronically through the university (so called I know) system	135	10.14%
Total	1332	100.00%



According to the students' opinion most preferable persons for tutors are the peers-students, who can most effectively provide help and support to the students from vulnerable categories. A small percentage of responders believe that the special education teacher, the psychologist, and the social worker, as well as the coordinator of their institute could also be helpful to them. Additional materials and literature, organizing workshops or visiting seminars would be of great interest to students from vulnerable categories. For those who have difficulties with oral or written expression, students demand to be allowed to have options for expressing their knowledge either in writing or oral examination. Students with special educational needs can also benefit if they can use specialized software during the exams, and be assisted by experts in this process.

Regarding the availability and need of academic resources and didactic materials at the Faculty of Philosophy, more than a quarter of student respondents stated that during the past semester library resources were available to them on a daily basis. Most of the students stated that they find useful to have workshops every day. Regarding communication and consultations with the professors and other academic staff, more than half of the students had communication once a day or once or twice a week. According to the claims of the students, one third of them consider that the instructions for using the I know system (electronic index) are available to them daily, but half of them need daily instructions on how to use it. 39.33% of students have access to all the necessary textbooks and reading materials, but a larger number, or 68.19%, need more textbooks and learning materials. A quarter of the students have access to all necessary manuals, but a larger number of them need access to more manuals. Additional working materials are available to 40.44% of students every day. 40.44% of the students consider as necessary to use audio and video materials daily during the academic teaching, but a quarter of the students declared that audio and video materials were never used in the academic teaching.

Digital contents during academic teaching were used once to twice a month according to 28.16% of students, and for 39.60% of them it is necessary to use them daily in the teaching process. During the academic teaching, books, magazines, encyclopaedias were used once to twice a month according to 28.78% of students, and for 41.14% of them it is necessary to use them daily in the teaching process. To the question "Which additional competencies do you think should be developed to improve the quality of education and the educational needs of students from vulnerable categories?", 17.38% of students believe that they need to develop strategies for successful learning, and at the lower rank they put the development of skills for foreign languages and the development of research competencies. As additional competencies that need to be developed during education and that will be needed by students from vulnerable categories, the respondents emphasize the developing a system for using Braille and sign language needed for easier communication with students from vulnerable categories, and developing statistical knowledge and skills.



As essential skills for their academic success, students stress: oratory, communication, social skills, and IT skills. They accent the great need to develop academic skills for writing seminar papers, reports, improve statistical knowledge and skills, presentation skills, as well as receiving more frequent guidance for their individual work from professors. Students would like to visit seminars, participate in trainings, workshops, participate in debates on various topics, acquire knowledge of foreign languages, and enrich their vocabulary with foreign professional expressions. They wish to improve their confidence, self-awareness, persistence, motivation, socialization, and ingenuity.

Participation in group projects for learning through research and own experiences is underlined as one of the most important, but also learning through problem solving, introducing different ways and strategies for effective learning, realizing more practical teaching and visits to the institutions relevant for their profession.

Students believe that frequent visits to educational centres, educational institutions, institutions under the authority of the Ministry of Labour and Social Policy, Red Cross and Red Crescent will be of great benefit during their studies. They propose more opportunities for mobility through Erasmus, CEPUS, CET and CDI, and the involvement of more experts who will support and prepare students for their inclusion in society as academic citizens. Some of the students required access to more books, manuals and scripts that should be available to them for free or be available online, free laptops for the vulnerable category of students and availability of reading rooms throughout the day. People with special needs (people with disabilities) need assistive devices, adapted benches, personal assistants, and organized transportation.

According to the responds, 61.99% of the students partially agree that the teaching methods are adapted to the different learning styles and abilities of the students. More than half of the students partially agree with the statement that the methods of assessment and evaluation are adapted to students with disabilities. 54.01% of students partially agree that the faculty offers services appropriate to their educational needs. 60.36% of students think that the acquired academic knowledge and skills contribute to their success. Half of the respondents partly believe that the Faculty of Philosophy offers a friendly academic and learning environment for students from vulnerable categories. 47.54% of students partially believe that the rights of students from vulnerable categories are respected at the faculty. The number of students who would fully or partially recommend the Faculty of Philosophy to other persons from vulnerable categories is almost equal.

CONCLUSION

The implementation of inclusive education in higher education is often seen as a separate initiative to keep progress and innovative changes for promote student success in higher education. Inclusive education requires changes and adaptations,



making use of available resources to support learning and building on existing practices and knowledge.

Tutoring is considered as an additional and extracurricular academic support for students with the goal to help each individual student to acquire academic knowledge and skills. It can be organized in small groups of students, but it can also be individual, depending on the circumstances and needs of the students. Through the process of tutoring, students are encouraged to develop the competence on learning how to learn, the process of learning becomes more interesting and effective, and self-confidence towards what they learn increases.

The results of the research indicate the justification and importance of tutoring for students from vulnerable categories. Through this research, the degree of readiness and quality of tutoring work with students from vulnerable categories was determined, as a factor in improving their success within the Ss. Cyril and Methodius University in Skopje. The results of the research determined the current state and educational needs of students from all study programs on the first cycle at the Faculty of Philosophy in Skopje, related to the existing educational models and the effectiveness of tutoring work with students from vulnerable categories.

According to the responds, tutoring of students who need support and assistance is implemented by providing academic literature and teaching aids according to the individual needs of the student, explaining and determining the material for the preparation of exams and practical exercises, assistance in relation to administrative regulations, guidance for enrolments and administration of the semesters, operational guidance for using the university software, electronic evidence of exams and learning achievements through the electronic system, developing individual higher education plan which implies adjustment of educational standards and contents made jointly by the tutor with the assistance of the professors and other academic staff. Further implementation of these recommendations is essential for overcoming the difficulties encountered by students during their studies.

Research on this topic is needed to be carried out in higher education and based on the results and gained knowledge to develop and introduce a consistent methodology for tutoring work with students. These results represent a solid basis for developing an appropriate educational model for the advancement and modernization of tutoring work with students from vulnerable categories. According to this model, the tutoring of students who need support and help will be implemented by providing the resources according to the student's needs. This concept will enable easier overcoming of the difficulties encountered by students during their studies and more successful preparation of colloquiums, exams, and other types of academic tasks during their studies. Creating this kind of additional learning through tutoring, is quite responsible, complex, and challenging, and requires comprehensive and concise planning by professional teams of experts and practitioners.

State institutions should show more interest in this topic, improve, and increase the effectiveness of educational achievements by creating motivation of students



with extracurricular tutoring work. This problem should not be left out and isolated, but on the contrary, it should be supported. It is the right time to emphasize the issues needed to be solved in the process of implementation of inclusive education, to raise awareness in the society and overcome ethnic prejudices and marginalization.

The results obtained from the research also initiate a useful base that could significantly improve the quality of work and support for students from vulnerable categories in higher education at the Ss. Cyril and Methodius University in Skopje. At the same time, the benefits of this research are also seen in the need to encourage this kind of scientific research to be carried out in all units of the University and to work synchronously on the creation of educational models for work and support of students from vulnerable categories in order to facilitate and overcome the difficulties in the learning process, to support student in achieving better results, in personal development and of course to cope more easily with all the challenges they face in the academic, but also in the modern way of living.

The ultimate benefit and recommendation from the research carried out is the creation of conditions for developing an appropriate educational model for the advancement and modernization of tutoring work with students from vulnerable categories, which can further be used, developed, and applied in work with all students. Indirectly, through this approach, the professional development of the university's teaching and collaborative staff will be affected, and the activities of the student organizations will also be sensitized. In this way, the European recommendations for raising the quality and evaluation of higher education will be continuously followed and applied.

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TRAUMA INFORMED CARE: A HOLISTIC APPROACH FOR CHILD RESIDENTIAL CARE

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Abstract

The number of children in child residential care that are affected by traumatic experience is not negligible so all the professionals involved in childcare face a very challenging and emotionally demanding job. Their engagement in meeting children's needs and providing all the necessary support, sometimes exceeds their professional boundaries. As a result, there is a substantial number of professionals suffering from these secondary exposures to child-traumatic materials thus there is a strong widespread urge to deal with these issues. This article focuses on what trauma informed care is and why it is important for all the sides involved in child residential care. The accumulated knowledge about trauma has risen in recent years leading to new concepts and strategies which trauma informed care model represents. Trauma informed care may not represent a new model, actually it is a holistic approach in practices with traumatized children. It suggests that knowledge of prevalence of trauma and understanding the impact of trauma issues makes a frame for planning and incorporating services which promotes safe environment and positive interaction with children. Trauma informed care model appears to be a standard which enables to respond to the needs of children in order to overcome the impact of traumatic experiences and reduces possibility of vicarious trauma among residential workers. On the other hand, it can also help reduce avoidable care and excess costs for both the health care and social service sectors.

Keywords: trauma, trauma informed care, child residential care, vicarious trauma

INTRODUCTION

The core values of social work practice which are social justice, dignity and worth of person, importance of human relationships, etc., are the foundation for child residential setting. People are social kind, which point us to the importance of understanding the complex interplay of factors in individuals' lives. Social work with children and youth in Serbia is grounded in ecological theory, attachment the-




ory, strengths-based practice approaches and developmental theories. The systemic-ecological perspective has been a valuable framework in social work, as it helps us consider behaviours within the broader context of a person's environment and experiences (Teater, 2014; Žegarac, 2015). This perspective encourages us to look beyond internal and interpersonal factors and recognize the impact of environment (physical, social, and cultural issues) on the way that persons live, the decisions they make and on their behaviour. Attachment and developmental theories can provide a useful interpretative frame for childcare workers to understand needs and challenges of children and youth in care. Strengths based approach shifts the focus from a deficit-based practice and concentrate on the inherent strengths of individuals and promotes resilience, recovery, and empowerment, without ignoring challenges and struggles. When children and youths actively participate in decision making process, that enables them to be more empowered. It emphasizes the importance of empowering clients by recognizing and harnessing their strengths and resources. These frameworks provide a comprehensive and holistic foundation for effectively supporting the well-being of children and youth in residential care settings. Children and youths in residential care, during their life have been experiencing many adverse and traumatic experiences. For developing more effective and holistic strategies to provide care, support, and interventions that address the unique needs and challenges faced by children and youth in residential care there is need for integration knowledge about impact of trauma and its effects. Knowledge of trauma give us lens which make our view clearer and understanding better what they have been experiencing and passing through. Child welfare system is one of wide variety of settings, like mental health and substance-abused services, schools, and criminal justice institutions, where trauma-informed care is applicable.

Therefore, there is a growing imperative to integrate trauma-informed care into child welfare practice. This approach ensures that children who have experienced trauma receive the appropriate support and interventions needed for healing and recovery. It also recognizes that trauma can affect not only the individuals, but also their families, residential care workers, organization, broader community, and society.

1. ADVERSE CHILDHOOD EXPERIENCES AND TRAUMA

Exposure to adverse and traumatic events is very common for child and youth in child welfare system (Lyons & Fernando, 2023; McLean, 2016). "Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). ACEs can include "experiences of violence, psychological or sexual abuse, and neglect, as well as aspects of a child's environment that undermine their sense of safety and stability, such as parental separation or substance use problems within the household" (SAMHSA 2023:2), suicide, mental health problems or household members being in jail or prison, violence in partnership relation and community vio-



lence (Pejović Milovančević, Tošković, 2019). Adverse events overwhelm the ordinary system of care that give people a sense of control, connecting and meaning (Herman, 1992; DeCandia, Guarino, 2015; Koury et al., 2022). Adversity encompasses a wide range of challenging life circumstances and situations, which may or may not result in trauma for individuals. Adverse community environments can play a significant role in shaping an individual's experiences and outcomes. Factors like unemployment, poverty, discrimination, and lack of opportunity can create a challenging and stressful context for individuals and communities (Koury et al., 2022). When these adverse community conditions persist and compound, they can contribute to chronic stress, which in turn may lead to negative physical and mental health outcomes.

Individual trauma can be defined by 3 E's – event, experiences, and effects. SAMHSA defined individual trauma as “results from an event, series of events, or a set of circumstances that an individual experiences as physically or emotionally harmful or life threatening and that may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2023:2). Children and youths who have been living in adverse environment and has damaged relationship with caregivers are in high-risk of evolving a complex trauma. Brand et al. (2020) summarize the elements of complex trauma. Focus must be on knowledge that the traumatic experiences developed in childhood are recurring and continuing, impaired by malignant caregiver-child interaction and attachment relationships. Moreover, at this developmental stage children are too young to possess and develop proper responding strategies (Cook, et al., 2005; CELCIS, 2021; McLean, 2016). Previous life experience impacts on how individuals relate to others, how they manage and handle their day-to-day lives, including the routines, challenges, and activities they encounter on a regular basis. Their perceptions of self and the world will be shaped by traumatic experience. In adulthood, the range of negative consequences are expected in individual physical and mental health issues (Barton et al., 2012; Forkey et al., 2021; Koury et al., 2022, SAMHSA, 2023). If a child is provided with adequate care there is possibility for post-traumatic growth.

Historically, trauma was often overlooked or not well-perceived in everyday child welfare practice, but in recent decades, there has been significant progress in this area. It's crucial for child welfare professionals to acknowledge that many children entering the system have experienced trauma. By recognizing this fact, residential childcare workers can better tailor their support and services to meet the specific needs of traumatized children, to help them achieve safety, permanency, wellbeing and overcome the impacts of their traumatic life experiences. A holistic approach recognizes that children are multifaceted beings with interconnected needs, and it involves collaboration and coordination among different agencies and professionals. This approach ensures that various aspects of a child's life are taken into account, including their mental health, physical health, educational needs, and social support systems (CELCIS, 2021). When trauma goes unrecognized and unaddressed in child-



hood, it can have long-lasting implications for both the individuals and society as whole (Brand, 2020; Conradi, 2012).


2. TRAUMA INFORMED CARE/APPROACH

There is a growing recognition of the prevalence and impact of trauma on individuals, particularly children. This awareness is leading child-serving systems to re-evaluate their role in addressing and mitigating the effects of trauma. Trauma-Informed Care is described as an organizational culture change process. It involves shifting from a traditional power hierarchy to a more collaborative environment. It also emphasizes a shift in perspective from asking, “What is wrong with you?” to “What has happened to you?” This change in perspective focuses on understanding the underlying traumas that individuals have experienced rather than placing blame. TIC emphasizes a compassionate approach that avoids blaming individuals for their trauma experiences. Instead, it seeks to provide services that recognize the emotional vulnerability of trauma survivors. In addition to promoting recovery of children, TIC reduces the impact of vicariously traumatization on the workforce (Brand & Sprang, 2020; Brennan et al., 2019; Forkey et al., 2021; Levenson, 2017).

2.1. Assumptions

Trauma informed care is based on four *assumptions* (4R's): realize, recognize, respond and resist (SAMHSA, 2014; SAMHSA, 2023):

- *Realize* the widespread of ACE's, the impact and effects of trauma. Child and youth behaviour should be seen and understood as a coping strategy that has helped to survive adversity until now. Realize that some groups and communities are more vulnerable than others (Roma, LGBTQ). Understand that some dynamic inside the residential care can be a trigger for previous traumatic experience. However, there are potential paths for recovery, which include cross-sector cooperation.
- *Recognize* the signs and impact of trauma in children and youth, families, staff, and others involved with the organization, which inevitably leads us towards trauma screening and assessment in children and workforce. Knowing that *behaviours is always communication* gives us the opportunity to become aware of how we perceive certain behaviour. Residential childcare workers development is enabled through education, adequate supervision which meet their needs and organizational support.
- *Respond* by fully integrating knowledge about trauma into program policies, procedures, and practices to protect the vulnerabilities of children and care workers.

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- *Resist* re-traumatization of children and youths, families, and staff. Some established practices and interventions in order to protect child, can be traumatic for them. Agencies which serve traumatized clients have to redesign procedures and policies which will not unintentionally re-traumatize them. The role of residential childcare workers is to recognize it, and prevent re-traumatization. Staff can be vicariously traumatized by hearing about, reading, witnessing, and interacting with traumatized ones. Koury et al. (2022) point out that re-traumatization can occur from: isolation and exclusion; not being seen or heard, shame and blame; micro-aggressions, oppression and discrimination and no-transparency and veiled truths.

2.2. Principles

Wilson et al. (2013) state that Harris and Fallot (2009) originally proposed framework for trauma-informed care, which was based on five basic principles: safety, trustworthiness, choice, collaboration, and empowerment. In the following years, the number of principles increased by another five principles such as, peer support and mutual self-help, resilience and strengths-based, inclusiveness and shared purpose; cultural, historical, and gender issues, and final change process. In the last decade various authors have merged some of the principles, in different ways because they are unique and strongly related, and can be used flexibly (Bailey et al., 2018, Koury et al, 2023; SAMHSA, 2014, SAMHSA, 2023, Wilson et al., 2013). We will present the principles as follows.

- *Safety*. First of all, basic needs should be met. Children need a secure, pleasant, and calming environment. Psychological safety is based on two aspects the first one refers to the established model relationship with the social worker and the second one refers to the client's ability to feel safe within oneself as well as feeling free from external harms. (Conradi et al., 2012). The child may continue to feel unsafe long after the physical threat has been removed. The staff has to have clear and consistent theoretical approach, predictability and routine, modelling respect, consistency, acceptance, and transparency. Child care workers' boundaries and limits provide safety for children. This is very important as it supports and promotes positive and stable relationship in the life of children and youth (Barton et al., 2012; CTISP, 2013; Koury et al, 2023; Wilson et al., 2013). No safety, no progress.
- *Trustworthiness and Transparency*. Information should be provided as early as possible. Communication must be effective, honest and compassionate. Conveyed information should be easily understood. There is need for clarity about what will be done, by whom, when, why, and under what circumstances. Transparency is crucial for fostering trust among care workers and youth. Being open, predictable, and clear about expectations and processes helps individuals understand what to expect and reduces anxiety or uncertainty (Brennan et



al., 2019). Information should be available in different languages when needed to ensure accessibility for individuals from diverse linguistic backgrounds so language barriers do not hinder effective communication. Practitioners should use trauma-informed language. This means using language that is empowering, respectful, and avoids blaming children for their experiences (Burgund Isakov, 2023). It recognizes the impact of trauma and aims to create a supportive and non-judgmental environment (Koury et al, 2023; SAMHSA, 2014).

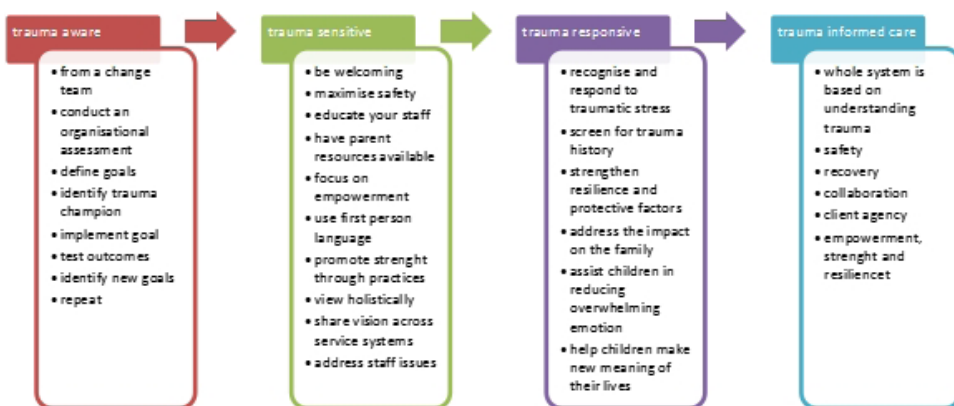
- *Collaboration and mutuality.* One of the central aspects of this principle is the reduction of power imbalances. It's promoting power sharing and partnership among administrators, child care workers children and youth. To ensure collaboration and mutuality, efforts should be made to level the power differences between disciplines and administration within the organization. This means that decision-making should not be concentrated in the hands of a select few but should involve input and feedback from various levels of the organization. This participation can empower children to have a voice in their own care and decision-making processes, allowing them to identify their needs and goals, which can lead to better outcomes and a sense of control over their well-being (Žegarac, 2015). Creating secure and stable helping relationships for children in care is vital for their physical, emotional, and psychological well-being. These relationships provide a foundation for trust, support, and consistency that can significantly impact a child's development and future prospects (Pattoni, 2012; SAMHSA, 2023; Stevenson, 2021).
- *Empowerment, voice, and choice.* Empowerment focuses on eliciting strengths and capacities from individuals. It involves giving them a voice and choice in their own care and decisions. Offering choices and actively involving children and youth in goal setting and decision-making help restore their sense of control over their lives. A strengths-based approach involves recognizing and building upon an individual's existing strengths and capabilities. It emphasizes what individuals can do rather than what they cannot. The focus on skill building emphasizes that children and youth have the capacity to control their behaviour and can learn new skills to improve their lives. Providing culturally and gender-responsive services, practices, and policies ensures that care is tailored to meet the unique needs of everyone (Brennan et al, 2019). Resilience is a fundamental aspect of recovery and growth. Acknowledging and highlighting an individual's resilience can boost their confidence and belief in their ability to overcome challenges (Koury et al, 2023; SAMHSA, 2023).

As Koury et al (2023) communicate, there are possibility for resilience, inclusion, equity, healing, recovery, and growth if values and principles were used deliberately in response to recognizing the impact of individual, historical, and systemic trauma on self-view and worldview.

3. ORGANIZATIONAL CHANGE PROCESS

Trauma is not a static concept; it can be fluid and dynamic, affecting individuals and organizations differently over time. Organizations engaged in trauma work can themselves be impacted by the nature of the work in a similar way as trauma affect the individual. Sometimes the organizations dealing with traumatize clients can unintentionally get stuck in the constant repetition of patterns that negatively affected clients, quality of services as well as the members of the staff. Yet it may be very difficult for them to acknowledge these issues which prevents their growth and progress (Bloom, 2005; Bloom 2011; Borjanić Bolić, 2016). If the effects of trauma within the organization are not addressed, it can lead to a toxic and ineffective service delivery system. This may manifest in high absenteeism, presenteeism (employees being physically present but not fully engaged), attrition, and an unsupportive organizational culture (Sprang, 2023). Children in care can internalize both their individual experiences within the organization and the way the organization as a whole functions. This internalization can influence their perceptions of the wider community and society as they transition into young adulthood. Each person in an organisation, staff member, care worker, or client, coping and adopting to stress, trauma, and adversity in their own way which can affect levels of stress across an organisation (Borjanić Bolić, 2016). In these circumstances an organisation does not focus on prevention activities but on a crisis intervention.

Becoming a trauma-informed within organizations is cascading process, ranging from being trauma-aware (seeking information about trauma and its implications), trauma sensitive (developing concepts of trauma within the organisation's work practice), trauma responsive (review policies and practices with a trauma informed lens) and trauma informed to achieving a cultural shift at the systemic level. Progression through these stages involves changes in policies, practices, and organizational culture to better support for individuals who have experienced trauma. (Figure 1: Practical steps to get from trauma aware to trauma informed) (Brend& Sprang, 2020; DeCandia & Guarino, 2020; Wall et al., 2016).




Source:Wall et al, 2016:5



4. SECONDARY TRAUMATIC STRESS AND VICARIOUS TRAUMA

Trauma informed care promotes understanding of the effects of working with trauma, better support for workers, prevention and diminishing of potential harm from vicarious trauma exposure. Protecting residential childcare workers promotes their capacity to be attuned to the needs of the children in their care, including secure caregiving relationships with emotionally regulated adults (Barton, 2012; Bloom, 2005; Brand, 2020). TIC recognizes that healthy and satisfied work force with trauma-informed attitudes will deliver a better service to their clients. On the daily basis residential care workers are vicariously exposed to different traumatic experiences of children and youth they work with and are empathetically involved in relationship and care for traumatized children (Borjanić Bolić, 2018). Beside burnout, secondary traumatic stress (STS) and vicarious trauma (VT) are recognized as a professional risk for all workers in this field (Middleton & Potter, 2015; Pearlman, 2012; Sprang et al., 2011). Figley developed a concept of secondary traumatic stress and defined it as “the natural consequent behaviours and emotions resulting from knowing about a traumatized event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995:7). Secondary traumatized can be family member, friend or co-worker. It can be developed after only one incident. Burgund Isakov (2023) explains that symptoms are intrusive thoughts, avoidance and hyperarousal, same as in people who experienced direct trauma. Construct of vicarious trauma, Pearlman apply only to workforce involved with traumatic clients and based it on constructivist self-developmental theory. “VT may be defined as, “the transformation of the therapist’s or helper’s inner experience as a result of empathic engagement with survivor clients and their trauma material” (Saakvitne & Pearlman, 1996:5), and includes a sense of responsibility to help the other person (Pearlman, 2012)” (Borjanić Bolić, 2019:2). Beside the symptoms related to posttraumatic stress disorder, VT may also encompass symptoms indicative of more long-term transformation in cognitive schemas and belief systems (Bride et al., 2007; Burgund Isakov, 2023). Trauma impact on the residential childcare workers, depends on their own and others’ experiences of stress, trauma, and/or adversity. Secondary Traumatic Stress and Vicarious Trauma are recognized as a natural consequent on aberrant conditions.

Research results document that employees in child welfare have a high rate of STS (Borjanić Bolić, 2019; Middleton & Potter, 2015; Sprang, 2018). Stress can indeed weaken coping mechanisms and hinder the ability to manage various aspects of the work, including processing of traumatic material, boundaries, empathy, and professional emotions among their day-to-day tasks (Borjanić Bolić, 2019). Workers become persons exposed to involuntary thoughts and actions, which may vary from spending time pondering over their young client experiences or totally avoiding and ignoring the content of them, which changes workers’ way of thinking, feeling and responding, thus affecting their quality of life. The thesis that it is sometimes better to be understaffed but have skilled and capable staff than to have ineffective workers in



your environment is a perspective often supported by many experts and organizations. This viewpoint underscores the importance of quality over quantity in staffing decisions. Skilled workers tend to require less oversight, make fewer mistakes, and can handle a broader range of responsibilities. That best workers can be prone to burnout if they are consistently overexposed to high-stress or demanding situation (Wall et al., 2016). Trauma informed organizations make every effort to support employees and their families when the effects of working with trauma are manifested in the lives of employees.

Prevention of secondary traumatic stress in staff is possible and preferable. Strategies to prevent it should therefore address the personal, organizational, and professional and systemic factors that can play a significant role in the prevention of vicarious trauma. SAMHSA offered recommendations for the best prevention way from secondary traumatic stress (2023:18):

- “Provide training that helps staff understand and recognize secondary traumatic stress;
- Offer opportunities for staff to explore their own experiences with trauma, especially the ways in which trauma impacts their work;
- Support the well-being and health of staff through multiple practices, such as avoiding extremely high caseloads and demanding hours;
- Provide trauma-informed reflective practice and clinical supervision”.

The consequences of vicarious traumatization can be difficult for the staff and their families, but it is encouraging that vicarious post-traumatic grow is possible with adequate organizational support.

CONCLUSION


We pointed out that practice in residential care and trauma-informed practice have common values and starting points. Based on practices and experiences we have gathered so far, we can say that professionals in our country apply TIC instinctively their main objects being minimalizing the chances of retraumatization but at the same time they do not seem to recognize the need to protect themselves from overexposure. Adopting and implementing a trauma-informed approach make a holistic strategy in child residential care practice and policy. Trauma informed approach give benefits on multiple levels, for children and their families, staff, and whole organization. This approach request knowledge about trauma for all staff, from technical staff, care workers to leadership position. It also sets a framework for various strategies for managing child’s provoking behaviours and overwhelming emotions. Besides, the children will be provided the services that meet their needs in a more compassionate, informed, and effective approach to trauma and its effects. Trauma informed care allows child care workers to learn skills which helps them in prevention from vicarious traumatization and give them strategies for addressing it.



A trauma informed approach is a model which every organization should tailor for itself. It is a process not a destination and, in its continuity, requires evaluation as a very important part in this evolving process. It is not enough that child residential care be trauma informed. There is an imperative for all systems which contribute and support child wellbeing to be trauma-informed.

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III

**OLDER PEOPLE AND
DISABILITIES: PUBLIC
POLICIES AND SOCIAL
SERVICES**





DIGNIFIED CARE IN AN INPATIENT INSTITUTION: WHAT DOES IT MEAN AND HOW CAN IT BE EVALUATED?

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Abstract

The percentage of people who are in need of care in old age is rising continually in Germany: In 2021 a number of 4,69 mmillion people were entitled to care benefits according to the long-term Care Insurance Act; about 1/5 of these are in inpatient treatment in care homes. Most of those in care homes are over 80 years of age and have been categorized into a higher care level due to multiple impairments. State and society have a special responsibility regarding protection of these people who are dependent on professional care for a number of reasons.

A number of legal provisions have been introduced to secure the rights of patients in these care homes reaching from human rights to the implementing ordinances in the federal German „Länder“. Human rights are the basis for assessing the quality of nursing care and are also a benchmark for evaluation. Moreover, there are recommendations such as the „Charta of Rights for People in need of Help and Nursing Care“, passed in 2019, which outlines in eight articles what dignified care is supposed to be.

The German Social Security Statute Book XI (Care Insurance Act) obliges care homes to offer care services that respect human dignity. In 2019 the so-called „Law to Incentivize Nursing Staff“, was passed consisting of a three-tier evaluation system for quality in inpatient institutions. This law exclusively addresses „nursing quality“, and does not use the term „human dignity“. The question is whether the concept of „quality“, includes the protection of human rights or if reference to human rights has been jettisoned.

In this paper, a number of evaluation reports are offered assessing quality deficits in various nursing fields. These deficits are discussed with reference to illegal violations of human rights. Finally, possibilities to avoid human rights violations in care homes are shown.

Keywords: Protection of human dignity, inpatient care for the elderly, nursing quality, audit approach and quality management



1. PEOPLE IN NEED OF NURSING CARE IN GERMANY: QUANTITATIVE DEVELOPMENT

According to the nursing care statistics of the Federal Office of Statistics, the number of people in need of nursing care has risen continually between 1999 and 2021 and reached a number of 4,96 million in 2021. In the years to come, a further increase is expected (Statista 2022a). With increasing age, the number of people who need nursing care rises. Among those over 80 years it is 50%, among those over 90 it is more than 80% (Statista 2022b). More than 2/3 of those in need of nursing and care are taken care of by kin-keepers in their own homes. Frequently, the care-taking family members are supported by mobile care services or day care centres (about 4,16 million according to Statista (2022c)). Therefore, in 2025 only about 1 million will be accommodated in inpatient institutions (Wüest und Partner 2016). In Germany, there are about 16.000 homes ranging from very small institutions that take up to 10 people to big homes with more than 300 inpatients (Statista 2022d).

Inpatient homes are subject to the federal regulatory requirements of the Social Code Book (SGB XI). According to Article 114, paragraph 1 SGB XI the regional branches of the nursing care insurance fund have legal responsibility and the Medical Service of the nursing care insurance fund as well as the auditors of private insurance funds or special experts must supervise compliance with these requirements. In addition, there are regional auditors that supervise compliance with regional legal provisions and that are obliged to cooperate with other authorities.

2. LEGAL PROVISIONS FOR GUARANTEEING DIGNIFIED NURSING CARE IN INPATIENT INSTITUTIONS

According to the German constitution (the so-called „Basic Law“), Article 1, paragraph 1, sentence 1, human dignity is inviolable and every human being without exception is entitled to dignified treatment. The state is obliged to respect and protect human dignity according to Art. 1, paragraph 1, sent. 1. Since the term „human dignity“, is a vague legal concept (Kunig and Kotzur 2021 Art.1 Rn. 30) we can only approach a definition by listing certain dimensions of dignity, giving a clear definition of the term, or defining what a violation of human dignity means (Kunig and Kotzur 2021 Art.1 Rn. 32). Respecting human dignity means not to violate that dignity actively (Dreier 2013 Rn. 131). The responsibility to protect human dignity means that the state must be proactive in preventing violations of human dignity – also by private actors or enterprises (Dreier 2013 Rn. 132). Due to the fact that it is difficult to operationalize „human dignity“, and determine causes for violating human dignity, decisions on possible violations of dignity can only be made in individual cases.

Without being able to spell out in detail the legal foundations that are relevant for guaranteeing dignified nursing care in old age, the following chart gives a survey of legal provisions ranging from international law to regional law and gives hints

as to what dignified nursing care might mean. These legal sources are not equally legally binding.

International Law	European Law	National Law	Law of the federal states	Recommendations
<p>Allgemeine Erklärung der Menschen-rechte (AEMR)</p> <p>(Universal Declaration of Human Rights)</p>	<p>Vertrag über die Europäische Union (EUV)</p> <p>(Treaty on the European Union)</p> <p>Vertrag über die Arbeitsweise der Europäischen Union (AEUV)</p> <p>(Treaty on the Functioning of the European Union)</p>	<p>Basic Law = Grundgesetz (GG), Allgemeines Persönlichkeitsrecht (= General right of personality law)</p>	<p>Gesetz zur Regelung der Pflege-, Betreuungs- und Wohnqualität im Alter und bei Behinderung (Pflege- und Wohnqualitäts-gesetz) (PfleWoqG)</p> <p>(Care and Housing Quality Act)</p>	<p>Code of ethics for nurses</p>
<p>UN-Charta</p> <p>(Charter of the United Nations)</p>	<p>Europäische Union (EU) -Grund-rechtecharta</p> <p>(EU Charter on Fundamental Rights)</p>	<p>Bürgerliches Gesetzbuch (BGB): §§ 1896, 1906</p> <p>(German Civil Code)</p>	<p>Verordnung zur Ausführung des Pflege- und Wohnqualitätsgesetzes und Weiterbildung in der Pflege und Hebammenkunde (AVPfleWoqG)</p> <p>(Ordinance to the Care and Housing Quality Act)</p>	<p>Pflegecharta (= Care Charta)</p>
<p>Internationaler Pakt über bürgerliche und politische Rechte (Zivilpakt), 1. Fakultativ-Protokoll</p> <p>(International Covenant on Civil and Political Rights)</p>	<p>Konvention zum Schutze der Menschenrechte und Grundfreiheiten (Europäische Menschenrechts-konvention) (EMRK)</p> <p>(European Human Rights Convention)</p>	<p>Strafgesetzbuch (StGB): §§ 239, 34 (Mutmaßliche Einwilligung)</p> <p>(The Penal Code §§ 239, 34 (Presumed Consent))</p>		



<p>Übereinkommen über die Rechte von Menschen mit Behinderungen (UN-BRK), Fakultativ-Protokoll</p> <p>(Convention on the Rights of Persons with Disabilities)</p>		<p>Sozialgesetzbuch (SGB) XI: 1. und 11. Kapitel)</p> <p>(Social Code XI: 1. and 11. Chapter)</p>		
		<p>Wohn- und Betreuungsvertragsgesetz</p> <p>(Housing and Care Contract Act)</p>		
		<p>Pflegepersonal-Stärkungsgesetz</p> <p>(The Nursing Staff Reinforcement Act)</p>		
		<p>Gesetz über zwingende Arbeitsbedingungen für grenzüberschreitend entsandte und für regelmäßig im Inland beschäftigte Arbeitnehmer und Arbeitnehmerinnen (Arbeitnehmer-Entsendegesetz) (AentG), 5. Pflegearbeitsbedingungenverordnung</p> <p>(Compulsory working conditions for foreign caretakers)</p>		

<p>Rechtsverbindlich, mit unmittelbarer/direkter Wirkung</p> <p>(Legally binding, with immediate/direct effect)</p>	<p>Rechtsverbindlich, mit mittelbarer/indirekter Wirkung</p> <p>(Legally binding, with indirect effect)</p>	<p>Unverbindlich mit unmittelbarer/direkter Wirkung</p> <p>(Non-binding with immediate / direct effect)</p>
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Table 1: Legal provisions (norms) referring to human dignity (Fischer 2023 p.29)



International Law

In International Law, the Charta of the United Nations which came into force in Germany on Sept. 18th 1973, is of relevance (BGBl. II 1974 p.1397) regarding reference to human dignity. In Art. 25, no. 1, the Universal Declaration of Human Rights, which is not legally binding, gives individuals and their families certain rights in case of illness, impairment, or old age (UN Doc. A/RES/217 A (III)). The International Agreement on civil and political rights came into force in Germany on March 28, 1979. The optional protocol of Dec 19, 1966 (BGBl. II 1994, p.311) includes procedures for individual complaints to the Human Rights Committee.

The Convention on the Rights of Persons with Disabilities (UN-BRK) came into force in Germany on June 5, 2009 (BGBl. II 2009 p.812). It extends universal human rights to the needs of people with disabilities (BBRBMB 2022). In particular, it emphasizes the inclusion and unrestricted social and cultural participation of people with disabilities as well as their protection from discrimination. The optional protocol provides procedures for individual complaints against a member state. As far as Germany is concerned, several institutions were created for monitoring implementation of the Convention (BMAS 2020).

European Law

The Treaty on the European Union and the Treaty on the Functioning of the European Union emphasizes the importance of respecting human dignity and fighting old age discrimination in Art. 2, paragraph 1 EUV (2012/C/326/13) and Art 10 AEUV (2012/C 326/47). As a result of the Lisbon Treaty, the EU Charta on Fundamental Rights went into effect on Dec 1st 2009. It contains a prohibition to discriminate on the basis of age, emphasizes special rights of the elderly and their entitlement to special benefits. In Germany, the European Human Rights Convention went into effect on Sept. 3rd 1953 (BGBl. II 1954 p.14). In Art. 1 it obliges the member states to respect human dignity and legitimizes procedures for individual complaints in Art. 34. Interpretation of and compliance with the Convention is spelled out in Art. 19, sentence 1 and 2 of the European Court of Human Rights in Strasbourg.

National Law

In national law, the German Constitution, the „Basic Law“ (BGBl 1949 p.1) and the so-called general right of personality law guarantees a person's non-violability (Martini 2009 p.839). Self-preservation, self-representation, and self-determination are protected from outside interference.

The German Civil Code (BGBl. I 2021 p. 5252) contains the guardianship law which was reformed in the beginning of 2023 and which grants people with disabilities legal capacity and the power to act on their own behalf. Encroachment



on personal rights by appointing a person dealing with matters of guardianship is bound by strict rules on the basis of § 1896 of the Code Civil (Rixen Art. 2 Rn. 136c). Disabled persons may only be deprived of civil liberties and accommodated in a home if the guardianship court has approved of it in order to avert danger or to prevent a damage to health. Custodial measures involving deprivation of civil liberties according to § 1906 BGB are only allowed if the custodial court has approved of it in order to avert danger or a damage to health.

The Penal Code (BGBL. I 2022 p.1082) deals in § 239 StGB (BGBL. I 2021 p.4906) of the Penal Law (BGBL. I 2021 p.4906) with deprivation of liberties (e.g., by using belts, bedrails, table tops or locking a wheelchair or taking away glasses or walking aids) which are punished unless there is an emergency according to § 34 StGB and such interference is the only possibility to avert damage (Klein and Di Bella 2015 p.221). If a person has given his or her consent when s/he was still capable of doing so, e.g., for operations, certain legal rights can be derogated (Erb § 34 Rn. 34/42).


The Social Code (Book XI) (Nursing Care Insurance) (BGBL. I 2021 p.5162) is to guarantee that people will be able to lead a self-determined life according to § 2 paragraph 1 sentence 1. § 11 obliges inpatient institutions to organize nursing, care, and guardianship in such a way that human dignity is guaranteed.

The law regulating contracts referring to accommodation, care, and nursing benefits (Wohn- und Betreuungsvertragsgesetz – WBVG) protects the old, the disabled or those in need of care by requiring service providers to word their contracts in such a way that disabled people can understand them and to reliably deliver the services that have been agreed upon in those contracts (BMFSFJ 2020).

The Nursing Staff Reinforcement Act (BGBL. I 2018 p. 2394) also has a certain effect on the dignity of patients in nursing homes because as a result of this law, these institutions were equipped with more care staff and received support for digitalization. Moreover, a new quality system with new quality checks has been introduced (BGBL. I 2018 p.2415). Also, the law on compulsory working conditions for foreign caretakers that are working in Germany regularly (BGBL. I 2021 p.5182) and the fifth regulation on compulsory working conditions in the care sector (Banz AT 26.04.2022 V1), which has been published by the Federal Ministry of Work and Social Affairs on May 1st 2022, has an indirect effect on human dignity by increasing the minimum wage continually until the end of 2023.

Regional Law (Law of the federal states, „Länder“)

The German Constitution provides for federal laws and regional laws, i.e. laws that are in the jurisdiction of the 16 German „Länder“ (regions) (DBT 2023). Regional laws are subordinate to the regional constitutions. As a result of the so-called reform of the federal system in 2006, legislative responsibility for the so-called „care home law“, has been transferred to the German „Länder“ (BGBL. I 2006 p.2035). The law dealing with nursing needs, care needs and housing quality in old age and in



case of disability in Bavaria is to protect the dignity and the interests and needs of people in need of nursing or care. It also deals with measures to preserve people's self-determination and spells out quality requirements which care homes must fulfil (e.g., personnel, how to run the care home, what medication to use, how hygiene is to be guaranteed) (GVBl. 2023 p.431). The implementation of this law is supplemented by regulations dealing with the Care and Quality of Living Act and with further education in the care sector and in midwifery (GVBl. 2020 p.691). Also, requirements regarding housing, number, and qualification of personnel as well as the participation of patients were made.

Recommendations

Between 2003 and 2005 the so-called „round table on care issues“ organized by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth together with the then Federal Ministry of Health and Social Security submitted the Charta for People in Need of Help and Care („Care Charta“) (BMFSFJ and BMG 2020, p.3). The round table made eight, legally non-binding recommendations for protecting the dignity of these people in everyday life. In the preamble of the ethics code for care staff, respect for human dignity and human rights is referred to. This code is seen as a nonbinding guideline for nursing staff and other professions (ICN 2021 p.3).

3. QUALITY ASSURANCE AND SUPERVISION IN IN-PATIENT OLD PEOPLES' HOMES

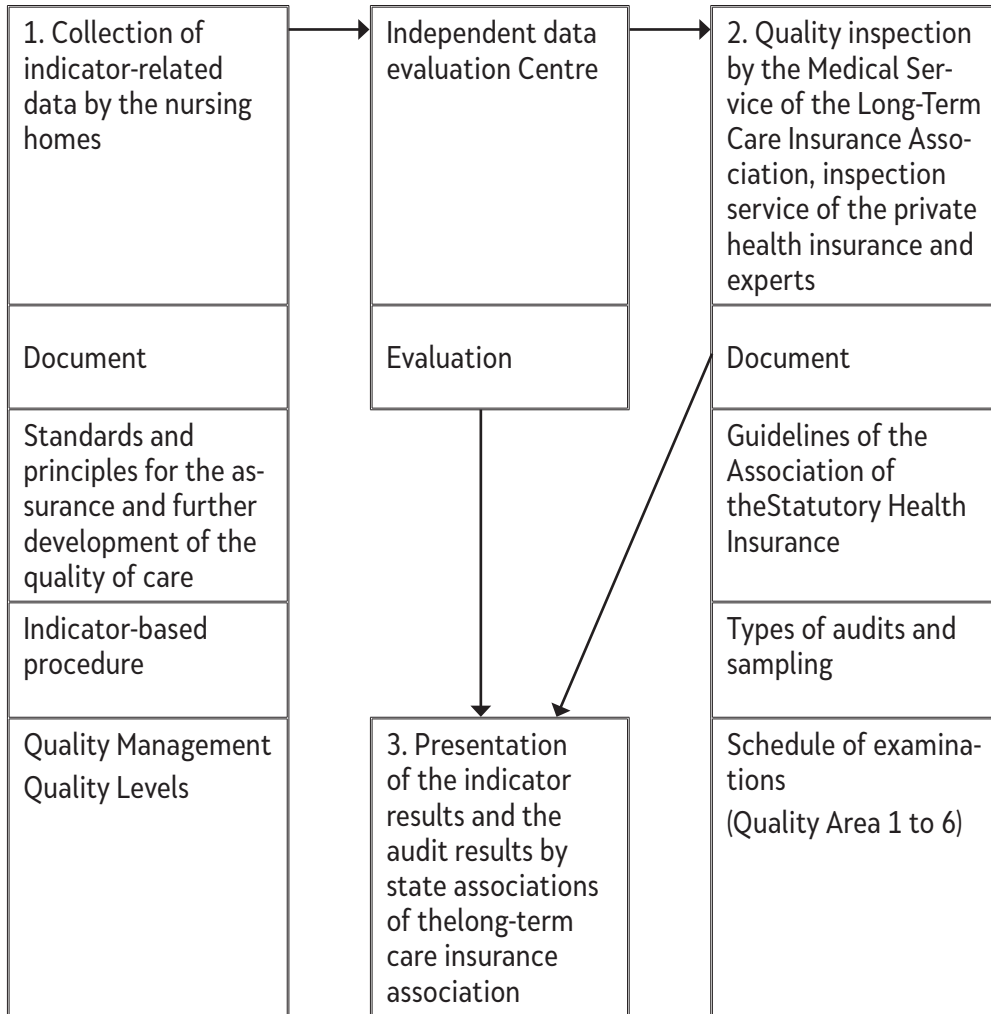
If we look at the above-mentioned legal provisions it appears as if dignified care and protection from illegal interference was principally guaranteed. Human rights are considered to be a basis of nursing quality and are used for assessing the quality of care (Aronson and Mahler 2016 p.11). Moreover, it can be assumed that quality assurance in inpatient institutions can guarantee, maintain, and supervise the protection of human dignity.

3.1. Quality assurance in inpatient nursing

Since 2019, according to the Nursing Staff Reinforcement Act, a new, three-tier system of guaranteeing and assessing quality is in effect which supervises the structure, processes, and results of care. It roughly consists of the following sectors:



Table 2: Quality assurance in inpatient nursing



For data collection, the so-called quality committee for care issues has submitted a document (Banz At 30.06.2022 B6), requiring that every 6 months information on indicators is to be transferred to an independent assessment body and that a regularly updated report must be submitted to an inspection body before institutions are checked. The data, which are to be assessed by an independent institution, are passed on to the regional associations of the nursing care insurance fund and the inspecting bodies. The care home under inspection receives a feedback-report.

The regional associations of the nursing care insurance fund are obliged to carry out yearly assessments of the care homes they are responsible for according to

the guidelines of the leading statutory health insurance (GKV) and association for quality assessment in care homes (adopted on 17 December 2018) (Medical Service and leading GKV association 2022 p.2). Moreover, assessments can be carried out if there is a special reason or in order to check if a certain grievance has been dealt with. For quality assessments, nine patients are chosen which have been informed about the reason for being interviewed and who have agreed to that. Assessments are made according to a certain prescribed procedure (Medizinischer Dienst Bund and GKV-Spitzenverband 2022 p.10). The inspection team is entitled to talk to the patients and the caretakers and to check the entire documentation (Medizinischer Dienst Bund and GKV-Spitzenverband 2022 p.19). The inspection form contains six quality sections that deal with various aspects of the care process.

Figure 1: Survey of inspection instrument (MDS 2019 p.8)



Section 1-4 shows how patients are cared for. Regarding quality 1-4, there are four categories ranging from A = good quality to D = professional deficits, lack of support and resulting consequences. Inspection section 5 is already contained in the first four and is part of the final overall assessment including the deficits found.

Quality section 6 refers to what is required from the institution (indicator-related, see Nr. 1 in table 2)(Medizinischer Dienst Bund and GKV-Spitzenverband 2022 p.119-122). The inspecting institution submits a report which contains specific recommendations and – if found – requires the removal of deficits. This is passed on to the regional associations of the nursing care insurance fund, the respective social welfare authorities, the responsible supervisory authorities as well to the care home in question. Should serious grievances be detected, the regional associations of the



nursing care insurance fund have to be notified immediately (Medizinischer Dienst Bund and GKV-Spitzenverband 2022 p.23).

3.2. The situation of inpatient care quality

In order to gain information on care quality in actual practice, six quality areas of the nursing-care-quality report of the Medical Service in the Federation of 2020 (MDS 2020) were analysed. Since the data were collected on an individual basis, areas 1-4 were focused. However, only the results of category C (deficit with a risk) and D (deficit with negative results) were looked at. Between November 2019 and March 2020, a number of 2.216 institutions with 18.842 people in need of care were inspected. Since many quality aspects were not relevant for everybody, the number of persons interviewed is given in parenthesis.

Table 3: Quality areas and deficits (MDS 2020)

Nr.	Quality Area 1 (Persons examined)	C) deficit with a risk in percent (%)	absolute numbers C)	D) deficit with negative results in percent (%)	absolute numbers D)
1.1	Mobility support (17.293)	12,5	2.162	5,1	882
1.2	Assistance with nutrition and hydration (14.450)	6,7	854	2,6	331
1.3	Support in case of loss of continence, continence support (15.524)	6,7	1040	0,9	139
1.4	Assistance with personal hygiene (18.835)	5,9	992	3,1	521
Quality Area 2 (Persons examined)					
2.1	Drug Therapy (18.610)	10,7	1991	5,3	986
2.2	Pain management (11.505)	7,0	805	1,9	218
2.3	Wound Care (1627)	14,3	231	12,1	196
2.4	Support for special medical and nursing needs (901)	5,8	52	2,7	24
Quality Area 3 (Persons examined)					
3.1	Support in case of impaired sensory perception (11.850)	3,0	355	0,8	94
3.2	Support in daily structuring, occupation, and communication (14.915)	5,0	746	1,7	253
3.3	Nocturnal care (14.604)	6,7	978	1,6	233
Quality Area 4 (Persons examined)					

4.1	Support in the settling-in phase after moving in (5.590)	7,7	430	2,1	117
4.2	Transition during hospitalization (3793)	7,6	278	2,8	106
4.3	Support for persons with challenging behaviour and psychological problems (4305)	7,8	335	2,5	107
4.4	Measures to deprive patients of their liberty (1.304)	5,2	67	3,5	107

Table 4: Quality Area 5: Number of deficits in one area in at least one person (MDS 2020)

	Quality Area 5: Facility-related quality aspects (2126 Audited facilities)	Percentage of facilities identified as having at least one quality deficit in at least one person served
5.1	Defence against risks and dangers	54,8
5.2	Biography-oriented support	19,9
5.3	Compliance with hygiene requirements	11,8
5.4	Provision of aid	13,4
5.5	Protection of personal rights and integrity	11,6

Quality area 6: The organization and quality management of an institution comprises three quality aspects with 17 sub-variables which could only be answered with yes or no for which reason they are not dealt with any further here.

Both tables make it perfectly clear that inspections of care quality revealed deficits and those negative consequences impairing the well-being of patients were found. The numbers referring to the care quality aspects of the institutions checked also showed that some of them did not meet the requirements.

In the past years, deficiencies in care homes surfaced which were detected either by journalists or reported by staff or family members who dared to make grievances public. These grievances were often quite serious (e.g., Whistleblowing). The cases detected were D-deficits according to the above classification with very serious consequences for those concerned (dehydration, bad nutritional state, defilement, wounds not cared for, illegal deprivation of personal liberties). On an institutional level, there were cases showing lack of professional or care personnel and management not discharging its responsibilities. Also, supervisory authorities were criticized because they did not follow-up on information about deficiencies or delayed interventions because they thought grievances would be dealt with by the institution in question on a voluntary basis. As a result of the publication of serious deficiencies and violations of care quality, several institutions were closed down (which is the last resort for supervisory authorities). What is striking is that all institutions closed down were private for-profit institutions (Fischer 2023 p.67).



In the following, the results of an analysis of court decisions dealing with violations of dignity in the care sector will be presented. The courts do not use the quality criteria of the inspecting bodies. In this analysis, the court decisions were related to these categories afterwards. Please note that this research is not an analysis of all court decisions but rather a selection of exemplary decisions which nevertheless show that serious violations occur in nursing homes including violations of the physical integrity and the dignity of patients. In particular, it becomes obvious that given the fact that patients are helpless and therefore highly dependent on care personnel and the care home, we have to be able to rely on professional care and strict inspections and on severe consequences if deficiencies are detected.

Table 5: Comparison of C and D deficits and rule violations (Fischer 2023 p.81)

Quality Area, quality aspect, criterion	Deficits and violations of rules (Interference with human dignity)	Legal Judgements
QA 1 Mobility	Development of decubiti in the absence of preventive measures	District Court Nürnberg/Fürth
	Inadequate risk assessment for mobility impairment	Administrative Court Würzburg
QA 1 Nutrition and Hydration	Weight loss caused by the institution	District Court Nürnberg/Fürth
QA 1 Personal care	Signs of inadequate personal hygiene	District Court Nürnberg/Fürth
QA 2 Pain Management	No measures to alleviate pain	District Court Nürnberg/Fürth
QA 2 Wound Care	Non-professional / non-sterile wound care	District Court Nürnberg/Fürth
QA 3 Nocturnal care	Supply of incontinence material during the night, despite the patient's ability and desire to use the toilet with support	District Court Itzehoe
	Ignoring sleep problems and night activities, insufficient help due to lack of staff	Administrative Court Würzburg
QA 4 Measures to deprive patients of their liberty	Justification of the FEM through incomprehensible risk situation; alternatives / milder means not considered	Higher Regional Court Koblenz
		District Court Itzehoe
		Local Court Frankfurt am Main

QA 6 Qualification of nursing staff and performance of tasks by responsible nurse	Non-compliance with staffing ratios, specialist staff ratios and staff presence during day and night services	Higher Administrative Court Bremen
QA 6 Measures to avoid and eliminate quality deficits	Insufficient / no assessment and handling of quality deficits	Bavarian Administrative Court Munich Higher Administrative Court Bremen

4. WHERE DOES THE QUALITY ASSURANCE SYSTEM IN THE CARE OF OLD PEOPLE FAIL?

The care statistics shows that those who are in inpatient care in old people's homes are in need of intensive care (Statista 2022e). That is, we are dealing with persons that are multimorbid and in most cases over 80 years of age (Statista 2022b). Since the care insurance favours outpatient treatment over inpatient treatment, many people enter the care home when kin-takers plus care services and daytime care are no longer able to guarantee that the needy person can live at home in a satisfactory manner.

Despite the fact that old people's homes are obliged to implement a quality management system and despite the fact that a quality assessment system has been established involving various actors and testing points of the health insurance, there seem to be gaps in the system. These gaps resulted in illegal violations of personality rights and the integrity of patients as well as in discrimination and violation of dignity. The possible reasons for this will be briefly outlined now.

The care statistics of 2021 shows that during the past 20 years, the number of private providers in old people's care has continually increased. The number of state-financed homes has not changed since 2003. Following the general trend, the public and non-profit providers have grown, too, but less so than private providers. In 2021 there were 16.115 old people's homes in total. 8512 of those were public and non-profit, 6875 private and only 727 completely under public ownership (Statista 2022f).

Caretaking has become an economic factor of the health industry. Regarding the total gross-value it ranks on place number 3 with 24 billion Euros after medical practices and hospitals (BMWK 2023 p. 43; Heger 2021 p.147). Since old age care has been opened for private providers, very big national, but also international operators have entered the market which partly have profit margins of up to 15-20% that are distributed to investors. It has to be mentioned that data collection is difficult in that sector and not completely reliable (Deutscher Bundestag 2018). Since caretaking is highly dependent on personal contacts, attempts to reduce costs in the care sector



means generally compromising quality (less qualification of staff, bad payment, etc.) (DGB 2023 p.6). Moreover, the inspection system does not seem to be sufficiently equipped to fulfil its purpose and to be able to carry out regular and intensive inspections that fulfil their purpose. Moreover, in general, only random samples are taken so that we must assume a high number of undetected cases.

In particular, there are questions regarding which measures are to be taken if deficiencies are detected and how often inspections should be made and in which intervals. Also, there is criticism regarding the length of inspection procedures which means that deficiencies often drag on for a long time and are only dealt with after someone has made a report. Also, the functioning of the inspection system is criticized (e.g., is information given voluntarily, is information missing in the published reports or has the inspection visit been announced beforehand) (BIVA 2023). Because the public has become aware of problems in the care sector, the Bavarian Ministry of Health and Caretaking has introduced a so-called „care-SOS“, which is free of charge and which is supposed to follow up on complaints regarding nursing and caretaking in inpatient institutions without delay (LFP Bayern 2023).

5. OPTIONS FOR IMPROVEMENT IN THE FUTURE

In view of the demographic development and an expected further increase in caretaking facilities in the inpatient sector and in view of the challenges which dignified caretaking in inpatient institutions confronts us with, the „BIVA-Pflegeschatz-bund“ (an association representing the interests of those who need caretaking in old age) for quite some time has demanded improvements regarding independent and neutral information and counselling on quality in homes and stronger consumer protection (BIVA 2023) as well as the establishment of complaints offices (Aichele and Schneider 2006 p.52). They demand that services are made more transparent, that there is a possibility to withdraw payments in case of deficiencies and to strengthen the rights of patients (e.g., by establishing so-called home supervisory boards) (BIVA 2023).

Principally it seems reasonable to follow a counselling-oriented audit approach (which means that the nursery homes receive counselling along the way instead of being punished after an offense) in order to improve the situation of patients and protect them from unnecessary hardships and to also improve the overall situation by more cooperation with the service providers and by demanding subsequent improvements from them.

However, the legal instruments which the regional associations of the nursing care insurance funds as well as the home supervisory authorities of the German “Länder” have (firing the management, establishing a provisional management) are hardly ever used. Since apparently at present the inspection system cannot prevent appalling conditions in care homes, the inspection system is questioned (Bentele 2022) and a separation from state authorities is discussed. Also, it is questioned

whether the present documentation system is really efficient and if instead of bureaucratic documentation, caretaking standards should be moved into the centre.

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SOCIAL SERVICES FOR PERSONS WITH DISABILITIES: POLICIES, CONDITIONS, AND CHALLENGES

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Abstract

The social policies aimed towards persons with disabilities in the past years in the Republic of North Macedonia are emphasising the need for transition from institutional to community-based care, through enabling social services that are following the human rights-based approach towards disability.

The reform of social services sector is being implemented thorough the ongoing process of deinstitutionalisation, which foresees that the institutionalised care system primarily aiming to protect persons with disability by their exclusion from the society, should be transformed into a system that enables participation and inclusion of persons with disabilities, respecting the principles of choice and self-advocacy. This process is fundamentally related to the development of new types of social services for persons with disabilities that will provide continuous support for independent living, education, rehabilitation, employment, mobility, leisure etc.

For the development of these new social services, it is important to introduce pluralism in the service provision, where the civil organisations will have a major role. Decentralisation of the responsibilities in the field of social services provision is another key element of the reform, which embraces transfer of the responsibilities, capacities, and resources from national level to the local authorities.

In the Republic of North Macedonia, the needed changes are development of the social services in the community, introduction of new quality standards for the services, monitoring, and evaluation of the services, strengthening of professional competencies of the staff in the services, awareness raising and advocacy, as well as user involvement in the whole process of service provision.

Keywords: social services, quality of services, persons with disabilities, deinstitutionalisation, pluralisation, decentralisation



INTRODUCTION

The new social policies aimed towards persons with disabilities are emphasising the need for transition from institutional to community-based care, through enabling social services that are following the human rights-based approach towards disability. The base of the reform of the social services sector includes the paradigm shift regarding disability – from the medical and charity model towards social model and approach based on human rights. One of the specific aspects of the social services sector for persons with disabilities is the need for right balance of the mainstream services and the specialised services in the community (twin track approach). Another challenge is the process of deinstitutionalisation which foresees that the institutionalised care system primarily aiming to protect persons with disability by their exclusion from the society, should be transformed into a system that aims to enable participation and inclusion, in line with the principles enshrined in the United Nations Convention on the Rights of Persons with Disabilities.

This process is fundamentally related to the development of new types of social services for persons with disability that will provide a continuum support chain for independent living, education, rehabilitation, employment, mobility, leisure etc. For the development of these social services, it is important to enhance the pluralism in service provision, where the civil organisations would have a major role. Decentralisation of responsibilities in the field of social services provision is yet another key element of the reform, which embrace the transfer of the responsibilities, capacities, and resources from the state level to the local authorities.


The needed changes in Republic of North Macedonia are further development of the social services in the community, introduction of new quality standards, monitoring, and evaluation of the community services, strengthening of the professional competences of the workforce, awareness raising and advocacy, as well as user involvement in the whole process of service provision.

1. APPROACHES IN THE SOCIAL POLICY TOWARDS PERSONS WITH DISABILITIES

In the past 20 years, the process of modernisation of social services is taking place worldwide, responding both to changes in society (demographic ageing, new and developing needs of the users) and to the need for ensuring the sustainability and efficiency of public funding (Chiriacesku, 2006).

The main issues that contribute to the current “modernisation” of this sector could be presented as following:

- First, the development and generalisation of quality management procedures in the social and health services: the quality standards, the monitoring and evaluation of the service provision’s quality.
- Then, the responsibility of service provision is transferred from the public central authorities to various providers at local level; the central authorities gain



more regulatory and funding role instead of providing direct services to users; the decentralisation of the service provision is required because the social needs of the users are better reflected and addressed at local community level.

- To do so, there is a need for developing new types of public-private partnerships and to involve users in all stages of the service provision (needs assessment, choice of and orientation to the adequate service, individual planning, monitoring, and evaluation).

One of the key aspects in the modernisation is the promotion of an enabling system of services for persons with disabilities as “a system of services oriented towards supporting people with disabilities to reach and maintain their optimal level of independence and social participation. This goal is achieved through ensuring them equal access to mainstream services existing at the community level (medical, social, education, and employment services), with individualised support services according to each one’s needs and expectations, and referral to specialised services when needed” (Handicap International, 2004).

To achieve this, first, *a change of paradigm regarding disability* is needed: from a medical and charity-based model towards a social model and approach based on human rights. This approach is actively promoted by the international disability movement and is reflected in the United Nations Convention on the Rights of Persons with Disabilities.

In the field of social services, the new paradigm promotes a sustainable access of people with disabilities to affordable, accessible, and quality social services that are available at community level, in which users play a central role. That is why the services must be tailored in relation to the identified needs of people with disabilities at the community level. This approach is an essential change to overcome the previous institutionalised frame of service provision, in which people with disabilities were considered as patients or passive recipients of mostly medicalised and segregating services, meant to correct their “invalid” condition.

Another specific aspect of the disability service sector is the need for *the right balance between mainstreamed services and specialized services* provided at community level, what can be called the *twin track approach*. The reform of the social services for people with disabilities should progress following the twin track approach: an inclusive dimension, which supposes the existence of holistic and inclusive community-based social services, accessible to all citizens, and a specialised services system (doubled by support services), facilitating the participation of persons with disabilities in the community.

Another challenge is the *reform process of deinstitutionalisation*, by which a care system, originally aiming to protect people with disabilities by excluding them from society, transforms into a care system that aims to facilitate social participation via wide range of services provided at community level. Worldwide, the experiences showed that the deinstitutionalisation must be understood from a broader point of view than the simple closure of large residential institutions. It must be realised



at the same time with the revision of the gatekeeping mechanisms and the development of a continuum of services at the community level (education, health care, rehabilitation, vocational training, employment, support services etc.). This transformation is a complex and difficult one, involving requalification and training of staff, investments in infrastructure, revision or development of new methodologies and procedures of work with users, re-directing resources towards the local level etc.


The de-institutionalisation process is thus related to the *development of new types of services for people with disabilities*, providing a continuum support chain, in the field of education, independent living, rehabilitation, employment, mobility, leisure etc. In the past two decades, new types of services are developing progressively, as innovative structures, enhancing the participation of people with disabilities including: day care centres for children and adults with disabilities, inclusive education, counselling centres, vocational training, supported employment, personal assistance services, family-like settings or group homes, adapted transportation, respite care services, mobile home care services, physical rehabilitation services at community level, occupational therapy services etc.

For the development of these types of services, the civil society sector played a major role and led *the introduction of the pluralism in social service provision*. The new providers are usually non-profit organizations (organisations of persons with disabilities, parents' organisations, associations of professionals), but also "informal" providers (volunteers and family members of people with disabilities) and lately the for-profit companies (especially in the care sector for old people). This diversification of providers has led progressively to new questions regarding the sustainability of their services on long term, their access to public funding, the quality management within the services, and the competition between different types of providers.

The decentralisation of responsibilities in the field of social service provision is another key element for the reform in the region. The term decentralisation is considered as a process of transferring the responsibilities, capacities, and resources from the State level (central authorities, government) to local authorities (municipalities and respectively, to decentralised bodies of the ministries). The goal of decentralisation is primarily the reinforcement of competencies and capacities of the local community level, for a better decision-making, answering the specific interests of the population and better governance - if the decision rests on this level, the chances to meet the real needs of the population are larger.

With regards to the social services, it is theoretically correct to say that a decentralisation of their provision and funding leads to a better quality of the services. In the early stages though, as has been shown in some of the countries of Southeast Europe, an initial stage of deterioration in the supply of the services may occur. There are several explanations for this phenomenon:

- The local authorities must manage several new responsibilities at the same time, compared to their available resources.

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- Certain communities are confronted with a larger number of people in need of support service or risk situations.
 - The financial resources are not correctly allocated, or they do not follow the transfer of the administrative and organisational responsibilities (Fox and Gotestam, 2003).

One important mechanism which has been largely promoted within the decentralisation of social services is the delegation and contracting of the services to NGOs and private providers. Still, the local authorities are not able to ensure all necessary services at the territorial level to meet the real needs of the population, because they don't have the tools or financial resources to delegate this responsibility towards the organisations/providers which could have the capacity to do it.

For all these complex aspects of the reform there is a clear need for defining regulatory mechanisms in the field of social services provision. A regulatory system should contain:

- Gate keeping procedures (needs assessment at local level, access criteria and procedures, allocation of resources for social services etc.).
- Licensing and accreditation procedures.
- Contracting and funding of services.
- Monitoring and evaluation of services.

The need for the elaboration and adequate implementation of this regulatory system is obvious in order to guarantee effective and qualitative social services that facilitate equal opportunities and full participation of people with disabilities in society (Chiriacesku, 2006).

2. CONDITIONS AND CHALLENGES IN THE SOCIAL SERVICES PROVISION FOR PERSONS WITH DISABILITIES IN THE REPUBLIC OF NORTH MACEDONIA

2.1. Development of services in the community

Deinstitutionalisation and development of community-based social services for persons with disabilities are processes that have been implemented in the Republic of North Macedonia since 2000, and as of 2017 with support from the EU Delegation and UN agencies, the deinstitutionalization was reaffirmed as one of the priorities in the social policy and the reforms in this field.

A network of social services has been established, mostly, day centres and group homes (supported living), and lately the development of personal assistance and home care service has seen a particular rise. With that, an attempt has been made to make the social protection system more based on social services than on social benefits/allowances for vulnerable groups.




The Law on Social Protection adopted in 2019 and the accompanying regulations for various types of social services, finally led to significant changes in the regulation of the process, for providing social services. Legal opportunity has been provided for introducing *in-home services*: home help and care and personal assistance, as well as *community-based services*: day care services, temporary placements, respite care and half-way house, and within the framework of *non-family care services*, the most important innovation is the recognition of the kinship care as a service. Furthermore, an opportunity has been provided for creation of *innovative and intervention services*.

Additionally, the forms of protection that have been established with the previous Law on Social Protection are still available, but now they are called *non-family care services*. These services provide basic protection that includes placement, help and support from professionals, care, food, clothes, health protection and other services depending on the users' type, who do not have conditions to live with their families or need these services from other reasons. The non-family protection services are *supported living, foster care, and placement in an institution*.

In the last five years, there has been a remarkable development, according to the data obtained from the Ministry of Labour and Social Policy (February 2023):

- There are no longer children aged up to 18 placed in institutions,
- The resettlement of adult users with disabilities from institutions continues: 215 adults were resettled in 49 housing units and 3 additional units for supported living of 15 beneficiaries are planned for 2023,
- Separate budget line for deinstitutionalisation and social services was introduced. National budget for deinstitutionalisation and social services for 2023 significantly increased, almost tripled compared to 2022 (EUR 11,2 million in 2023 compared to EUR 3,9 million in 2022),
- 40% (30) of the municipalities have developed local social plans,
- The number of licensed social service providers increased to 89 in July 2023 (compared to 12 in 2019, 22 in 2020, 60 in 2021),
- The number of social contracts for provision of social services increased to 24 in 2022 (compared to 7 in 2020),
- For the first time, in 2022, self-employment grants were awarded, and 100 jobs were subsidised through Active Labour Market Measures, enabling establishment of 9 home care services and 2 respite care services.

The new legal framework provided opportunities for strengthening the role of the local self-governments and civil organisations that provide services for their target groups, as well as the opportunity of sustainability of their services by licensing and making contracts with the state in which the financing of certain services is provided. In July 2023, there were 89 service providers (mostly NGOs) enlisted in the *Register of licensed service providers* within the Ministry of Labour and Social Policy, out of which 22 providers offer services for 997 persons with disabilities (12 providers of



personal assistance, 1 provider of home care, 5 providers of day centres and 4 providers of group homes for supported living). They are organisations, such as RCPLIP – PORAKA, that provide day centres and social clubs for persons with intellectual disabilities but can't enrol in the Registers because of the unrealistic conditions set in the respective bylaw.

Despite this positive development regarding the legal framework, additional initiatives are needed, primarily due to the uneven regional distribution of social support services. Apart the obvious lack of support services in the community, additional aspect that needs to be considered is the fact that the existing services not always follow the human rights approach, that is, the quality of the services is questionable (Krstovski and Dimoska De Jong, 2021).

Personalised services, such as personal assistance or in-home care are still insufficient and unavailable across the country (personal assistance is only provided in 15 municipalities, and the in-home help is almost non-existent for persons with intellectual disability).

Therefore, the state should provide adequate human, financial and technical resources for full implementation of deinstitutionalisation. Transition towards independent living conditions requests sufficient resources to ensure that services are available, accessible, adapted and of good quality. To enable persons with disability to practice their right to live independently and be included in the community is challenging and long-term process and therefore there needs to be a firm commitment from the state to overcome the potential risks.

A positive change is the introduction of licensing and possibilities for accepting different service providers as partners of the state, based on meeting the standards for service provision. But it is crucial that the standards are based on the quality of the service, and not to be only technical, i.e., to focus on the process of service provision, the comprehensiveness of the approaches and the methodologies that are being used, based on personal planning, the level of meeting the needs and realisation of the rights, the involvement of the users and their families, the management capacities, and partnerships etc. Recently, new methodology for monitoring and evaluation of social services has been drafted and piloted, which remains to be proved adequate and efficient.

The regional distribution of the services is another key aspect that should be thoroughly looked at in the next period. There are community services in all parts of country, but this does not mean that they covered it comprehensively. Centres for social work with some aberrations cover the entire territory very well. Day centres for children with intellectual disability are well dispersed across the country, but that is not the case with the day centres for adults with disabilities. The same applies for the group homes, personal assistance, and home care services. For example, persons with intellectual disability are legally entitled to in-home help and care, but not to personal assistance. Personal assistance is available only to persons with physical disability and blind persons, and this legal restriction on these two groups excludes



and discriminates persons with intellectual disability, especially those who have opportunities for representing their interests themselves.

The personnel in the social services are on average of slightly higher education, predominantly of pedagogic, psychologic, special education and social work background with some representation of healthcare professionals (e.g., in children day centres). The new community services have developed a pleasing way of working and usually amicable relationship with users and their relatives, however their style (or model) is more pedagogic and is missing social orientation. This creates a deficit in dealing with social issues such as improvement of home situation, acquisition of valued social role, inclusion in the mainstream and community activities etc. Focus on improvement of a person and not on improving his or her situation and quality of life leads also, in conjunction with inadequate funding of the services, to heightening of the threshold of these services – accepting more able and not problematic users and referring the others to institutions (Flaker and Krstovski, 2018).

2.2. New standards of quality, monitoring, and development of services in the community

The legal framework that regulates the provision of social services for persons with disabilities was recently improved with the adoption of several by-laws on the standards and norms needed for establishment of the service. However, the quality assurance of the established services has been neglected in these regulations. The existing standards remained more technical, regulating the space, staffing, and equipment, and not considering the important dimensions of service delivery process. Some NGOs have developed their own standards of quality, based on the European frameworks, and for some NGOs the conditions set in the bylaws are hard to be fulfilled (e.g., existing NGOs' day centres for adults with intellectual disabilities).

Monitoring of the social care services is done by the Ministry of Labour and Social Policy and the Institute for Social Affairs. The Ministry conducts inspection of institutions and services, legal entities and private persons performing social care activities. The Commission for licencing of service providers (within the Ministry) has the duty to check whether a service provider meets the criteria regulated by a particular social service bylaw.

In general, the inspection is done through control of: the implementation of the social care laws and bylaws; the performance of the social care providers; the fulfilment of the requirements to perform social care regarding the facilities, equipment, and staff; the fulfilment of the conditions for the professional staff to perform social care activities in social care institutions, legal entities or private persons; the realisation of rights and obligations of users. If during the inspection any irregularities are noted in the social care institutions or other private and public entities in terms of not fulfilling the conditions for work, disrespecting, or breaking the laws or the rights of the users, the inspector must inform the Minister who can decide to ban or forbid



the work of the institution or the service provider. The control over the professional work is conducted by the Institute for Social Affairs.

2.3. Capacity of the work force and training

Continuity and coordination of the development of the workforce - most of the workforce has been exposed to training and education, mostly organised either by the Institute for Social Affairs or international organisations. There is still a strong need to invest in the workforce and their development. The past development of the workforce has not been coordinated and rarely followed-up in the practice.

Professional ideologies - the institutional, 'medical' model and the distrust of users is still quite strong between professionals. But at the same time there is enthusiasm to change and to resettle users in the community. With training, more professional autonomy, and better organisation the institutional ideologies will fade.

Knowledge and skills - a substantial knowledge and skills in deinstitutionalisation and social services provision process have been developed but it is not used in many everyday practices. Therefore, the refreshment and upgrading of the knowledge developed in the past is needed. Academic education needs to incorporate the users' perspective, empowerment and methods and techniques that would enable personalisation of the service provision.

Training and support - presently the training is not coordinated, not focused on the development of social services for person with disabilities and deinstitutionalisation and not followed up in the practice. The existing support and training from the Institute for Social Affairs will become more oriented to the development of the methods and implementation of new ways of providing services.

2.4. Awareness and advocacy - promotion of social services in the professional public and generating general public awareness

The public is marginally aware about the rights of persons with disabilities and about the essence or the importance of the transition from institutional into community-based care by development of social services. Professional audiences are more informed, but many are also misinformed. Often, they are unaware of the benefits arising from the development of the social services in the community, of the deinstitutionalization itself, and how the transition of community care dramatically changes lives of residents to the better, but also unaware of the professional efficacy opportunity that this process is providing. For many of them independent living, personal assistance, personal budgets, and direct funding of services, shared and supported decision making seem as something that cannot be conceived and sometimes even dangerous.



There are good examples and experience of good public awareness campaigns in North Macedonia related to disability rights, children rights and protection, as well as inclusion in general.

2.5. Users' involvement


Overall users' involvement in the provision and organisation of services is not developed. Still, it is believed that people with disabilities, especially those with intensive needs, should not be making decisions or participating in decision making because they have a poor judgment. It is believed that it is right for professionals to make decisions in their best interest.

There is a long tradition of formal civil society organisations of persons with disabilities, of parents and relatives of people with intellectual disability. But there are no organisations of users with intellectual disabilities or organisations for self-advocacy in mental health. The Republic centre for support of persons with intellectual disability – PORAKA is widely spread in most of the local communities where it also provides social clubs and day centre services for persons with intellectual disabilities. There are beginnings of self-advocacy groups organised by the Republic centre - PORAKA for their users and by some other organisations.

CONCLUSION

In the past few years, the Republic of North Macedonia has undertaken serious steps for improvement of the social protection system, including in the social services sector for persons with disabilities. With adoption of the National Deinstitutionalisation Strategy “Timjanik” 2018 – 2027, and particularly with the Law on Social Protection adopted in 2019, the state has set good, but ambitious, strategic, and legislative frameworks for the social services provision. There are many challenges and concerns about this reform process, but it is important that the deinstitutionalisation and the development of the social services for persons with disabilities have been agreed as priorities in the reform of the social protection system. For their adequate implementation actions are needed at many levels.

It is necessary to ensure continuity and stability to the deinstitutionalisation process and the effective transformation of the large residential institutions through implementation of the prepared transformational plans. Also, for development of community services, it is necessary to assess needs at local level, to perform community social mapping and construct local action plans, including for social service provision for vulnerable groups, containing services for people with disabilities. It is needed to provide support of mobile services and resources centres to local services, to establish crisis and respite centres and to provide good personal plans for the users, and to change the funding system to be responsive to the amount of need and to establish advocacy services. The development of personal services should embrace



further investment in in-home care, personal assistance, crisis centres, support of persons who have high intense needs, and promotion of methods of person-centred practice. Personal assistance as a service should also be available for persons with intellectual disability as well.

The improvement of the coverage and upgrade of the community services that are currently available should be done simultaneously with the development of the new services. There is a need for improvement of the work of the centres for social work, upgrade of the foster care, improvement of the role and the functioning of the day centres, promotion of variety of residential or accommodation facilities, not only small group homes, and to strengthen the capacities of the NGO service providers through adequate financing and provision of equal treatment of all providers.

It is needed to introduce improved standards of quality of the services for persons with disabilities based on quality of living, focusing not only on the technical norms and standards of the facilities and services, but more on the process of service delivery, including user's rights, involvement, methods, staff training, monitoring and evaluation, ethics, complaints procedures etc. It is crucial to establish monitoring and evaluation structures and procedures, through revision of the existing monitoring process and procedure, formulation of clear monitoring and evaluation procedures based on quality standards, introducing an obligation for all services providers to perform internal monitoring and evaluation, and finally establishing independent monitoring and evaluation structures. (European Expert Group on the Transition from Institutional to Community-based Care, 2012).

Also, strengthening of the professional competences of the workforce and training is needed. A centre (base) of knowledge should be developed through setting up an organisation at the national level. Organisation and implementation of training is needed, starting with an education programme for deinstitutionalisation and social services for social services staff and the staff in other sectors. It is very important to include deinstitutionalisation in the academic sphere which can be achieved by development of a postgraduate studies in deinstitutionalization and development of a stream in community care for the special education, social work, psychiatry, and health care programme.

Relating the awareness raising and advocacy, it is important to promote the social services for persons with disabilities and benefits from them, by preparation and implementation of detailed programme of awareness raising activities, including the advocacy activities on personal and community levels. Channels of continuous communication about the process and its achievements should be established and the users to be included in the awareness raising and advocacy.

For increased users' participation, an increase of the users' control and power is needed, through empowerment and self-advocacy trainings for users, and by creation of self-advocacy programmes and actions and establishment of users' boards in residential settings and in community services. Users' participation in making de-



cision that affect them should be legal requirement for all current and future services providers.

Relating the possibilities for establishing services led and managed by users, the priority is to implement pilot projects for organisations and initiatives led by the users, including piloting of shared ownership and participation in house construction, piloting in user led group home and day centres, and piloting in user led personal assistance organisation.

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INNOVATIVE SOLUTIONS FOR ELDERLY AND DISABLED HOME CARE SERVICES IN POST-COVID-19 WORLD

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Abstract

Elderly and disabled persons depended on home care services suffered in-proportionate burden of COVID-19 restrictions. Their care services were either suddenly terminated or severely curtailed during COVID-19 lockdown. Social isolation and frequent inability to use digital technology or lack of access to digital tools and networks further aggravated pandemic problems because care providers could not reach their beneficiaries, which was particularly an issue of concern if elderly and disabled lived without families or close caretakers. Lack of digital skills or access to networks in COVID-19 meant that elderly and disabled persons were unable to use for example telemedicine services which had severe implications on their health and well-being. COVID-19 exposed vulnerability of home care system in times of public health crisis or any other emergency situation and showed us necessity to engage in building more resilient system of home care for elderly and disabled in post-COVID world.

The paper explores whether and to which extent innovative solutions for home care services for elderly and disabled developed during COVID-19 crisis could be integrated in regular home care services for vulnerable groups in Croatia. Our research question is whether pre-pandemic home care programs, such as project initiative "Zaželi" implemented in remote and rural areas of Croatia with limited infrastructure to provide institutional services, could be modelled to incorporate home care services that would not be disrupted during any type of emergency situation entailing restrictions of movement.

Keywords: home care services, elderly, disabled, COVID-19.

INTRODUCTION

Recent worldwide health pandemic of COVID19 virus, coupled with severe restrictions of social contacts and movement and home confinement highlighted conceptual, structural, and functional shortcomings in care models for older people,



whether care is provided through care homes, home care services, family or professional carers (EESC, 2022). It further exposed not only unpreparedness of the whole society to effectively deal with novel health risks, but also vulnerability in terms of care services which were either curtailed or rigorously reduced to the basic ones. In times when persons in need of care (such as children with special needs, elderly, and disabled persons) needed expanded care services to include health component, care services and psychological support, they were either unable to get them in home environment.


In light of those events, the European Economic and Social Committee urged the European Commission and the Member States, to develop in the short term, the principles relating to care for older people within the European Pillar of Social Rights Action Plan and welcomes the EU Commission's initiative to establish a new European Care Strategy (EESC, 2022). The Committee highlights that an initial design of long-term care has been moving from a purely care-based approach to a more integrated, person-centred, and high-quality approach, combining health and social care, and with service provision for all, which should meet three key criteria: access for all, irrespective of income or asset, quality care and sufficient funding for health and social care systems (EESC, 2022).

In order to analyse how to approach post-COVID world in terms of making society more resilient and prepared to provide caregiver's support through innovative solutions for home care services for elderly and disabled, we need to focus on several key aspects of COVID-19 crisis. We will explore to which extent innovative solutions for home care services for elderly and disabled developed during and post COVID-19 could be integrated in less technologically developed societies, such as in Eastern European countries with low level of digital literacy and low level of computer use, such as Croatia.

In the first chapter, we will explore how social isolation affects vulnerable categories of population who need caregivers, what are the implications to home services in times of social isolation and necessity to distance beneficiaries and caregivers and how potentially new social distancing could be used when we are developing and integrating new services in regular home care services for vulnerable groups.

In the second chapter we will outline several innovative practices of home care for vulnerable beneficiaries developed during COVID19 in order to have a comparative overview of direction in which innovative services started to develop.

In the third chapter we will analyse Croatian program "Zaželi" which introduced innovative home care services for elderly, sick and disabled in remote and rural areas of Croatia with limited infrastructure to provide institutional services. This program was initially designed to address employment of difficult-to-employ women from rural areas who were trained and later engaged to provide home care services to vulnerable beneficiaries. We explore positive and negative features of the program and its possible repeatability in health crisis like we had during pandemic of COVID-19. This chapter is trying to answer our research question whether pre-pandemic home



care programs, such as project initiative Zazeli, could be modelled to incorporate home care services that would not be disrupted during any type of emergency situation entailing restrictions of movement and home confinement.

1. SOCIAL ISOLATION AND SOCIAL DISTANCING OF ELDERLY AND DISABLED DURING COVID-19 AND HOME CARE SERVICES

The COVID-19 pandemic was a reminder of how social well-being has a powerful impact on health of vulnerable individuals (Sepúlveda-Loyola et. al, 2020). Two key features of COVID19 pandemic were prolonged social distancing and serious social isolation of vulnerable categories of care service beneficiaries. External care providers were unable to reach their beneficiaries, which was particularly an issue of concern for elderly and disabled living without families or close caretakers. Day care centres mainly closed, the same as long-term care facilities. Family carers in the UK asked about their experiences of accessing different support services (like residential care, visit from paid care workers, day services, Activities/support provided by a local charity (i.e., meals on wheels/delivery of meals, etc.) during the COVID-19 pandemic and the impact this has had showed that many carers were unable to access services which they previously relied on, as many of these have not reopened or returned even post-COVID (Carers UK, 2021).

Introduction of social distancing as a public health measure in times of worldwide spread of novel virus, was equally beneficial as a health protection measure in terms of unprecedented health risk, as it was detrimental to the wellbeing of particularly socially vulnerable beneficiaries (Euro found, 2021). Among them, those living alone were affected the most by negative consequences of social distancing. Individuals who feel lonely, perceive low resources for social support, and cannot use alternatives to in-person communication are at increased risk during prolonged physical distancing (Weisfeld, Lustig, 2015). Research conducted on the effect of COVID to social distancing concluded that identification of fragile adults at risk for the immediate and unintended health consequences of physical distancing was critical (Sepúlveda-Loyola et. al, 2020). Therefore, exceptions to physical distancing are fully justified for high-risk older adults (Sepúlveda-Loyola et. al, 2020).

Addressing social isolation and loneliness under normal circumstances is challenging (Cudjoe, Kotwal, 2020). Before the pandemic, national studies reported 1 in 4 older adults were socially isolated and more than 40% experienced loneliness, including the long-term negative health outcomes of social isolation and loneliness (Cudjoe, Kotwal, 2020). The COVID-19 crisis has aggravated social isolation and loneliness among those who live alone or are frail and even declined the well-being of older adults with previously active or healthy social lives (Cudjoe, Kotwal, 2020).

Sepúlveda-Loyola et al. (2020) reported that adults who were home-bound, depressed, or cognitively impaired were struggling to adapt to physical distancing because of reliance on in-person care and interaction. Adjustment to this new reality



was possible only with activation of support networks among which the most important are family, friends, community support groups and/or neighbours and social connections in general (Sepúlveda-Loyola et. al, 2020).


Similar findings were identified at another research conducted post-Covid19 including 20,069 individuals (58% women), from Asia, Europe, and America where respondents addressed a general negative effect on mental or physical health of social distancing. The main reported outcomes of prolonged social isolation were anxiety, depression, poor sleep quality and physical inactivity during the isolation period (Sepúlveda-Loyola et. al, 2020).

Home-based care is an important alternative to facility-based care, especially for infection prevention during the COVID-19 pandemic (Sama et al, 2020). Home health and home care agencies provide home-based medical and supportive services that can be important alternatives to hospitals and nursing homes, especially during a pandemic, yet home-based care has been overlooked in healthcare pandemic planning (Lisker, 2021). During pandemic, vulnerability of home care system got exposed because services were either suspended or severely curtailed. Lack of digital tools, inability of elderly and disabled beneficiaries to use digital technology or lack of access to digital networks further aggravated pandemic problems because necessity to undertake social distancing was accompanied by the quick introduction of digital services in the area of social protection and health care. Inability to use such services meant that beneficiaries were faced with double exclusion – the first one being exclusion from social interaction with care providers and family members and second one being exclusion from digital tools aimed at easing the access to social and health services.

Researchers recommended a multi component program with cognitive strategies and increasing physical activity levels using apps, online videos, and telehealth (Sepúlveda-Loyola et. al, 2020). Telemedicine was proved as a tool to provide a safe platform to assess salient geriatric issues (i.e., safety, mobility, mood, medications, appetite, or bowel function) or COVID-19 symptoms and provide an avenue for counselling or discussion, specially it was increasing access to mental health resources for the lonely or anxious patients (Huali et al, 2020).

1.1. Crisis as an engine for new ideas: developing and integrating new services in regular home care services for vulnerable groups

Research conducted post-COVID clearly showed there is broad consensus that the acceleration of digitalisation of health and social services, which was brought about by the crisis, is an asset and should be further developed (Allinger, Adam, 2022). Technology used and developed during COVID offers novel opportunities for upgraded social services, if we take into consideration that a proper balance is needed between risks and benefits of in-person interactions. Some social workers noted



positive impact of COVID crisis in a form of increased flexibility and independence, as well as higher engagement from younger people (Foely, Foster, 2022).

If we look into the health care system which had to undergo major change during the COVID-19 crisis, we see how important was to swiftly change completely from in-person care to virtual health consultations and telemedicine (video-tools, use of communication platforms/applications such as Viber, WhatsApp, Skype, etc. telephone hotlines or online consultations), as the only available access to health care (Huali et al, 2020; DiGiovanni et. al, 2020). Telehealth services quickly developed online videos, websites apps online platform for phones and tablets (such as “Otago exercise programme”, “Clock yourself” and “iPrescribe Exercise”) (Pinto et al, 2020; Jiménez-Pavón et al. 2020). Remote consultations proved important as a way of supporting non-severe COVID-19 patients, reducing pressure on inpatient care, and maintaining access to routine services (Richardson et. al, 2020). Huali outlines three key quality considerations for remote consultations to be provided at the highest possible standard of care: privacy and confidentiality, continuity of care and empathy and person centred communication (Huali et al, 2020). Although remote consultations cannot fully replace face-to-face consultations, it is a cost effective and efficient way of enabling access to care that was being promoted long before the current pandemic but with relatively low uptake in most systems (Huali et al, 2020).

Global health crisis should be taken as a unique opportunity to envision, pilot, or implement novel solutions that could have a lasting impact on the health and well-being of older adults (Cudjoe, Kotwal, 2020). If we aim at creating lasting solutions for social care, we need to take into consideration several preconditions among which prominent role take assessment of social needs, re-establishment of social connection and mobilization of community or expert support. Medical and social services experts, together with experts on public health and social protection and health policymakers are excellently positioned to identify and address social needs, optimize health and social care, and flatten the curve of suspension of social services to vulnerable adults in need (Weisfeld, Lustig, 2015).

Comprehensive social needs assessments should be a part of solution that requires mobilization of community or expert support upon short notice and for those in need when future similar public health crises occur (Cudjoe, Kotwal, 2020).

Re-establishment of social connection is a job for social workers, care providers and social policy makers. In times of development of novel home care solutions that would require less physical presence and more remote availability of care workers, we need to carefully examine whether vulnerable beneficiaries are willing and able to re-shape their social connections and re-establish trust in care providers. Re-shaping of social connections would mean that beneficiaries accept new reality in digital world, accept a fact that care providers would be less available in-person and that beneficiaries would need to take more proactive role in their own home care and in their relationship with care providers. Re-establishment of trust is necessary be-



cause it got rather fragile during global health crisis due to sudden and unexpected break in provision of care services.

Global health emergency provided an opportunity to increase our reliance on technology and subsequently, to introduce innovative, digital tools that would be available to particularly vulnerable beneficiaries. There are several preconditions for introduction of digital tools – namely, available, and accessible IT infrastructure (network, software and hardware) and digitally literate beneficiaries who are willing to use phone or video communication technologies. During COVID and home confinement, a digital divide tremendously widened with those without access to digital services and technology being left behind (Carers UK 2020).

An important question is whether digitalisation of social services for elderly and disables is indeed possible in countries with limited IT infrastructure and/or insufficient digital skills of homecare services' beneficiaries. Another concern with a more digital way of working was that pandemic seemed to exacerbate the digital divide already experienced prior to pandemic by low-income families, older adults, and people with learning disabilities and other so called “forgotten vulnerable” who may not have access to digital technology (Foely, Foster, 2022). Available report based on survey conducted during COVID, suggests that persons with disabilities and their family members lacked either the necessary infrastructure or the ICT skills needed for online communication. But also, employees (both employees and management staff) often lacked the necessary ICT skills (Allinger, Adam, 2022).

If we want to integrate latest technological services (based on artificial intelligence) into the remote care services, we need to clearly assess if preconditions for digitalised homecare services are in place and functional and if beneficiaries of such services possess relevant IT skills to effectively use such technology. In a case that social services beneficiaries cannot independently use technology, there is possibility to appoint a family member or personal assistant who can support their technology use or compensate for vision or hearing impairment to help them communicate with social service or healthcare providers (Weisfeld, Lustig, 2015).

Active and passive technologies (i.e., alerts, sensors, video links, voice-controlled phone and home appliance features etc.) offer numerous opportunities for integration of digitalized social services into the home care for vulnerable beneficiaries. Still, the fact that older and disable beneficiaries might be perfectly familiar with technology and able to use all of the applications and digitalized services, this communication medium may be insufficient to meet the social needs of this population for prolonged periods (Huali et al, 2020, DiGiovanni et al. 2020).

2. EXAMPLES OF INNOVATIVE HOME CARE SOLUTIONS DEVELOPED DURING COVID19

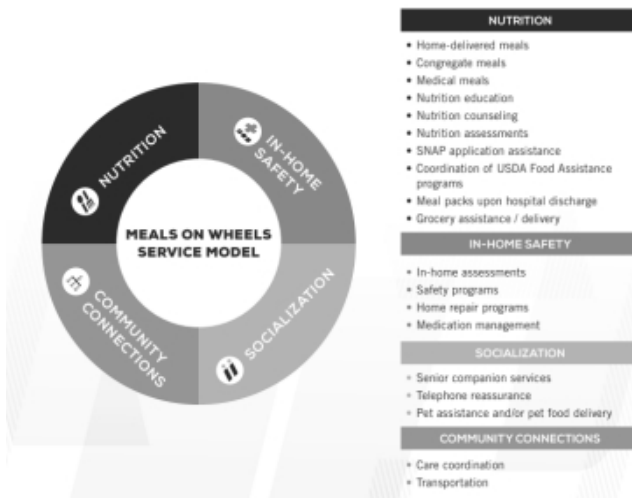
The COVID-19 pandemic left people vulnerable. However, participatory processes to respond to the crisis has created opportunities for people to solve problems



brought about due to the pandemic and also contributed to increasing self-esteem, reducing dependency, increasing self-reliance, and developing community skills to face future challenges (WHO, 2021).

In addition to creation new COVID19 specific programs that were addressing novel social and health needs of vulnerable individuals, we have long-established programs of home care services that proved to be of essential importance during global health crisis like US program Meals on Wheels America found in 1976. It supports over 5,000 community-based programs across the country that is dedicated to addressing senior isolation and hunger. The network delivers meals, visits, and safety checks (in the case of an emergency or problem, medics and families are notified) that enable America's seniors to live with independence and dignity (MoW web site).

In following graphic, we can see the main cornerstones of the program and four areas of their focus on the work with beneficiaries:



Source: Meals on Wheels Study, 2019.

Generally, programs serve adults 60 and over, more than one-half of all clients served are 75+, one-fourth of clients are 85+, two-thirds of clients are at or below the poverty line. The additional services that further support the quality of life and independence of their clients include emergency meals for bad weather days, hospital discharge programs that are proven to reduce readmission, pet food delivery, home repair services, telephone reassurance and transportation services for doctor appointments and other needs (MoW web site).

Innovative practices in the area of social services were also introduction of on-line consultations, support, and advice services to beneficiaries (such as British Care for a Cuppa Chats, Me Time and Share and Learn). Further, tele-rehabilitation and



tele-exercise were used for elderly and disabled beneficiaries of social services. The maintenance of social relations through video calls, bed, or body-worn sensors to detect vital signs or prevent falls, or of infrastructure and architecture, such as home automation, to create friendly environments or mobility solutions for older people were developed and successfully used (EESC, 2022).


In India, during COVID various local level activities were developed for catering to the needs of older persons, such as formation of volunteer groups with resident associations to check in on senior citizens living alone, helping them avail banking services at doorstep, providing psychological and emotional support through volunteer-led call centres, setting up senior citizen helpdesks at police stations and launch of special apps for a one-stop solution for the provision of services (Gietel-Basten et al, 2022).

In conclusion, we concur with the EESC that the pandemic has helped to highlight shortcomings in care models for older people, whether care is provided by care homes, home care services, family, or private carers. These shortcomings are reflected in whether or not care is provided to all, in the diversity and fragmented nature of the services on offer, in poorly regulated services, in difficulties in coordinating management levels, in coordination problems between social and healthcare services, in the growing commodification of services and in the need for prevention policies and measures (EESC, 2022). Member States' social protection models should also be adapted to meet these new needs with available, accessible, sustainable, affordable, and good-quality public or subsidised services (EESC, 2022).

3. CROATIAN PRE-PANDEMIC HOME CARE PROGRAM “ZAŽELI” AND ITS REPLICABILITY IN SIMILAR HEALTH CARE CRISIS SITUATION

Between 2017 and up to now a program co-financed by the European Social Fund, Operational Program Effective Human Potential 2014-2020, “Zaželi-Women’s Employment Program” was implemented in Croatia (Call for Submission, web site). During this time, the implementation of the program was uninterrupted due to the COVID-19. On the contrary, its implementation proved to be a great approach to providing help and support for the elderly and disabled beneficiaries in the local community at times when movement was restricted, especially for the most vulnerable groups of people who needed care the most. At the same time, by providing help and support to these beneficiaries, social exclusion, and isolation, which occurred especially among institutionalized beneficiaries was prevented.

The objective of the program the program “Zaželi” during 2020 in phase 1 was to strengthen and improve the work potential of less employable women and women with a lower level of education through employment in the local community, which would encourage social inclusion and increase the quality of life of beneficiaries-older and ill beneficiaries (MLPSFSP, web site).



The target groups of the program that were employed, were women with the completed high school education, with an emphasis on those over 50, women with disabilities, victims of human trafficking, victims of domestic violence, asylum seekers, young women who have left the care system (children's homes) and foster families, educational institutes, treated drug addicts, women who have returned from serving a prison sentence for the past 6 months, members of the Roma national minority and homeless women.

The conditions for the participation of beneficiaries in the program were that they are elderly, ill or disabled. According to the description of the program's activities, it can be considered the provision of home care services to the elderly and ill, as defined in the Social Welfare Act. As one of the acceptable activities of providing help and support to the beneficiaries were, for example, help in the delivery of groceries, help in the preparation of meals in their households, help in maintaining the cleanliness of the living space/homes, help with dressing and undressing, taking care of hygiene, help in social integration, help in mediating the realization of various rights (delivery of medicines, payment of bills, delivery of aids, etc.), providing support to beneficiaries through conversations and socializing, and inclusion in society, accompaniment and help in various social activities.

In addition to the benefit of employment of women, one of the goals of the program was to provide opportunity for additional education or training of service providers (women) with the aim to increase their employability and competitiveness on the labour market. The type of training was chosen by each contracting implementing partner (mainly NGOs), depending on the location of the implementation of the activity, on the needs of the women involved in the project for education and training, and on the needs of local labour market, and it did not necessarily mean training in the field of care for the elderly, ill and disabled, but rather broader skill-increase trainings.

The implementing agencies for this program were local and regional self-government units and non-profit organizations with a special emphasis on the implementation of activities in counties, cities and municipalities with a lower development index and higher unemployment of women.

According to the Report on the implementation of the Strategy of Social Care for the Elderly in the Republic of Croatia for the period from 2017 to 2020, for the year 2020, the Ministry of Labour, Pension System, Family and Social Policy reported the fulfilment of goal 1 i.e., *Increasing the availability of services for the elderly*, Measure 1.2. *Developing services for the elderly* aimed at extending home stay for the elderly and decreasing institutionalization, where the successful implementation of the "Zaželi"-Women's Employment Program was highlighted. Through implementation of the program, 264 projects were contracted in 2020 and help and support was provided to 28,455 elderly and disabled persons in Croatia (MLPSFSP, web site).

In order to respond to future health crises such as COVID-19 and in the context of providing services to the elderly and infirm, the competent Ministry could adjust




the program in such a way that one of the acceptable costs is the procurement of ICT technologies, and the eligible activities for financing include the education and training of home service providers. In this way, the provision of services to the elderly, ill and disabled could be provided without interruption. Thus, this initiative can be taken as a good practice in continued home care, regardless of health crisis or any other disruptive event. Introduction of ICT technologies to the home care services in Croatia through project “Zaželi”, as well as training for work for service providers who are difficult to employ could contribute to the development of knowledge and skills that are increasingly needed in the labour market and the increasing introduction of digitization in the everyday life of all citizens.

CONCLUSION

COVID 19 global health crisis was a reminder on – among others - fragility of home care systems. During the pandemic, the most vulnerable beneficiaries – those living independently, but relying on care work by specialized care service providers – were experiencing social distancing and inability to receive the full range of social services. Recent health crisis was also reminder on how we need to approach provision of home care services in post-COVID world and how we can and we should make our society more resilient and prepared to provide caregiver’s support through innovative solutions for home care services for elderly, ill and disabled who can live independently, but need certain range of social services. In this paper, we explored several innovative solutions for home care services for elderly and disabled. It is also necessary to mention that use of artificial intelligence and very high-tech tools for communication with beneficiaries still needs to be developed at the slower pace in less technologically developed societies, such as in Eastern European countries with low level of digital literacy and low level of computer use.

Social isolation and social distancing imposed during COVID affected the most vulnerable categories of population who need caregivers and because of that, any future social distancing needs to be carefully imposed, taking into consideration the long-term negative health outcomes of social isolation for social services beneficiaries. Technology used and developed during COVID offers novel opportunities for upgraded social services, if we take into consideration that a proper balance is needed between risks and benefits of in-person interactions.

Global health crisis should be taken as a unique opportunity to envision, pilot, or implement novel solutions that could have a lasting impact on the health and well-being of elderly and disabled beneficiaries. Therefore, we outlined innovative practices of home care for vulnerable beneficiaries developed during COVID19 in order to have a comparative overview of direction in which innovative services started to develop. In that sense, Croatian program “Zaželi”- innovative home care services for elderly, sick and disabled in remote and rural areas of Croatia with limited infrastructure to provide institutional services, could be taken as a good practice in the area of provi-



sion of home social services. Uninterrupted home care during COVID was a good indicator that provision of home care services could be modelled in the way that beneficiaries are continuously under the care program, even in times of social isolation and social distancing. The program “Zaželi” is replicable in health crisis like we had during pandemic of COVID-19 and we identified answer to our hypothesis question because pre-pandemic home care programs, such as project initiative “Zaželi”, could be modelled to incorporate home care services that would not be disrupted during any type of emergency situation entailing restrictions of movement and home confinement.

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CARE FOR PERSONS WITH INTELLECTUAL DISABILITIES LEAVING THE SOCIAL CARE SYSTEM IN BOSNIA AND HERZEGOVINA

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Abstract

Care for people with intellectual disabilities in Bosnia and Herzegovina is based, in a broader sense, on care within the institutional framework. People with intellectual disabilities represent a broad and inadequately integrated group of people within the general population of Bosnia and Herzegovina. There are 521,218 beneficiaries of social protection living in Bosnia and Herzegovina, which represents 15% of the population, 110,813 of which are minor beneficiaries of social protection or 3% of the population of Bosnia and Herzegovina. This paper aims to show what happens to children with intellectual disabilities who grow up in children's homes without adequate parental care (997 users or 39.2%) after they reach adulthood and are forced to leave that type of accommodation. The previous indicators of the state's care are reflected in the placement of this population in institutions for persons with disabilities and institutions for care of children with mental disabilities, which continues to encourage the institutional care for this population, leading to the violation of the legal framework of fundamental human rights: the right to life, the right to freedom, the right to participate in public life, the right to independent living. What will be emphasized in this paper is precisely the area of the non-governmental sector that succeeded, to a certain extent, in developing protection mechanisms for this society group, providing them with a housing model in the local community with support that ensures the satisfaction of the fundamental human rights to freedom, self-determination, dignity and quality of life in the community. This model of housing is far more developed in Bosnia, while Herzegovina still has not recognized its expediency in the case of children and young people who leave children's homes without adequate parental care.

Keywords: people with intellectual difficulties, institutional accommodation, deinstitutionalization, support in the community, inclusion



INTRODUCTION

Persons with intellectual disabilities have always lived on the margins of society. They were sold into slavery and abandoned by their families until the 15th century, when Henry II of England passed a law by which they become wards of the state (Ainsworth and Baker, 2004). The aforementioned law represents one of the first legal sources that regulated the care of persons with intellectual disabilities as a duty of the state and can be considered the beginning of social policy for persons with intellectual disabilities.

The individual model of disability, based on the recognition of the individual's problems due to their physical, cognitive, or sensory impairments, resulted in the development of social policy in the direction of ensuring institutional care for persons with disabilities (Priestley, 2007). Institutionalization of persons with intellectual disabilities was a basic measure of social policy from the beginning of the 20th century until the 1960s. It was characterized by the non-recognition of the civil rights of institutionalized persons (Carey, 2009).

The purpose of institutionalization was to provide persons with intellectual disabilities with adequate care and education, while Schweik (2009) states that in fact the main goal of institutionalization was the segregation and elimination of persons with disabilities from society, which can be connected to the opinion that throughout history society has respected the majority rule (population without disabilities) to live in a community without persons with disabilities (Barnes et al., 2004, according to Carey, 2009).

Different theories about persons with intellectual disabilities resulted in the impossibility of their integration, and their systematic isolation, separation, and ghettoization in institutions (Thorn et al., 2009).

Throughout history, the causes of intellectual disabilities have been seen as *punishment and wrath of the gods* (Harobour and Maulik, 2010), and it has been stated that the disabilities are *the result of witchcraft and sorcery* (McDonagh, 2008).

Since the beginning of the 20th century, all the mentioned causes have gradually been classified and brought into relation. Therefore, in modern society, the emergence of intellectual disabilities is linked to the interaction of various prenatal (such as chromosomal disorders and gene mutations), perinatal (intrauterine infections and diseases, prematurity), and postnatal (traumatic brain damage, infections) causes (Harris, 2006).

The purpose of institutionalization can be understood as the protection of persons with intellectual disabilities or the protection of society from persons with intellectual disabilities. Until the middle of the 19th century, the life of persons with intellectual disabilities was marked by wandering from place to place, working as a day labourer or living in a home for the poor (Ferguson, 2009; Aragón Amonarriz, 2017). Throughout history, people with more severe intellectual disabilities lived for a short time, while those with milder ones spent their lives in institutions since the



19th century (Janicki, 1997). Thus, institutionalization takes on the characteristics of a social policy measure.

From its beginnings, institutionalization was justified by the provision of care for persons with intellectual disabilities. Some of the first institutions for persons with intellectual disabilities (mental hospitals) were built in Baghdad, Fez and Cairo in the 8th century and in Damascus and Aleppo in the 13th century, since the Arabs believed that these disabilities were divinely inspired (Braddock and Parish, 2001). The attitude that people represent a threat to society and shame to their own family served as the basic argument for the practice of institutionalization (Sherry, 2009). A person with intellectual disabilities did not contribute financially to the household, but represented an expense for the family. It is important to emphasize that the quality of life of people with intellectual disabilities was worse than that of other family members.

Education, work, and sterilization are some of the determinants of life in an institution, but they can also be considered measures of social policy for persons with intellectual disabilities. Some of the institutions had the education of people as their primary goal. Fishbein (2002) lists four periods of education of persons with intellectual disabilities: institutional care (1848-1896), special education and sterilization (1896-1950), advocacy and supplementary education (1950-1975), and deinstitutionalization and inclusion (since 1975). From the mid-1880s to the 1970s, education was based on the principles of separation and segregation (Stafford and Stafford, 2006).

Today, social policy measures for persons with intellectual disabilities in all developed countries of the world are oriented towards deinstitutionalization and development of services and support within the community. Deinstitutionalization and integration of persons with intellectual disabilities into the community have become the focus of social policy in Western countries in recent decades, while in developing countries, including Bosnia and Herzegovina, institutionalization is still present due to stigmatizing attitudes on intellectual disabilities (Allison and Strydom, 2009; Owen, Griffiths & Condillac, 2015).

Certain individuals also contributed to deinstitutionalization through their professional activities, including Burton Blatt, a pioneer in the humanization of services for persons with intellectual disabilities, who published a series of photographs in 1967 titled *Christmas in Purgatory* and showing the living conditions in institutions (Taylor, 2009). Journalist Geraldo Rivera broadcasted a report on life at *Willowbrook State School on Staten Island, New York*, on US national television in 1972, showing various forms of abuse, neglect, and inhumane living conditions of the users (Sherry, 2009). The report resulted in the immediate close-down of the facility which was a home to 6,200 users and thus the largest facility for persons with intellectual disabilities in the world (Taylor, 2009).



1. HOMES FOR CHILDREN WITHOUT ADEQUATE PARENTAL CARE

Homes for children without adequate parental care, or children's homes, are social welfare institutions in which educational activities are carried out. They accommodate children without adequate parental care, children without parents, and children to whom home has been imposed for their well-being (Rosić, 2007).

A children's home is defined as a twenty-four-hour institutional accommodation where a group of children who are not related to each other live together and are under complete care of educators (Franz Sladović, 2003).

The professional team of these homes consists of: social workers, pedagogues, psychologists, educators, nurses, etc. The main goal of the educators and professional staff of the homes is to enable the child's unhindered development from the time they arrive until they leave.

The task of the homes is to provide children with protection and education, and to optimally influence their psychophysical and social development, which, due to various reasons, the children could not achieve in the family environment (Rosić, 2007).

Experts expect that employees in children's homes can provide the child with professional and round-the-clock help in accordance with the child's needs (health, psychosocial, educational, etc.), that is, ensure the child's recovery and proper psychosocial development (Sladović Franz, 2004).

2. LEGAL FRAMEWORK FOR THE PROTECTION OF CHILDREN AND PERSONS WITH INTELLECTUAL DISABILITIES

The Geneva Declaration, as one of the initial documents that indicated the importance of protecting children, defines the following: "By the present Declaration of the Rights of the Child, commonly known as "Declaration of Geneva", men and women of all nations, recognizing that mankind owes to the Child the best that it has to give, declare and accept it as their duty beyond and above all considerations of race, nationality or creed:

- The child must be given the means requisite for its normal development, both materially and spiritually;
- The child that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succoured;
- The child must be the first to receive relief in times of distress;
- The child must be put in a position to earn a livelihood, and must be protected against every form of exploitation;
- The child must be brought up in the consciousness that its talents must be devoted to the service of fellow men." (LN, 1924, 1).



Universal Declaration of Human Rights, proclaimed by the United Nations General Assembly on December 10, 1948, points to the fact that all people have equal and inalienable rights. According to this declaration: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in the spirit of brotherhood. Everyone is entitled to all the rights and freedoms set forth in this Declaration without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status. (General Declaration of Human Rights, 1948, Article 1 and Article 2).

“A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. Such care could include foster placement, adoption or if necessary, placement in suitable institutions for the care of children.” (Convention on the Rights of the Child, Article 20).

According to *the Convention on the Rights of the Child*, the term child means: “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.” (Convention on the Rights of the Child, 1989, Article 1).


Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly on December 13, 2006, represents the latest expansion to the core of international instruments on human rights (UN, 2006: 5). It is significant for all persons with disabilities, especially for persons with intellectual disabilities who are still deprived of their rights, passive and unable to express their needs and interests. The convention should ensure that people with disabilities enjoy the same human rights as everyone else, so that they have the opportunity to live as full citizens who can make a valuable contribution to society (UN, 2006: 4).

In the preamble of the Convention, it is emphasized that “disability is an evolving concept”, which all countries agreed to by signing and/or ratifying it (Brett and Kavanagh, 2008).

The human rights model is focused on the dignity of a person with a disability, trying to find problems outside the person that prevent full respect for their dignity and equal rights (Žiljak, 2005). “Recognizing the value of human dignity serves as a strong reminder that people with disabilities have a stake in society, and claim the right to that society.” (Mihanović, 2011: 74).

Article 19 of the UN Convention on the Rights of Persons with Disabilities - independent living and independent life

Independent living is a philosophy and movement of persons with disabilities based on the right to live in the community, and includes self-determination, equal opportunities, and self-respect (WHO, 2011).



Through the fundamental principle of independent living, support for disabled persons, including persons with intellectual disabilities, is promoted in achieving self-esteem, equal opportunities, and full participation in society as equal citizens (Parker and Clements, 2008). The affirmation of this right appeared in *the Standard Rules on Equalization of Opportunities for Persons with Disabilities*, adopted by the UN General Assembly in 1993, which states that persons with disabilities are “members of society and have the right to remain within their local community.” They should receive the support they need within the ordinary structures of education, health, employment, and social services” (Parker and Clements, 2012, 513).

Changes in the trends of Western society have influenced the creation of a negative public image of institutional care, and thus the process of deinstitutionalization and the development of support services in the community has been stimulated. Three processes had a special influence on this, namely:

- The Independent Living Movement started among persons with physical impairments and aims at providing personal support and adapting to the environment to enable people to live like everyone else in the community;
- The Anti - Psychiatry Movement started by creating services in the field of mental health. It is aimed at empowering service users and living in the community, adopting a social model of disability as opposed to a medical model;
- *The deinstitutionalization and community living movement* is particularly important for the establishment of services for people with intellectual disabilities, and it has also influenced services in the field of mental health. It aims at abandoning large institutions and replacing them with a system of individual support and accommodation in the community (Mansell, Knapp, Beadle -Brown, Beecham, 2007, 1).

3. SUPPORT FOR PERSONS WITH INTELLECTUAL DISABILITIES IN THE COMMUNITY

People with intellectual disabilities need help in the immediate and wider social community in which they live. Luckasson et al. (1992) classify the levels of support that an individual need into the following categories:

1. *Occasional support is provided on the basis of an individual needs assessment. It is occasional because a person does not need support always but rather in situations of changed life circumstances (for example, acute illness, job loss). This kind of occasional support may be needed less often or more often by persons with intellectual disabilities.*
2. *Limited support that includes a time limit but not a sporadic type of help. It is consistent over time but not time- limited (help during the transition from school to adulthood). Such support requires a smaller number of people and requires fewer financial resources than some more intensive forms of assistance.*



3. Regular support includes help in all segments of a person's life in the period in which the need is recognized and in the intensity that is necessary.
4. Comprehensive support includes regular support in some or all situations during life. It is intensive, long-term, and continuous; therefore, it involves much more personnel than other forms of support (Not, 2008).

From the first form of care for persons with intellectual disabilities, which was mainly based on the charity model, to today, the way of providing support has changed greatly. The key processes that are very important to mention mainly include the development of social integration and the normalization of living conditions. Until the emergence of *the philosophy of inclusion*, persons with intellectual disabilities mostly relied only on the support of their family or educators/caregivers. Since the 20th century, the support of society has been increasingly involved. In addition to the support that the child/person has in their family or primary community, it is very important to define a role in the social community that includes adequate accommodation, education, involvement in work and employment without discrimination (Grbavica, 2018).

On the examples of some developed countries in Europe, we can see the positive results of deinstitutionalization. A modern model of care for persons with intellectual disabilities is being developed, which includes accepting these people into the community and adopting measures that remove obstacles and create conditions for a better quality of life. This leads to a model of rehabilitation that includes acceptance of diversity in a more humane and dignified direction (Not, 2008). In the social model, there is an emergence of inclusion in which the emphasis is placed on the autonomy and self-determination of the individual (Mihanović, 2011).

International instruments in the field of human rights, independent living, and independent life

International instrument	Independent living
Universal Declaration of Human Rights from 1948	The range of civil and political rights and economic, social, and cultural rights, such as the right to life and liberty, the right to marry and found a family, the right to work and to an adequate standard of living. <i>Article 1. All people are born free and equal in dignity and rights (...)</i>
UN International Convention on Civil and Political Rights from 1966	Includes: the right to life; the right to freedom; the right to marry and found a family; the right to participate in public life; right to vote.
UN International Covenant on Economic, Social and Cultural Rights from 1966	It includes: the right to work, the right of every human being to achieve the highest possible standard of physical and mental health. In relation to persons with disabilities, the obligation is (...) <i>to take positive action to reduce structural disadvantages and to give appropriate preferential treatment (...) in order to achieve the goals of full and equal participation in society for all.</i>

UN Convention on the Rights of the Child from 1989

Article 23: the right of all children with disabilities to *enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community.*

UN Convention on the Rights of Persons with Disabilities from 2006

Article 3 sets out general principles, including: *Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*

Article 19. *Ensures the recognition of equal right of all persons with disabilities to live in the community (...)*

European Convention on Human Rights from 1950

It includes a range of civil and political rights such as the right to liberty, the right to private and family life, and the right to marry and found a family.

European Social Charter from 1961 and Revised Social Charter from 1996

Formulation of Article 15 in the Revised Social Charter – *Disabled persons have the right to independence, social integration, and participation in the life of the community.*

EU Charter of Fundamental Human Rights from 2000

Article 26 *The Union recognizes and respects the rights of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration, and participation in the life of the community.*

Source: Mansell, Knapp, Beadle -Brown, Beecha (2007, 54-55)

Bosnia and Herzegovina and the system of care for children and persons with intellectual disabilities who leave homes for children without adequate parental care

According to the available data of the Agency for Statistics of Bosnia and Herzegovina (2022), the number of minor beneficiaries of social protection in Bosnia and Herzegovina in 2021 was 110,813, 15,885 of whom were persons with disabilities in physical and mental development. If the above data is broken down into categories, it shows the following:

- Visual impairment 779 users
- Hearing impairment 826 users
- Speech-vocal impairment 1,228 users
- Physical impairments and chronic diseases 3,403 users
- *Intellectual disabilities 4,383 users*
- Behavioural and personality disorders 1,055 users
- Combined disorders 4,211 users

When this data is broken down on the basis of the users' age, the following picture of the users' age is obtained: Out of the total number of 15,885, most persons with disabilities in physical and mental development are:



1. aged 7 to 14 (6,264 users),
2. aged 15 to 16 (3,817 users),
3. aged below 7 (3,175 users)
4. aged 17 to 18 (2,629 users).

With regards to children with intellectual disabilities the numbers are as follows: Out of the total number of 4,383 users, most children with intellectual disabilities are:

1. aged 7 to 14 (1,941 users)
2. aged 15 to 16 years (977 users),
3. aged below 7 years (791 users)
4. aged 17 to 18 (674) users.

According to the same data of the Agency for Statistics of Bosnia and Herzegovina (2022), the number of adult beneficiaries of social protection in Bosnia and Herzegovina in 2021 was 410,405, 48,651 of whom were persons with disabilities in physical and mental development. If the above data is broken down into categories, it shows the following:

1. Visual impairment 3,413 users
2. Hearing impairment 2,519 users
3. Speech-vocal impairment 1,275 users
4. Physical impairments and chronic diseases 19,830 users
5. *Intellectual disabilities* 9,660 users
6. Behavioural and personality disorders 3,380 users
7. Combined disorders 8,574 users

When this data is broken down on the basis of the users' age, the following picture of the users' age is obtained: Out of the total number of 48,651, most persons with disabilities in physical and mental development are:

1. aged 65+ (12,420 users)
2. aged 46 to 59 (10,674 users),
3. aged 27 to 45 (9,403 users)
4. aged 18 to 26 (8,094 users)
5. aged 60 to 65 (8,060 users).

With regards to persons with intellectual disabilities the situation is as follows: Out of the total number of 9660 users, most persons with intellectual disabilities are:

1. aged 27 to 45 (2,307 users),
2. aged 46 to 59 (2,300 users),
3. aged 18 to 26 (2,086 users),
4. aged above 65 (1,580 users)



5. aged 60 to 65 (1,387 users).

In 2021, 2,540 users between the ages of 0 and 35+ were housed in institutions for children, youth, and adults with mental and physical disabilities. Number of persons aged 18 to 35+ placed in institutions for adults with disabilities in mental and physical development amounts to 1,606 users (Agency for Statistics, 2022).

The number of people according to the reason for placement in homes in 2021 was 7,601 (2,613 men and 4,988 women). The number of persons with mental disorders placed in homes in 2021 amounts to 1,338 users (Agency for Statistics, 2022).

Unfortunately, there is no data on children with intellectual disabilities without adequate parental care placed in children's homes, but the real situation is different.

4. CHALLENGES IN THE DELIVERY OF SERVICES TO PERSONS WITH INTELLECTUAL DISABILITIES LIVING SOCIAL CARE SYSTEM

Providing services to individuals with intellectual disabilities within the social care system in Bosnia and Herzegovina is frequently accompanied by diverse challenges. These difficulties are complex and encompass issues ranging from policy and resource limitations to societal attitudes and the distinctive requirements of individuals with intellectual disabilities.

- Social stigma can lead to discrimination and exclusion of individuals with intellectual disabilities

Despite the overarching and transformative commitment to “Leave No One Behind” in the UN’s 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), the prioritization of persons with disabilities in all humanitarian interventions and development policies and programs is still a work in progress. As of 2018, approximately one billion people were estimated to live with some form of disability, with 80% residing in low- or middle-income countries, where they encounter more significant challenges compared to any other demographic group, as reported by the World Health Organization and World Bank in 2011 and the United Nations Department of Economic and Social Affairs in 2018. Stigma holds the capacity to diminish the abilities of individuals and disempower them by limiting their agency, defined as the capacity to choose between different styles and ways of living (Trani et. al., 2020). When discussing Bosnia and Herzegovina in this context, it must be emphasized that individuals with intellectual disabilities still live on the margins of a quality life. People with disabilities are often placed in institutions located on the outskirts or outside of cities, lacking interaction with the local community and opportunities for coexistence with citizens.

- The autonomy and rights of individuals with intellectual disabilities can be restricted by legal barriers.

The access to justice is an integral, interdependent, and interconnected human right for persons with disabilities. Among these rights is the entitlement to equality



and fair treatment before and under the law. The Convention on the Rights of Persons with Disabilities acknowledges that ensuring equal and effective legal protection against discrimination is crucial for upholding the prohibition of discrimination. The standard for achieving the elimination of discrimination and the advancement of equality is considered to be the reasonable accommodation of their needs. The realization of rights to equality and access to justice often depends on the provision of accessibility for persons with disabilities. Therefore, the Convention underscores the essential role of accessibility in fulfilling their other rights. Facilitating accessibility involves identifying and removing barriers in transportation, accessing public services, and ensuring full awareness of their rights.


In the context of Bosnia and Herzegovina respecting the rights guaranteed by the Convention, it must be emphasized that Bosnia and Herzegovina ratified the said Convention in 2010. Unfortunately, the implementation has been progressing very slowly. As of today, Bosnia and Herzegovina still lack harmonized legislative and sub-legislative acts that should standardize terminology for persons with disabilities and children with developmental difficulties. They are still referred to by pejorative terms (such as handicapped persons, persons with special needs, retarded persons). Furthermore, accessibility, both in terms of architecture and information-communication, is still not at a level that would enable persons with disabilities to actively participate in social life.

- Transitions between different life stages or service providers can be challenging for individuals with intellectual disabilities. Lack of continuity in care and support during transitions can lead to disruptions.

Speaking about this challenge, it must be emphasized that Bosnia and Herzegovina still relies on an institutional model for the care of persons with disabilities, particularly individuals with intellectual difficulties who, after reaching a certain age, are placed in closed-type institutions. Laws have gradually started to change, including provisions related to independent living for persons with disabilities and/or supported living. However, this is still far from being implemented.

5. EXAMPLES OF SUPPORT FOR PERSONS WITH INTELLECTUAL DISABILITIES WHO LEAVE SOCIAL CARE SYSTEM IN BOSNIA AND HERZEGOVINA

There are currently two organizations/associations operating in Bosnia and Herzegovina for the care of young persons who leave social care system. The first is the *Sumero alliance* (<https://sumero.ba>) in Sarajevo. It is currently the largest organization dealing with the rights of persons with intellectual disabilities in Bosnia and Herzegovina. Sumero brings together and cooperates with numerous organizations that represent people with various forms of disabilities in Bosnia and Herzegovina. It has been operating since 2000 and its main mission is the promotion of human rights, representation, and self-representation of persons with intellectual disabilities with the aim of their social inclusion through the development of quality support services



in the local community. Sumero's scope of work is, among other things, focused on raising the quality of life of persons with intellectual disabilities and other forms of disability and working on implementing the rights guaranteed by the UN Convention on the Rights of Persons with Disabilities, increasing awareness of the abolition of all forms of discrimination against persons with disabilities and encouraging the adoption of anti-discrimination measures and action in local communities, raising society's awareness of persons with intellectual disabilities, improving and respecting their rights and dignity, fighting against stereotypes, prejudices and harmful practices.

The other organization is *Kuća na pola puta* in Mostar. "Our Kids" (<https://djeca.ba>) in Bosnia and Herzegovina, Mostar is an association founded in 2012 to provide help and support to young people who, after turning 18, must leave children's homes and start an independent life, according to the law. The association was founded after the realization that when children leave their homes, they are left without institutional support, completely left to fend for themselves, thus becoming a risky social group and living on the margins of society in an effort to secure an independent life for themselves. Through the *Kuća na pola puta* project, initially called *independent housing with support*, they provide this vulnerable young category, including persons with developmental disabilities, with a safe place to live, training in basic life skills, support in the phase of transition to independence and inclusion in society.

CONCLUSION

People with intellectual disabilities still, unfortunately, live on the margins of society. They have the most difficulties in the period of transition from adolescence to adulthood. Growing up means becoming independent, getting a job, or starting a family. The community and society in general should create capacities for providing help and support to persons with intellectual disabilities in order to provide them with the necessary degree of independence in running a household, organizing work, and enabling full integration into society. Experts have long recognized the positive sides of community involvement, community support and acceptance. By integrating into the community and becoming independent, persons with intellectual disabilities cease to be an object of pity and become useful members of the society. On the example of developed countries, we can see the benefits of closing down and repurposing institutions. Modern models of care for persons with intellectual disabilities increase the willingness of the community to accept them and bring about better life conditions. Using models of self-advocacy and complete inclusion, and enabling education and development of social skills for persons with intellectual disabilities, conditions are created for life without stigmatization, poverty, and other risks they encounter in life. With the support of the community through programs such as *Sumero* and *Kuća na pola puta* in Bosnia and Herzegovina, help is provided to young people who leave children's homes without adequate parental care.



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THE NEED FOR PERSONAL ASSISTANCE AND HELP IN THE HOME AS SOCIAL SERVICES IN THE HOME

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Abstract

With the Law on Social Protection from 2019 in the Republic of North Macedonia, a systemic solution was introduced in the scope and access to social services for citizens. The purpose of these social services is aimed at supporting the fulfilment of people's daily needs in order to maintain the quality of life and prevent or delay placement in institutions. One set of these Social Services are services in the home. Users of services in the home are persons with temporarily or permanently reduced functional capacity, and these services are provided in cases where support from the family is insufficient or professional care and assistance is required in accordance with the established individual needs of the person. These social services are provided as personal assistance and help and care in the home.

The services are provided through licensed service providers, whereby the service of personal assistance is provided through 4 providers, and the service of help and care in the home through 11 providers.

This paper will provide a detailed overview of the way the services are delivered, the scope of users with different providers, as well as the needs and problems in the delivery of the services and the opportunities for their improvement. An analysis of the legal framework will be made, as well as a qualitative and quantitative analysis of the state of service delivery.

Keywords: services in the home, personal assistance, help and care in the home.

INTRODUCTION

With the introduction of the National Deinstitutionalization Strategy in the Republic of North Macedonia for the period 2018-2027, named 'Timjanik,' activities and actions were undertaken to facilitate the transition from institutional care for users to a social care system provided within the framework of family and community, with the involvement and support of social services. The foundation of the deinstitutionalization process itself lies in the understanding that institutional care is



harmful and inefficient. Hence, there arises a need to transition from institutional to community care. Community care for users not only represents a change in location but also a change in the way services is delivered. As a step towards the development and provision of services outlined in the National Deinstitutionalization Strategy, a new Law on Social Protection was enacted in 2019. The Law on Social Protection established new social services at home, including personal assistance and assistance and care at home, aimed at providing assistance and care to individuals with temporarily or permanently reduced functional capacity, with the goal of enabling them to continue living in their own homes and preventing the need for institutional care (Bogoevska, Bornarova, 2021).

The National Strategy and the new Law on Social Protection paved the way for democratization and a change in the relationship between staff/employees in the canters and service providers with users. It also increased the preparedness of users to make choices, express their needs, and familiarize themselves with their environment. This approach contributes to strengthening the personal capacities of users and their families, actively involving them in decision-making processes.


1. SOCIAL SERVICES IN THE HOME

In the implementation of deinstitutionalization, the goal of establishing social services in the home is to provide daily services through comprehensive activities and community participation, as well as personal services to the user, delivering personalized care according to their needs.

It should be noted that at the beginning of the entire process, prior to the Strategy and the new Law on Social Protection, the development of such personalized services was limited. Specifically, a service for assistance and care in the home for elderly users was introduced by several civil organizations, while the personal assistance service was introduced as a separate social protection program in 2018 after a pilot project funded by the EU to establish an appropriate model and standards for this type of service.

Important for this transitional period from institutional care to care within the community are two concepts that we still observe today: conversion of existing institutions transforming into community services and substitution, where institutions are closed and replaced with new services provided by other community providers. In both models, institutions undergo transformation, and their facilities are repurposed for other services by redirecting resources to newly created services.

Independent living means providing individuals with temporarily or permanently reduced functional capacity with the means to have control over their lives and make all decisions regarding their lives. Personal independence and decision-making are the foundation for independent living. It is important to note that independent living does not imply a lack of dependence on support from others but signifies the need for support for independent living and control over the required support. In



this way, services for personalized care and support are established, defined as social services in the home.

1.1. Personal Assistance

Under the Law on Social Protection, the service of personal assistance encompasses individual help and support for children aged six and adults with reduced functional capacity. The goal is to enable independent and autonomous living, active and equal participation in the community, as well as the performance of everyday activities that individuals without disabilities typically undertake without support. Personal assistance includes assistance and support in performing basic and instrumental activities of daily living, support at the workplace, educational institutions, rehabilitation centres, assistance and support in the community, and other activities of interest to the individual, up to 80 hours per month. The Law on Social Protection allows for an additional 80 hours per month as an exception to the number of hours that can be obtained for individuals transitioning from residential care to living in a residential facility or with support, due to a greater need for assistance and support for independent and autonomous living and community inclusion.

Users of the personal assistance service are individuals with severe and profound physical disabilities and completely blind individuals. Users may also include individuals with a combined disability if it is based on one of the previously mentioned impairments.

The personal assistance service is provided by licensed or authorized providers of social services, i.e., individuals who work in social protection as a professional activity. Personal assistants are immediate providers of the personal assistance service.

The service itself is provided to give individual help and support in performing basic and instrumental activities of daily living at the user's home, individual help and support at the workplace, educational institution, rehabilitation centre, and other places where activities related to work tasks, education, and user's vocational training are realized, as well as assistance and support for the user in the community.

Basic activities of daily living at the user's home include support for personal hygiene, assistance with dressing and undressing, mobility in the home, support with eating, use of the toilet, and monitoring vital bodily functions (measuring body temperature, blood pressure, sugar levels).

Instrumental activities of daily living at the user's home include support for performing daily household activities: cleaning, arranging for repairs, laundry, cooking, grocery shopping, external mobility, taking medical therapy, using the telephone, and assistance with budget management.

The individual assistance and support in the workplace, educational institution, rehabilitation centre, and other places where activities related to work tasks, education, and vocational rehabilitation of the user are implemented include:



- Assistance and support in traveling to and from the workplace, educational institution, rehabilitation centre, professional rehabilitation centre, and other places where activities related to performing work tasks, education, and vocational rehabilitation of the user take place.
- Assistance and support at the workplace, educational institution, rehabilitation centre, professional rehabilitation centre, and other places where activities related to performing work tasks, education, and vocational rehabilitation of the user take place when moving in space and meeting personal needs such as toilet use, nutrition, dressing, and other everyday activities.
- Assistance and support in using information technology and information and communication technology.
- Assistance and support in communication with other people, institutions, and organizations.
- Assistance and support in reading books, professional literature, newspapers, and other literature chosen by the user.
- Other activities related to the work, education, and rehabilitation of the user.


Individual assistance and support to the user in the community include:

- Assistance and support in using all types of transportation, such as wheelchair movement, boarding and disembarking from transportation, and more.
- Assistance and support for participation in social and public events.
- Assistance and support in communication and mediation with individuals, institutions, and organizations, as well as in using social, health, and other services in the community.
- Assistance and support for visiting and actively participating in educational, recreational, sports, cultural and entertainment events, and other events of interest to the user.
- Assistance and support in realizing other activities for community participation, maintaining contacts with relatives, socialization, and productive use of free time

1.2 Assistance and Care at Home

The Law on Social Protection provides assistance and care at home for up to 80 hours per month, assisting individuals with reduced functional capacity who are unable to care for themselves. The goal is to enable them to be self-sufficient, regain, acquire, or maintain the ability to care for themselves, allowing them to continue living in their own homes and lead an independent life in the community.

Service users include individuals with severe disabilities, combined with the highest degree, completely blind individuals, elderly individuals, and others who require assistance and care at home.



The service of assistance and care at home is provided by licensed or authorized providers of social services, individuals who work in social protection as a professional activity in accordance with the Law on Social Protection. The direct providers of the assistance and care at home service are caregivers.

The assistance and care at home service provide support for the realization of basic and instrumental activities of daily life for the service user.

Basic activities of daily life include maintaining personal hygiene, dressing, mobility at home, eating, using the toilet, and changing diapers and under pads in case of incontinence.

Assistance in fulfilling the basic daily activities of the user includes:

- Assistance with washing face, hands, and teeth, hair washing, bathing, combing, shaving, nail cutting, etc.
- Assistance with dressing and undressing.
- Assistance with physiological needs, assistance to reach the toilet, to clean up after use, or assistance in using a bedpan or mobile toilet.
- Assistance with movement in and around the home.
- Assistance with feeding.
- Assistance with changing diapers and under pads.

Instrumental activities of daily living include: support with cleaning, mediation for repairs, washing, cooking, buying groceries, external mobility, taking medical therapy, using the phone, and assistance in budget management.

Assistance in achieving instrumental activities of daily living for the user includes:

- Assistance in cleaning the living space and household appliances, minor repairs, mediation for plumbing, electrical and other installations, carpentry, painting, and other services, assistance in lighting wood stoves and cleaning ashes, performing easier household tasks such as washing dishes, making the bed, changing bed linen, and the like.
- Assistance with washing, drying, and ironing clothes and maintaining shoes, and the like.
- Assistance in planning, preparing, heating, and serving appropriate meals and drinks.
- Assistance in making smaller and larger purchases of food, drinks, clothing, shoes, newspapers, and the like.
- Assistance due to external mobility: assistance in moving outside the home, using public transportation, taxi vehicles, and the like.
- Assistance in administering medication at the appropriate time and dosage, treating minor injuries and wounds, monitoring vital functions such as blood pressure, body temperature, blood sugar levels, and the like.



- Assistance in using the phone and other devices, assistance in finding and dialing numbers, answering the phone, using the radio, television, computer, and the like.
- Assistance in managing the budget, paying bills, going to the bank, and the like.

2. CHALLENGES AND OPPORTUNITIES FOR IMPROVING PERSONAL ASSISTANCE AND HOME CARE SERVICES

According to the Social Protection Law, the provision of social protection works, i.e., social services, can be carried out by licensed providers of social services according to the type of social services for which they have been granted a permit to operate. The specific conditions and criteria, required documentation, the application form for obtaining a work permit, the method and procedure for issuing and revoking a work permit, and the record-keeping method for licensed providers of social services are prescribed in the regulation issued by the Minister of Labour and Social Policy. The Ministry of Labour and Social Policy maintains a record of licensed providers of social services, and this record is published on the Ministry's website (MLSP, 2022).

According to the Ministry's records, 118 providers of social services have been granted a work permit for the provision of social protection works. For the personal assistance service, there are 12 providers of social services with a work permit. For the home care service, there are 32 providers of social services with a work permit.

Providers with a work permit for personal assistance and home care services are distributed in all regions throughout the country.

The distribution of the personal assistance service by regions is as follows:

Skopje - 3 providers

North-eastern - 2 providers

Pelagonian - 1 provider

Polog - 1 provider

South-eastern - 2 providers

Southwest - 2 providers

Vardar - 1 provider

The distribution of the assistance and home care service by regions is as follows (MLSP, 2023):

Skopje - 4 providers


North-eastern - 2 providers

Pelagonian - 3 providers

Polog - 1 provider

South-eastern - 5 providers

South-west - 7 providers



Vardar - 5 providers

Eastern - 5 providers

The Ministry of Labour and Social Policy has entered into administrative contracts for the implementation of allocated funds for the provision of social services such as personal assistance and assistance and home care. There are 4 licensed providers for personal assistance and 22 licensed providers for assistance and home care.

In June 2023, the Institute for Social Activities - Skopje conducted an analysis of the structure of direct providers of social services in homes. The data from the analysis indicate that the personal assistance service is provided through 20 socialsworkscentres and 4 licensed service providers, serving a total of 406 users with the help of 267 assistants. The assistance and home care service are provided through 13 socialsworkscentres and 22 licensed service providers, serving a total of 776 users with the help of 382 caregivers.

According to the analysis, in the personal assistance service, there are 194 women and 73 men working as assistants, while in the assistance and home care service, there are 331 women and 51 men working as caregivers. The age of assistants and caregivers ranges from 18 to 64 years.

A significant aspect to consider for the quality delivery of personal assistance and home care services to users is the number of assistants and caregivers who have established a working relationship with another employer. Data shows that out of a total of 267 assistants, 77 work for another employer, while out of a total of 382 caregivers, only 24 have established a working relationship with another employer (ISA, 2023).

The challenge we face, and the question that arises, is whether in the case where a personal assistant or caregiver has established a working relationship with another employer, they can deliver the service to the user according to their needs at a given moment. Therefore, steps need to be taken to regulate the employment relationship of personal assistants and caregivers. This is particularly noticeable with personal assistants who are engaged with an employment contract, making it impossible for them to exercise the rights they would have if employed for a specific or indefinite period. They do not have the right to vacation, sick leave, or, during the period when they take time off or are sick, they do not provide the service, making it impossible for them to receive payment from social service providers. Additionally, the problem arises that they are not necessarily covered by pension and disability insurance and do not have the opportunity to claim pension insurance rights, risking not having the required number of insurance years upon reaching retirement age. Regulating the employment relationship of caregivers and personal assistants will benefit all parties. The user will be able to receive the service when it is most needed, request and receive quality service, while caregivers and personal assistants will be relieved of the pressure they currently face, without being able to use sick leave, vacation, or being pensioned and insured. They will be able to deliver the service timely and qualitatively according to the needs of the user.



In addition to the data obtained in the analysis of the Social Activities Institute, other data have been obtained based on inspections carried out by the Inspection Sector in the field of social protection and child protection at the Ministry of Labour and Social Policy. The Ministry of Labour and Social Policy conducts inspections on the implementation and application of laws and other regulations in the field of social protection and child protection, on social protection institutions, and other legal and physical persons performing certain social protection work as a professional activity. In 2023, 20 regular inspections were carried out regarding the assistance and care service at home, 10 inspections were conducted at social work centres, and 10 at providers of social service assistance and care at home. Regarding the personal assistance service, 11 inspections were conducted in 2023, 7 at social work centres and 4 at providers of personal assistance services.

From the conducted inspections, irregularities were found in the conduct of social work centres and providers of social services. The most common irregularities found at social work centres and providers of assistance and care at home include:


The most common irregularities found in social service centres for home care and assistance are as follows:

- When there is a discrepancy between the completed KAC Index and the completed Lotton Brody instrument, the centre does not seek a second opinion from another doctor or a professional committee to provide a decision, assessment, and opinion on the need for assistance and care from another party.
- When determining the scope of the service and the number of hours for basic and instrumental activities, the centre calculates hours that do not correspond to the degree of reduction in the user's functional capacity.
- The centre, as a matter of official duty, does not review the existence of facts and conditions for acquiring and using the home care and assistance service at least once a year.

The most common irregularities found among providers of home care and assistance services are:

- The coordinator at the service provider does not conduct direct inspections of the user's home at least once a month, or does not ensure that the caregiver provides the service continuously and with quality.
- The coordinator at the service provider does not organize coordination meetings with caregivers once a week to monitor and discuss all circumstances affecting the provision of the service.
- The service provider does not provide evidence to caregivers that they meet the conditions for providing home care and assistance services, such as evidence of health status, education level, lack of restrictions on work capacity, lack of parental rights revocation, lack of criminal convictions, and no prohibition for performing duties, activities, or professions.

As for irregularities identified in social work centres and providers of personal assistance



services, the most common are:

The most common irregularities found in social work centres for personal assistance services are:

- The professional worker in the centre does not hold joint meetings with the user, personal assistant, and coordinator at least once a month and does not compile a record that shows the activities undertaken to monitor the implementation of the individual plan and activities outlined in the List of Activities for the provision of personal assistance services.
- The professional worker in the centre, in the process of providing personal assistance services, completes the form with data on the status and needs of the personal assistance seeker.

The most common irregularities found among providers of personal assistance services are (MLSP, 2023a):

- The diaries kept by personal assistants record the total number of hours in which the service was provided during a day but do not include the start and end times of providing the service.
- The coordinator at the service provider does not conduct direct inspections of the user's home at least once a month, or does not ensure that the service from the personal assistant is provided continuously and with quality.
- The coordinator at the service provider does not organize coordination meetings with personal assistants once a week to discuss all circumstances affecting the provision of the service.

Based on identified irregularities, appropriate decisions with measures and deadlines for their removal have been made. After conducting supervisory inspections at the subjects where control inspections were carried out, it was found that the decisions made by the inspectors were gradually implemented, and the identified irregularities were rectified.

CONCLUSION

To improve the delivery of personal assistance and care services at home to users, it is necessary to establish a monitoring and evaluation system for the provided services. This system will provide data on the quality of the services, user satisfaction, and the satisfaction of their families with the received service. By establishing a monitoring and evaluation system, short-term and long-term activities can be planned to improve the quality-of service delivery by social service providers, enhance the methodology and training programs for personal assistants and caregivers, and provide opportunities to review legal acts to ensure users receive quality services. This approach will strengthen the functions of supervision, supervision, monitoring, and evaluation of the implementation of measures and activities in the social protection system (Government of the Republic of North Macedonia, 2023).




In North Macedonia, the development of personalized services such as personal assistance and care at home, although in its early stages, shows that it is of great importance to the users themselves. Users' express satisfaction with the services they receive from social service providers. The increasing interest in participating in the delivery of these services by social service providers, as well as the demand for using the services by users, indicates that through personal assistance and care at home, good care and support are provided to individuals with needs, while also strengthening the individuals contributing to their improved quality of life. All of this points to the need to develop a network of social service providers by intensifying the licensing process and entering into administrative agreements with authorized providers of social services.

In conclusion, it can be stated that for people with disabilities and other individuals using home care and personal assistance services, the continued use of these services enables them to feel included regardless of their social or health condition. It helps them overcome prejudices and barriers that prevent equal access, similar to other citizens. This way, they are included in educational activities, no longer marginalized in terms of employment, have access to health and other services, can use transportation, actively participate in community activities, and attend events. It is confirmed that users need specialized service providers and skilled, trained professionals who will deliver these services (Bornarova, Bogoevska, 2021).

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IV

SOCIAL WORK AND MENTAL HEALTH





MENTAL HEALTH OF FORCED MIGRANTS: BETWEEN STIGMA, CULTURE AND POLICIES

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Abstract

The process of forced migration is accompanied by a series of losses, insecurities, and fears that may be among the risk factors for the prevalence of mental health difficulties. These losses can be physical (loss of home, family members) and symbolic (loss of language, cultural codes, and traditions) and are related to factors experienced by forced migrants before, during and after the migration process. Stigma related to mental health difficulties refers to cultural and structural barriers to help seeking for such difficulties and significantly hinders the recovery process. Based on semi-structured interviews with experts in the field of migration/asylum/mental health (social workers, psychotherapists, cultural mediators, NGO workers), this paper explores the main factors that could be related to mental health difficulties of forced migrants in Slovenia. These are identified before migration (war, political instability, violence, losses), during the migration process (insecurities, lack of information, violence on the route) and after migration (stigmatisation, discrimination, inadequate housing, lack of employment and educational opportunities, social and migration policies, etc.). Particular importance is given to the temporal aspects of forced migration (long waiting and an uncertain future).

Keywords forced migration, asylum seekers, mental health, distress, social policy

INTRODUCTION

Modern Europe is not only characterised by the unification of nation-states, but also by the growing presence of international migrants. Castles and Miller (1998) cite the globalisation, increasing numbers, diversification, feminisation, and politicisation of migration as fundamental features of contemporary migration. The globalisation of migration means that more and more countries are significantly influenced by migration movements, but at the same time the diversity of countries of origin is also increasing, which means that migrants arriving in new societies are also increasingly different from each other. In the last decade in particular, Europe has also seen an increase in the number of people seeking international protection because of pro-




tracted armed conflicts and political instability in countries such as Syria, Afghanistan, Iraq, Somalia, Eritrea and, more recently, Ukraine. Given that the experience of war and persecution is one of the most important risk factors for mental health deterioration (Satinsky et al., 2019), it is not surprising that the topic of migration, mental health and the importance of psychosocial support for this group has also been raised by international organisations in the field of migration (e.g. IOM - International Organisation for Migration and UNHCR - United Nations High Commission for Refugees) as well as health (e.g. WHO - World Health Organisation) (Mental health and psychosocial support..., 2015).

Forced migrants are exposed to traumatic events before they leave their home country, during the journey itself and while living in the country they have fled to. For example, they experience protracted wars, political instability, torture, arrests, extrajudicial killings; physical and sexual violence and loss of loved ones (Shannon et al., 2015; Paudyal et al., 2021). They also face insecurity, lack of reliable information and various forms of violence during the migration process itself. In the country of immigration, they encounter various forms of stigma and discrimination, exclusionary policies, often rejectionist attitudes of the local population, poor and precarious living conditions in segregated refugee or asylum centres and other accommodation, and limited employment and education opportunities (Bhugra and Gupta, 2010; Kir-mayer et al., 2011; Bäärnhielm et al., 2017; Slobodin et al., 2018).

Steel and colleagues (2009), in a meta-analysis of studies looking at PTSD (post-traumatic stress disorder) and depression among refugees, reported that among refugees, PTSD and major depression are among the most common mental disorders. The study identified the experience of torture and cumulative exposure to trauma as the most important risk factors for the occurrence of mental disorders. A recent (Satinsky et al., 2019) systematic review of studies on the use of and access to mental health and psychosocial support services among refugees and asylum-seekers in European Union and European Economic Area countries found a gap between the needs of refugees and their access to or use of mental health services. The authors of the review highlighted that there are preliminary indications that refugees and asylum-seekers with mental health difficulties are more likely to use services (including emergency services) for issues or symptoms that are predominantly associated with physical illness. Stigma was identified as one of the major barriers to help seeking in case of difficulties, with language barriers, cultural differences in the expression of symptoms, a gap between patients' expectations and mental health service providers, lack of knowledge about available services and cultural differences in help-seeking methods also being mentioned as barriers.

The ambition of this contribution is to explore the factors that may influence the recognition of mental health difficulties and help seeking in this population group. We argue that the experience of stigma and discrimination results as an interplay of different factors, such as the importance of gender, religion, ethnic group, legal status in a new country, economic status, etc., which co-shape the complex web of



individually diverse circumstances in which this group finds itself. We draw on the results of systematic reviews on stigma, forced migration and mental health difficulties, as well as on more particularised research on selected groups of forced migrants (defined, for example, by gender, ethnicity, or country of origin). In the second part of the text, based on semi-structured interviews with experts in the field of migration/asylum/mental health (e.g., social workers, psychotherapists, cultural mediators, NGO workers), we explore the main factors related to mental health difficulties of forced migrants in Slovenia. We argue that these can be found at the intersection of life events and experiences before, during and after their migration.

1. BARRIERS TO HELP SEEKING FOR MENTAL HEALTH DIFFICULTIES AMONG FORCED MIGRANTS

In simplified terms, there are three phases in studying the impact of migration on mental health: the pre-migration phase, the migration process itself, and the post-migration period, although these inevitably overlap in everyday life (Palmer and Ward, 2007; Bhugra and Gupta, 2010). The mental health impacts of migration are the result of the interaction of complex social, economic, psychological, physical, and cultural factors that may influence the process of migration itself as well as the reasons for it, even if causality is difficult to prove (Bhugra and Gupta, 2010; Dein and Bhui Singh, 2013). Migration often involves a series of losses, for example of family and 'familiar' society, which can be emotional as well as structural; language, especially colloquial and dialectal, may be lost; attitudes, values, social structures, and support networks may change; and the legal status of migrants in the new society is often uncertain (Bhugra, 2004; Bhugra and Gupta, 2010; Bäärnhielm et al., 2017). Language poses a particular problem, especially when it comes to culturally mediated and determined discourse about hardship and symptoms, as translation is never just a translation but an interactive dynamic medium (Bhugra and Gupta, 2010).


Pre-migration factors may include a predisposition to mental disorders and certain personality traits, compounded by vulnerability factors (such as birth trauma and adverse early childhood experiences). These may increase susceptibility to mental health difficulties in later life and determine perception and coping with the experience of both migration and settling into a new society. Living conditions in the country of origin, including various forms of violence, war, and torture, are also pre-migration risk factors (Lindert et al., 2008). Cultural and socio-economic status discrepancy before and after migration may be important, as low socio-economic status has been found in most studies to be a risk factor for poorer mental health among both migrants and the 'domestic' population (Lindert et al., 2008; Bhugra and Gupta, 2010). Even if migrants can access healthcare and are guaranteed the principle of equal treatment within the healthcare system, such barriers, compounded by discrimination at various levels often result in migrants making less use of (mental) health services than the 'local population' (Lindert et al., 2008). Some researchers



have also pointed to the importance of spiritual or religious interpretations of mental health conditions as dominant ways of understanding the mental state of people from certain ethnic groups, and to the presence of complex systems of theory and clinical practice within health systems that are not part of 'Western medicine' but are still relevant for some people (Dein and Bhui Singh, 2013). In this regard, some have emphasised the dangers of interpreting clinically significant symptoms and disorders as merely the result of trauma, which can lead to inappropriate and inadequate responses by professional services (Bhugra and Gupta, 2010). In this respect, the finding of a preliminary study by Slobodin and colleagues (2018) among asylum seekers in the Netherlands, which found that mental health difficulties among asylum seekers were more often associated with post-migration stressors (uncertainty, powerlessness, and frustration with the asylum process) than with past traumatic experiences, is instructive. This is a finding that has been corroborated by some previous research on the topic (in Slobodin et al., 2018), although such studies have typically been locally limited and smaller in terms of sampling.

In the last two decades in particular, there has also been an increase in the number of studies in Europe and the US looking at stigma, help seeking and mental health difficulties among forced migrants. This research has analysed both the barriers to help seeking that exist in refugee communities and in the socio-political and economic regimes of the countries to which they have fled. In this way, most of the research has pursued the study not only of more psychologically based factors, but also of structural factors that prevent or make it difficult for people to seek help.

For instance, in Scotland, a large-scale survey of 101 asylum seekers and refugees from seventeen different countries of origin was conducted using focus groups (Sanctuary - Mosaics of meaning..., 2008) on their perceptions of the stigma associated with mental health difficulties. The main causes of mental health difficulties cited by the majority of participants were worries and pressures in their daily lives related to being asylum seekers or refugees and the negative impact of the asylum process itself. All groups included in the study perceived stigmatising behaviours such as avoidance, rumours, rejection, and labelling. One of the important reasons given for such behaviour was lack of knowledge of the legislation on mental health issues. As a result, they are sometimes reluctant to help people with such difficulties to avoid getting into trouble themselves. At the same time, they generally perceived a higher level of acceptance of people with mental health difficulties in the UK than in their home countries. Some also interpreted poorer mental health as a consequence of being too religious or not religious enough. They also mentioned language barriers and mistrust of interpreters (in terms of competence as well as confidentiality), insufficient access to services in this field, and the stigma and shame associated with mental health difficulties. If the problem was milder, participants mostly said they sought help from family and friends, even if rumours within the community were a problem for some. At the same time, many said they would be more likely to seek help from someone coming from the same country. One of the key difficulties in



seeking help was their perception that there exists institutional racism within mental health services, which makes it even harder to seek help.

In 2014, a large action research project was carried out in the USA to develop more culturally informed ways of identifying mental health difficulties for newly arrived refugees (Shannon et al., 2015). The researchers conducted focus groups with refugees from Somalia, Bhutan, and people from the Karen (Asian) and Odom (the dominant ethnic group in Ethiopia) ethnic groups. They classified the barriers to talking about mental health difficulties in these communities into seven groups: history of political repression, fear, the belief that talking about these issues is not helpful because all community members have experienced similar things, lack of knowledge about mental health, avoidance of symptoms and painful memories and reminders of suffering, and cultural factors. Groups that have remained silent for years about their experiences and suffering, often in a way that ‘silences’ the whole (ethnic) community, often find it difficult to talk about the suffering they have experienced even when they are safe. They are also afraid to express their feelings, of being alienated and isolated from the community by disclosure, of being taken to hospital and separated from their families, of not being able to help them, afraid of the lack of trust and confidence within the community. Participants also highlighted the difficulty of accessing help and the lack of knowledge about mental health issues and services in their communities. Based on the results, the researchers noted that talking about difficult experiences could be therapeutic, but can also be extremely uncomfortable and trigger symptoms of mental distress. These symptoms, in addition to the stigma that accompanies mental health difficulties, are a major barrier to help seeking, they concluded.

A recent study (Refugees, mental health, and stigma in Scotland, 2016) among members of the three largest ethnic minority groups in Scotland (Chinese, Pakistani and Indian) examined, among other things, stigma in the face of mental health difficulties both within and outside these communities. In all the communities studied, mental health difficulties were generally perceived to be the result of a combination of stress factors such as economic deprivation, social isolation and pressures and responsibilities attached to the family. Chinese men and women, for example, often spoke of ‘life pressures’ in this context. In particular, those who had only recently moved to Scotland reported inadequate accommodation, language barriers and the experience of racist exclusion as factors in poorer mental health. Depression and anxiety disorders were generally not seen as mainstream medical conditions by participants in the study, but rather as a response to social problems, a crisis of belief, or simply as ‘part of life’. There have also been reports of frequent stigmatisation of people with mental health difficulties within their own ethnic communities. Stigma was often linked to cultural and religious beliefs about the causes of difficulties, such as the idea of guilt and mental disorder as punishment for past sins, or the belief in the genetic transmission of mental disorders between generations. There is therefore an interplay between the structural stigma resulting from racism and social ex-



clusion of these groups and the stigma associated with mental health difficulties. The high importance usually attached to the extended family in these communities may further contribute to the concealment of these difficulties in order to preserve family honour. In this regard, the researchers pointed to the expression of so-called stigma by association within these communities - the fact that family and other persons associated with the person with difficulties are stigmatised.

2. METHODS AND DATA


For the purpose of this study, the research team conducted 14 semi-structured interviews with experts working in the field of migration and mental health (psychotherapists, cultural mediators/interpreters, NGO professionals and psychologists) from March 2022 and July 2023. Although the interviews often had various roles (e.g., psychotherapist and NGO worker), in the analysis, we group them into categories by their main line of professional work.

The research design envisaged also interviews with people with a migrant experience, which is still ongoing and the analysis is not included in this contribution. However, in practice we found the categories to overlap - many experts we interviewed also had a migrant experience, which they referred to also in the interviews, but none of them came to Slovenia as a forced migrant. The organisation of interviews followed the principle of key informants and the snowball method for finding participants in the study. The research design enables the inclusion of new collocutors identified at later stages. We are planning subsequent interviews especially with health care professionals and social workers. Interviews were recorded and transcribed and thematic analysis was performed. In this contribution, we present the preliminary analysis of the material.

3. INSECURITIES AND VULNERABILITIES OF FORCED MIGRATION

When referring to the lives of forced migrants before migration, our collocutors generally referred to the issue of trauma caused mainly by wars and political instabilities, with forced migrants experiencing torture and different forms of violence. Less often did they speak about migrants' previous personality dispositions that could make them more likely to experience mental health difficulties. One of the mentioned issues was also violence at the borders and/or during their migration route. A psychotherapist illustrates the symptoms that could be associated with such experiences: 'insomnia, fear, shaking, actually, they often look over their shoulders because they did not come from a country where they had safe living conditions. And this fear of danger and fear of losing one's life is present here, in the new country where this does not exist. They cannot erase it, they just cannot.'

Especially for forced migrants from Ukraine, our collocutors observed there was an expectation that war would end soon and they would be able to return to



Ukraine, which did not come true and caused a significant amount of distress. In their opinion, such prolonged waiting and insecurity of temporary protection status contributed to worsened mental health. They also perceived waiting for asylum status as detrimental for mental health, although for other groups of forced migrants, expectations of return were not reported as an issue contributing to their distress. Nevertheless, some of the collocutors were of the opinion that the fight for basic survival that forced migrants often experience after arrival to the new country is the cause of trauma that appears also after the migration process. As a psychotherapist describes: 'it is mostly a matter of existential distress, what will I do, how I will survive. This is the most common issue. As far as my experience, traumatic events [in the country of origin] come as a second step, they talked about these afterwards, and later on they could open up in this field as well.'

When talking about prolonged waiting as the main factor contributing to insecurities and vulnerabilities of forced migrants, some collocutors referred to the structural organisation of the asylum home as a total institution where most aspects of one's everyday life are structured and organised. There are various limitations in terms of movement, eating, clothing, employment, accommodation, and people are often left to 'wander around' the whole day, although a lot of them would like to work and become more integrated into the Slovenian society. Thus, in addition to the legal aspects of insecure status, they described the structure of the asylum system with inadequate accommodation and limited possibilities of employment as further contributing to distress of forced migrants.

An issue that our collocutors referred to especially in relation to highly educated migrants was deskilling, that is the inability to perform work in accordance with their educational qualifications. A related issue was 'losses' and 'mourning', be it of economic and social status in previous lives, or the inability to come to terms with their changed lives. An intercultural mediator describes: '...she's older than me, so she's fifty years old and she was rich, she had a big team in Turkey and she came here and now they have one small flat, her husband has a job, it's not bad, but it's not the life she had before, we don't understand how it is and she still can't accept it (...). And she's, let's say, she's crying, she's depressed.' In this respect, our collocutors describe that forced migrants experience quite a lot of denial and reluctance to talk about their distress.


As to the assistance available to forced migrants in cases of distress, our collocutors generally believe that the main forms of assistance they can provide are psychosocial help, 'crisis counselling' and 'relief conversations', but that classical psychotherapy is generally more difficult to perform. A psychotherapist thereby refers to a case of a woman that was quite unresponsive in the therapist's endeavours to help her. However, she believes that in all her distress as an asylum seeker she was simply unable to follow the structure that was required of her. Psychosocial support often consists of practical assistance, such as providing information, assisting with various services and errands, etc. that are all stressful for migrants and which they often per-



ceive as being 'stuck in distress' (psychotherapist). Working with trauma, especially at earlier stages, might be too stressful for some clients. A psychotherapist describes: 'I approach this very carefully, because until these people have at least a little bit of that hope or feeling that they are wanted or that someone can't kick them out of the country tomorrow and then they don't know where they are going to go and if they don't feel safe, it is mainly supportive therapy or supportive conversations. We can talk about very normal things, but for them it's also about food, because for them it's about contact with their homeland, they cook their own food, with their own spices and so on, and about how difficult it is for them, about how they want for themselves what they want to happen, but it doesn't happen, all this helplessness, they don't have any influence on anything.'

Especially when relating to women, our collocutors mentioned the issue of 'empowerment', namely the encouragement, both through individual and group activities for them to start to reflect on their situation and on the possible solutions. They acknowledge, however, that such processes can be painful and saddening for forced migrants, but help them to work through the trauma, which often becomes visible later on in the life in the new country: 'social activation programme, I worked with one, with one association (name omitted), you know, the art association, we worked a lot on the psyche, so basically on this awareness of who I am, what I want, what I need at this moment, and there was a lot of distress, no, let's say, if it was just an ordinary yoga therapy, let's say our participant was crying so much, she had one emotional outpouring or shock, I mean, she had a hard time coming to herself, well, there was a lot of that, crying, when all these women are kind of working and giving a lot of strength, and the fact that they are here, that they have to, they have all this feeling, I have to learn Slovenian, I have to function in this society' (intercultural mediator). Talk, crying, supporting each other in a group were also mentioned as helpful, while professional help in terms of seeing a psychiatrist could be stigmatising for some people due to religious and also family reasons. Our collocutors believed that some forced migrants seem to hide their distress from family members, also from those that reside in their countries of origin, as there often exists the expectation that they will remit. An intercultural mediator also mentioned that reactions of the local environment to wearing a headscarf could be potentially distressing to women and mentioned that some even dropped their headscarves consequently. Men, on the other hand, they generally observe, are more reluctant to seek help and come only when their distress has already worsened. Another topic that particularly psychotherapists mentioned was that their clients needed to be sure that the therapists were not representative of the legal, health and political system of the host country of which they were often distrustful. One illustrated this by stating that the fact that she was independent from the (official asylum, note S.C.K) system was an advantage in her work.

Our collocutors also described various coping mechanisms that forced migrants use to overcome distress. One of the most important ones was reliance on their



social networks in the new country as well as in their home countries. In that light, information technologies were of key importance. Furthermore, some cases of asylum seekers pointed to the need to address systemic inequalities through their participation in civil society initiatives, such as the ones against deportations and inhumane living conditions.

CONCLUSIONS


Even if we did not intend to answer the question whether forced migrants suffer from more mental health difficulties than the so-called general population, they are certainly exposed to different forms of vulnerabilities. These can be manifested through, for example: access to professional services for particular groups of migrants; in the forms of ethnic, religious and other forms of discrimination (e.g., by gender, age), labour market precariousness and securitisation of migration. Particularly for third country nationals, these have become a source of insecurities and distress during migration routes and such repressive policies and practices overlook, traumatise, marginalise, and exclude migrants (Arsenijević et al., 2018). When considering appropriate services and forms of mental health support and care, considerations about housing, employment and working conditions, social life, legal status, and access to different services for different groups of people are all relevant. It is therefore important to address, not only at the individual level, but also at the systemic level, the suffering and trauma experienced by victims or entire communities of forced migrants. To give an example: acknowledging the political aims of sexual violence in wars and, in this respect, the political nature of the actions of the perpetrators of such violence is important for affirming justice not only for individual victims but also for entire communities (Shannon et al., 2015). At the same time, it is important recognise that people have different ways of describing mental distress that may not be consistent with Western medical descriptions or they may see such descriptions as a source of increased stigma and shame. Stigmatisation and discrimination in the receiving society are among the important factors that negatively affect the lives of forced migrants and may contribute to the re-traumatisation of this group of people. In a context of growing anti-migrant sentiment and increasingly selective and restrictive reception policies for particular groups seeking international protection, this fact seems to be too often overlooked.

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THE ROLE OF PARENTS AND THE SCHOOL IN HIGH SCHOOL YOUTH PERCEPTION OF STRESS

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Abstract

Mental health is important topic today, especially when it comes to young people who, in addition to the usual developmental challenges, grow up exposed to social risks and crises in the modern world (for example COVID-19, earthquake...). Earlier research showed an increase in mental health problems among young people with negative effects on their well-being. So, this research was conducted with the aim to gain insight into how high school youth understand the role of parents and schools in perception of stress. The research is part of the project *What is happening to Us? Experience of mental health difficulties from the perspective of young people*. Young people participated in 9 focus group discussion, 56 male and female from 6 Zagreb (Croatia) high schools (gymnasiums and secondary vocational schools). The results indicate that young people perceive both parents and school, in two ways: a) as sources of stress and b) as those who have a place in providing support for the mental health of young people. Parents and their relationship towards young people are recognized as a source of stress if family relationships are broken, parents are overloaded with work and their worries, and regarding the availability and understanding they show towards young people and their needs. School is recognized as a source of stress related to grades, the number of obligations and assignments, especially when it comes to students' apprenticeship.

Keywords: qualitative study, mental health, youth, parents, school, interdisciplinary cooperation

INTRODUCTION

The mental health of young people is receiving increasing attention, both among experts and among youth. The promotion of mental health and the understanding of its importance for the overall quality of human life were in a way contributed by the COVID-19 pandemic. The pandemic also led to an increase in mental health problems, as well as research and professional and public discussions about it. Post pan-



ademic period is marked by increase in mental health problems, and that is especially evident for children and adolescents (Ajduković and Kožljan, 2023; Rezo Bagarić, Sušac and Rajhvajn Bulat, 2023; de Bruin, 2021; Wilson, Lee and Shook, 2021; Steeg et al., 2021; Ougrin et al., 2021). Specifically, in the Croatian context, mental health was also affected by the earthquakes that affected two regions in 2020, Zagreb and Sisak-Moslavina. It is well documented that ongoing stress relates to mental health (Pascoe, Hetrick and Parker, 2020). Research showed that high levels of stress in adolescents is associated with mental health problems, lower academic performance, and well-being (Kulakow, Raufelder and Hoferichter, 2021).

In the period of adolescence, due to complexity of transition from childhood to adults, adolescents are exposed to various sources of stress. Bronfenbrenner's ecological model (1979) provides a basis for understanding how adolescents grow within a complex interaction between family, peers, school, and societal influences that are intertwined (Hartas, 2019). Family and school context are mostly represented in youth lives considering the time they spend in interactions within these systems. So, the influence on youth development is significant, and can be perceived as a source of stress and risk for mental health as well as protective factor. High school students self-reported higher levels of stress that affect their well-being and quality of life (Pascoe, Hetrick and Parker, 2020). Research show that school-related stressors are academic demands and workload, school grades, fear of failure, lower academic success than expected or teachers' high expectations (Zimmer-Gembeck et al., 2023; Kalebić-Maglica, 2007; Garton and Pratt, 1995). Also, sources of stress connected with school can be seen through relationships adolescents make with schoolmates, friends, and teachers. In one recent Croatian research regarding children subjective well-being, children from elementary school were at least satisfied with school comparing to other aspects of life (home and the people with whom they live, money and things they have, relationships with friends and other people, area where they live, health, time management and free time, and self-concept). Satisfaction with school reduces as children's age decries (Ajduković et al., 2020). On the level of secondary school, research of Bezinović at al. (2015) showed similar results meaning that adolescents in high school are medium satisfied with school and less satisfied compared to elementary school children. This could be explained by the fact that higher grades have greater school demands regarding workload and importance of grades is more evident for the continuing education. That combination could lead to greater pressure that students recognize as stress.

Beside school and school related issues, parents are also frequently reported as a source of stress (Kulakow, Raufelder and Hoferichter, 2021). Parents are important figures in adolescent life and adolescent-parent relationship is recognized as stressor as well as protective factor depending on the quality of that relationship. Parents high expectations and pressure regarding academic achievements and conflict with them are recognized and described as sources of stress for adolescents (Shriharsha, Jiddimani and Natekar, 2021; Kulakow, Raufelder and Hoferichter, 2021; Rukavina



and Nikčević-Milković, 2016). Self-determination theory (SDT) could be used to understand how that relationship is important for adolescents coping with academic stress and influence on academic motivation. Parents can communicate with adolescents, give feedback, provide support, be involved in a way that meets adolescents needs for autonomy, competence, and relatedness (Zimmer-Gembeck et al., 2023). Quality resolution of problems and disagreements with parents that adolescents face in this period is important for identity building and autonomy. So, it is important for parents to be able to recognize adolescent stress regarding school and respond with care (Rukavina and Nikčević-Milković, 2016). Parent involvement in children education through three dimensions, home-based involvement, school-based involvement, and academic socialization are often described as positively connected with academic achievement and lower levels of mental health difficulties (Keqiao et al., 2021).

1. METHODOLOGY

Results presented in this article are part of study “*What is happening (to me)? Young people view of mental health difficulties*” funded by University of Zagreb in 2023. The research project had the aim to explore adolescents’ views about help-seeking behaviour and support to youth mental health. In this paper part of the results will be presented aiming to answer two research questions:


- a) What is the role of parents in explaining high school students’ perceived stress?
- b) What is the role of schools in explaining high school students’ perceived stress?

Research participants

Target population for this study consisted of high school students from 3rd and 4th grades. Convenience sample of high school students participated in the study. Nine focus groups were conducted with 56 high school students from 6 high schools of the City of Zagreb. Groups were homogenous by gender, in three groups participants were boys and in six groups participants were girls. Majority of participants were female (71,4%). Participants attend 3rd and 4th grade, so the average youth age was 17 years. Focus groups were conducted in gymnasium (41,1%) and vocational high school (58.9%). Youth self-assess their mental health on a 10-point scale. On average youth perceive their mental health good, range form 2-10 with M=7.6 and SD=1.63.

Research process

The qualitative research method was suitable given the initial conceptualization that youth and adolescents are seen as research partners with valuable voices. The focus group as a technique of group conversation (Milas, 2009) were conducted in 2022/2023 and lasted 90 minutes each.



The implementation of focus groups started upon approval from the Ethics Committee of Faculty of Law, University of Zagreb. First contact by research team were made with the high school psychologists via e-mail and phone explaining the study goal, purpose, and the aim of the focus group discussion. High school psychologists inform 3rd and 4th grade students about the study, give them written information about the research and written consent that parents need to sign. Only high school students whose parents gave written consent participated in the study. Focus groups were carried out in schools' participants attended. Psychologist assured room for this purpose. Members of research team and authors of this article led focus groups using previously agreed semi structured question guide with open ended questions organized around themes adolescents' own conceptualizations of mental health difficulties, help seeking behaviours and recommendations for mental health promotion. Researchers were social workers and psychologists, working at the University, all with experience in qualitative research, leading focus groups and with youth work. Participants were informed in advance that focus group discussions are recorded and explained why that is needed. All participants signed written informed consent to participate in the focus group discussion and to record the meeting. After the focus groups were conducted the audio recordings were stored at the research's computer that only research team members have access to. Later the audio was transcribed verbatim (Jitchie, Spencer and O'Connor 2003).

Throughout the entire process great attention was paid to respecting ethical principles. Participation in the research was voluntary and the participants were informed about the purpose and goal and the procedure of conducting the research. Anonymity and confidentiality of data were ensured to the participants.

Data processing

Obtained data were analysed using thematic analyse. Three researchers and authors of this paper separately analysed the transcripts, derived themes and sub-themes following phases for thematic analysis (Braun and Clark, 2006): (1) familiarizing with data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes and (6) producing the report. After that, the process of comparing and discussing of findings was undertaken. Four themes and twelve subthemes emerged from thematic analysis of transcripts. A code for each participant was assigned to make data anonymized.

2. RESULTS

The first research question relates to how high school students understand the role of parents in explaining perceived stress. The results show that parents are perceived in two ways: *as a source of stress and as a source of support*.




Parents as a source of stress that affect youth mental health

Talking about sources of stress, participants described *parent involvement in education* as a source of stress that affect youth mental health. High school students described parents' *high expectations regarding school success* and parents *dissatisfaction with achieved results* mostly meaning with school grades adolescents achieved, not giving the credit for effort they put in, so the feeling they get is that nothing they do is good enough for parent ("I was also a better student, I had a A in almost everything, only in the sixth grade, I only had a B in geography and that was also a drama because I had a B in geography in total" (S6E); "there was no place for sports or art, only school. Let's say there are four of us at home, my sister, my older sister, and me, we always were, they pushed us more with school, we always got all A's, we just studied." (S2L1); "...or we do something well and then they say that "you can do better", I mean not in the way that you have to do better, but they are never satisfied with the fact what someone has achieved." (S1D)). Few participants have feeling that some parents are *achieving own unfulfilled ambitions through children* forcing them to be successful at school or at sports ("For example, they have not achieved something and want to transfer it to their children and then force them to do something. The same about sports, for example. Some parents force their children to practice a sport just because they didn't achieve that." (S1D)).

Beside parent involvement in education, frequently discussed was the *relationship of parents towards children* reflected through *lack of support for adolescents' own choices and suppressing child opinion* ("they tell them that whatever they say is wrong, that their opinion is not important. They don't say it directly, but again when they try to express themselves, they suppress you." (S2L1)). Also, regarding relationship with parents, high school students described parents *lack of time, preoccupation with own concerns and obligations* and consequently not „really" listen to children as well as *generational gap between them that influence mutual understanding*. Participants perceive stress when parents have *different approach to brothers and sisters, putting more pressure to first born child* ("I never get like bravo, too good, because they are already used to it. I mean, I understand that it shouldn't bother me because I can't be angry now that my sister is doing math for C or D in math, but you're always trying somehow, it actually reduces my motivation, because I know that my mom, for example, doesn't care about my A, and for sisters D, that's wow" (S3L2)). Talking about sources of stress in relationship with parents, their comments on *body appearance* were mentioned ("Yesterday, I had a fight with your mom, and mom ended the fight by saying, "Yes, by the way, lose weight" (S3B)).

What high school student consider that parents are doing sometimes and what is not good is *diminish mental health problem youth have* and have "man do not cry" attitude toward boys ("I have a friend that have all the symptoms of ADHD and it's so hard for him to concentrate and he really can't and he has some other problems and he really wants to talk to someone because it's hard for him and his parents they say, "No, you're just acting." What are you going to do with someone, don't play the victim? Cope



with yourself.” (S6T); “...dads put pressure on their sons. I have a lot of friends who, I can see they are struggling, but they don’t want to show any emotions, never cry or something because, for example, their dad said that it’s girlish behaviour or something like that, and that’s literally normal.” (S1D)).

Talking about sources of stress that affect mental health, high school students described situations that relate to family status, recognizing *risk factors in family environment*. Students described situations as *divorce, family violence, conflicts within the family, death of a close person and lower family income and poor family resources* as a source of stress that affect youth mental health.

Role of parents in provision of support for the youth mental health

Talking about parents, high school students perceive them as a *source of support*. Due to *close emotional relationships* high school students consider parents and family members as those who *knows them best* and need to be interested and helpful regarding mental health issues („*but if you look at it, the family has the best chance of helping you in everything, no matter what happened. Now it also depends on the relationship we have with our parents or siblings. These are people who have known us all our lives and see how we have changed, and I think that sometimes we feel the safest with such people*” (S1D)). Adolescents perceive that, parents can have the opportunity to see when something is changing in adolescent’s behaviour or habits and can act and provide support or get help from experts. One of the ways in providing support is to get *clear feedback form parents and support in seeking help* (“*Personally, my parents supported me by paying for therapy*” (S6E); “*I felt really bad and I encouraged myself to tell my mom and dad that I would like to go and ask for help And I went to the psychologist and I think he was fine* (S5E)).

Perception of school as a source of stress that affect youth mental health

Second research questions were connected to school and the way that institutional setting and relationships in it can contribute to adolescent perception of stress. Obtained results show that students recognize school as a source of stress. School setting is described as very *focused to school success and quantity of school obligations and tests*, meaning that demands, amount of schoolwork and complexity of task is bigger than in elementary school so the students need time to adjust, what they see as stressful factors that affect mental health (“*...it is difficult for us to study because we passed easily through elementary school. And then it all gets messed up in high school because high school has become more difficult and because now everyone is the best, the smartest, and then you become obsessed and then it’s hard for you to adapt to this.*” (S6E)). High school students perceive the first grade of high school as well as the period between elementary and high school, when students need to enrol in high school as very stressful one. Due to parents and school orientation toward results and grades students measure their success in comparison to those criteria (“*But actually it didn’t start in the eighth grade, but between the eighth and the first grade, that*



stress. The same with enrolment, terrible stress. I went to the entrance exam from Prelog, I didn't fall in. I devoted myself to it then. I was convinced that I would fall in, I didn't. And that's when everything actually started. All the problems." (S6E)). So, they need to face insecurity and failure if they do not enrol in the desired school.


In school setting, especially at the beginning in the first grade of high school adaptation to new classmates and colleagues is also resource of stress (*"The stress of fitting into the whole class because you don't know anyone, you don't have help yet, you must do everything yourself, ... you don't have those friends who will help you."* (S2L1)). So, the relationship with peers in a school setting is perceived as a source of stress if the relations are burdened with gossiping, separating in small, closed groups, judging physical appearance and offences.

One noticeable difference in perception regarding school stressors related to the type of school students attended. High school students that go to vocational high school talked about stress related to vocational practice, *working environment and conditions* during apprenticeship. That was something that gymnasium students do not have in their curriculum. Gymnasium students talked more frequent about stress related to grades and amount of school obligations.

Students talked about *teachers' attitude and behaviour towards students* as a source of stress. They pointed out absence of praise, validation for good work, effort they make and encouragement from the teachers. Some of the students described comparison of students as a source of stress, meaning the teachers compare their results in front of the whole class, or make comments regarding their effort and engagement in front the whole class and expose them in that way that is displeased for students (*"To me, the professors were constantly comparing other students to me and as they said, "Even S1_D wrote better than you." The way I looked at it, I was like, "Excuse me, what?"* (S1D)).

Role of school in provision of support for the youth mental health

Talking about role of school in provision of support to students, participants described what should be done in school setting that can contribute to reduction of school-related stress. Two types of changes could be made. One relates to the *relationship towards students* and another to the *schooling process and available information*. Relationships towards students need to be more marked with teachers' positive feedback and recognition of students' success with *"reasonable and compassionate"* approach. Also, in the teaching process, teachers should pay more attention to every student and his/her understanding of teaching unit, so the students are better prepared for test. Regarding school process, participants proposed *introduction of optional and relaxing contents* not related to school curriculum but to out of school activities such as painting or dance, that would also be free of charge (*"I think would be fun to introduce is to have a block lesson of just let's say drawing or something"* (S4L3)). Some of the students stated that regular anonymous student evaluation of teachers could be helpful for enhancement of studying process and that professors



could change their approach if needed (“...anonymous reviews for professors should be introduced at the end of each school year or something like that. So that the professors can see what is wrong and that the students can say whatever they want anonymously.” (S6E)).

Talking about mental health, high school students perceive school as a source of information to students regarding available psychosocial help. So, more information for students should be available in school.

3. DISCUSSION

Results show that high school students, participants in this study, recognize that stress can have multiple resources. In this paper we focused on two sources of stress that are widespread described in literature. Those are parents and school that are perceived as a source of stress and a source of support. The results obtained in this research are in line with research and literature about adolescent sources of stress and the role of parents and schools. Parent involvement in education is a source of stress when students perceive those parents have high expectations regarding school success and that parents are dissatisfied with students achieved results and school grades. Some students perceive those parents are achieving their own unfulfilled ambitions through children forcing them to be successful at school. That is in line with literature and research, for example Shriharsha, Jiddimani and Natekar (2021) in their study get that majority of parents had high expectation for their children and that children feel moderate stress that is in positive correlation with parent’s expectation. Results also show that relationships with parents could be source of stress if it is not marked by interest and support. Zimmer-Gembeck et al., (2023) are also talking about parent pressure as an external source of stress for adolescents that contributes to the way that adolescents are coping with stress. Parents are important figures in adolescents’ academic path, and Zimmer-Gembeck et al., (2023) results indicate that more support from parents as well as less negative interactions between parents and adolescents are positive for more engagement coping strategies.

Parental involvement is a useful concept that considers parents’ participation and experiences with children regarding education. There are three dimensions of parental involvement: home-based, school-based involvement and academic socialization (Keqiao et al., 2021; Brajša Žganec, 2019). In this research results show in support of importance of parent’s involvement in dimension of home-based involvement meaning communication and relationship between parents and adolescents and in dimension of academic socialization regarding parents’ expectation. Parental involvement can contribute to adolescents’ mental health. Research by Keqiao et al., (2021) indicates that lower levels of parent-child communication and higher levels of parental academic involvement perceived by students are associated with higher




levels of depression. High school students need to be heard and listened to, and their problems and concerns need to be taken seriously.

High school students are aware of impact that situations like divorce, family violence, conflicts within the family, death of a close person and lower family income have on the family functioning, causing stress and influence mental health. These results are consistent with studies showing connection between family poverty and developmental risk, educational disadvantages for children (achieving a lower level of education) as well as impact on mental health (Kletečki Radović, Vejmelka and Družić Ljubotina, 2017). Family stress model can be used to explain how family economic difficulties cause emotional stress of parents that affect their partner relationship and weakens capacities and consistency for parenting what effect on children psycho-social functioning (Conger, Rueter and Conger, 2000).

Obtained results in this study are consistent with previous research emphasizing support as an important factor connected with stress. In this study parents are noted as a source of support due to close emotional relationships. Students see parents as those who need to be interested and helpful regarding stress and mental health. As it was stated in the introduction, parents play an important role in child rearing, not just in the early years of child life. Adolescence is an important period in which parental tasks are changing and relationship between parents-adolescents is different than parent-child relationship. As Kulakow, Raufelder and Hoferichter (2021) point out, perceived parental support is related to low stress levels and protects students from feeling overwhelmed by their schoolwork. In the specific school context parents should provide support by showing interest, help in learning activities and in situation of academic failure show warmth and give encouragement (Kulakow, Raufelder and Hoferichter, 2021).

Rukavina and Nikčević-Milković (2016:160) cite Burnett and Fanshawe (1997) explaining nine stressors for adolescents were first four relate to school: teaching methods, relationship with the teacher, school overload, school environment. In this research all four stressors were perceived by participants. The school setting is perceived as very focused on school success and quantity of school obligations and tests, meaning that demands are high, amount of schoolwork is big, and that task are complex. In Croatian context school grades are issue because they are important part of enrolment process in high school and at the university level of education, so lot of elementary and high school students feel pressure and parents feel pressure regarding grades and possibilities adolescents will have in academic path. So, it is not surprising that themes related to school grades and expectations were exposed and discussed. Students from gymnasium talked more about that pressure related to grades than students in vocational schools what is also expected because the gymnasium high school enrol students focus on academic achievement. Students from vocational schools have slightly less pressure because they have an occupation after finishing school. High school students that go to vocational high school talked about



stress related to vocational practice, working environment and conditions during apprenticeship.

Klem and Connell (2004) state that equal opportunities for inclusion in the teaching process for all students and positive, supportive, and reciprocal relationships between teachers and students are key to the development of good attachment to school. In this research, school is perceived as a source of support in a way that a) teachers can improve relationship toward students by giving positive feedback, recognition of student's success and be compassionate b) integration of different optional contents not related to school curriculum and c) provide more information to students regarding available psychosocial help. Research has confirmed that a higher level of attachment to school can be expected in a safe and caring environment (Murray and Greenberg, 2001) and in a developmentally appropriate, structured, and stimulating environment (Eccles and Roeser, 2011). In that regard, schools can implement preventive programs to support the mental health of students, which must be of high quality and evaluated. Integrated models of education can also contribute to reduction of stress, promote mental health, and enhance learning process. Antolić and Novak (2016) describe characteristics of effective mental health promotion programs, that are activities related to mastering of academic tasks, integrated into the teaching curriculum, universal programs, and selective programs, start with the youngest children, interventions should be long-term, sting several years.

CONCLUSION

EU strategy on children's rights (2021:9) calls on member states to "identify children as a priority target group in their national mental health strategies and build up networks with families, schools, youth, and other stakeholders and institutions involved in mental health of children". One way of network building can be through participatory research approaches since the inclusion of children and their families is seen as a path that can lead to the creation and implementation of better-quality programs (Hellström and Beckman 2021). So, there is a need for the involvement of adolescents in mental health research (Mawn et al., 2015; O'Reilly, 2020; Fløtten et al., 2021; Alves et al., 2022). Conceptualizing adolescents as research partners with valuable voices can provide new insights on the barriers to identifying and supporting mental health needs and contribute to the development of more effective strategies for mental health care of young people. In this research participants were high school students and their description of everyday stressors and worries confirmed previous research regarding sources of adolescents' stress linking them to school, parents, and family. Talking about stressors, it is evident that adolescents get more familiar and knowledgeable about mental health, its risk factors, and causes, how to seek information, and where to seek help.

The results of this research indicated the young people's opinion about the role of school is a significant source for developing strategies and using the school environ-




ment to support the mental health of children and young people. In this sense, it is important to create conditions for more significant implementation of activities and workshops for the care and promotion of mental health of young people in schools. Especially since mental health services for children and youth in the local community in Croatia are often unavailable due to waiting lists in the health system or high costs of private mental health service providers. In this sense, mental health policies should enable accessible and affordable services for young people, especially those who are at increased risk, and the school has the potential for this. Parents could benefit from increased knowledge about stress and mental health literacy and access to communication tools that will increase their ability to meet and talk to young people in a constructive way. Experts, psychologists, and other helpers who work in schools can be of great support to parents.

It is necessary to build a support system for the mental health of young people through the connection and cooperation of an interdisciplinary network of mental health experts, as well as the health, education, and social welfare systems (Antolić and Novak 2016).

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PERCEPTION OF PROFESSIONALS IN SOCIAL CARE SYSTEM ABOUT STIGMATIZATION OF CHILDREN AND YOUTH WITH BEHAVIOURAL PROBLEMS

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Abstract

The main goal of this paper is to gain insight into the perception of social care experts about stigma of children and youth with problems in behaviour. The research was conducted by using qualitative methodology and the technique of semi-structured interviews to find out how experts perceive children and youth with socially unacceptable behaviour and what they consider important in working with this population. Four research questions were formulated with emphasis on the perception about children and youth with behavioural problems, expert's experiences about social position of children and youth with problems in behaviour and their chances for the future. The participants were 8 experts who work in different social care institutions with children and youth with behavioural problems. Data were analysed by using thematic analysis method. The results show that experts perceive children and youth through the possible causes, which influenced their problems in behaviour, as well as through their personality traits. They perceive them as people who need help, and they expect that in the future this children and youth will continue expressing behavioural problems. According to experts, the social position of children and youth with problems in behaviour depends on several factors: position of children and youth in educational institutions, the role of legal regulations about children and youth with behavioural problems, the connection between problems in behaviour in childhood and adolescence with the quality of life in adulthood.

Keywords: youth, behavioural problems, stigmatization, experts' perception

INTRODUCTION

Behavioural problems are an umbrella term that encompasses numerous forms of behaviour (Friday, 2003) from simpler behaviours, behaviours from less harmful to themselves and others, to those extremely harmful to themselves, but also to the environment and those behaviours that require treatment and environmental reac-




tion. By this term we mean: risky behaviours, behavioural difficulties, behavioural disorders, misdemeanour and delinquent behaviours.

Various authors have tried to explain the occurrence of socially unacceptable behaviour, that is, to find the causes of manifesting socially unacceptable behaviour in children and young people. One of the sociological theories includes a development model that starts from the assumption that each person has certain protective and risk factors that intertwine and at the very end determine whether we manifest socially unacceptable behaviour or not (Andrews and Bonta, 2006). Society often condemns a person for some procedure in the past, and it often happens that this bad act marks a person for life for life Sampson and Laub (1997) within the theory of accumulation of disadvantages start from the assumption that there are four fundamental factors that can contribute to the accumulation of disadvantages: family, school, peers, and social sanctions. The theory of social control starts from the assumption that children and young people begin to manifest socially unacceptable behaviour due to the lack of self-esteem caused by the reaction of the environment to them and their behaviour. Theorists who advocate the theory of social control believe that the individual and his behaviour are under the control of society and depend on the reaction of society (Derenčinović and Getoš, 2008).

Due to the earlier socially unacceptable behaviour of a child or young person, society can begin to see it through prejudice and can expect that the person will commit the same behaviour again. Accordingly, they can attach the stigma of a juvenile delinquent to a person. The life of a child and a young person changes significantly after “labelling” and the stigma on them leaves numerous psychological and social support. Employment, education, social contact of a person is becoming increasingly difficult because a young person is stigmatized by the environment. Children and young people of socially unacceptable behaviour is exposed to formal and informal stigmatization. Formal stigmatization is present when professionals who are in working with children and young people of socially unacceptable behaviour have a negative attitude towards them. Also, very often, certain prejudices are associated with stigmatization. Giddens (2007) states that society much more likely sanction young people of lower socioeconomic status, i.e., those who are from the so-called lower social class. But the results of the research show that informal stigmatization is much more difficult for children and young people (Harris, 2006), which implies stigmatization by close people. Both types of stigma leave consequences on a young person’s child. Heartherton and colleagues (2000) state that the self-esteem and self-confidence of young people after the stigma is severely impaired. Young people begin to see themselves through the eyes of the environment and are considered less valuable, unworthy of love, distrustful and the like. Very often they form their own behaviour based on the resulting stigma and “out of spite” to the environment they start behaving as society expects, that is, as determined by the obtained stigma.

Ekland Olson and colleagues (Ekland Olson and associates, 1984, according to Farrington, 1997) found in their research that in juvenile offenders of crime, fear of



reaction from close people plays a major role. Kamenov and Majdak (2010) mention that juvenile perpetrators of criminal offenses experience the greatest tolerance from friends, and the most stigmatization from the police, employers, but also social workers.

The results of research conducted in Croatia show that there is a difference in the level of stigmatization depending on the educational measure imposed on juvenile perpetrators of criminal offenses. Thus, it turned out that minors who were placed in the institution significantly more than others experienced informal stigmatization (Majdak, 2009). The results of these studies show that the stigmatization of children and young people of socially unacceptable behaviour is present and that they themselves feel that they are different and isolated from society. Therefore, with this research, we wanted to examine how much the experts themselves who are in daily contact with children and young people of socially unacceptable behaviour stigmatize such young people.

1. METHODOLOGY

Research objectives and research questions

The goal of the research was to gain insight into the perception of experts about the stigmatization of young people of socially unacceptable behaviour. The purpose of the conducted research was to find out how experts who are in daily contact with children and young people of socially unacceptable behaviour perceive them and their position in society.

Four research questions were asked:

1. How do professionals employed in educational institutions perceive children and young people of socially unacceptable behaviour?
2. What do they consider important in working with children and young people of socially unacceptable behaviour?
3. How do they describe the position of children and young people of socially unacceptable behaviour in society?
4. 4th What, in the opinion of experts, are the chances for the future of children and young people who manifest socially unacceptable behaviour?

Research participants

The participants of the research are experts employed in three homes for the education of children and youth in the Republic of Croatia (Zagreb, Ivanec, Rijeka). The sampling criterion was that participants had at least one year of work experience in direct work with children and young people of socially unacceptable behaviour. Eight experts (4 men and 4 women) participated, of which four were social pedagogues, two were Croatian language teachers, one participant was a social worker and one



participant was a pedagogue. The average length of service is 14 years and the average age is 41 years.

Data collection method

A semi-structured interview (Milas, 2009) was used as a data collection method, which provides participants with a wide range of answers, without limiting choice, and flexibility and focus on the topic of research. Interviews were conducted in terms that suit participants and at their workplace.

Research process

The research process began by seeking approval from the Ethics Committee of the Faculty of Law in Zagreb, then the Ministry of Demography, Family, Youth and Social Policy, and finally the approval of the directors of homes for the education of children and youth who were designated as participants in the draft research.

Semi-structured interviews were conducted during 2020 in the Dugave Community Service Centre, Ivanec Correctional Centre and The Rijeka Home for the Education of Children and Youth, in accordance with the employee's workplace. Participants were informed in advance of the possibility of recording and explained why an audio recording of the interview was needed. One participant did not approve the audio recording of the interview and during that interview the researcher recorded responses throughout the duration of the semi-structured interview. During the implementation of the research, the following ethical principles were respected: voluntariness, respect for human rights and dignity of the person, respect for human diversity, respect for the person, confidentiality of data (results processed and published at the group level), the right of withdrawal at any time.

After the end of each interview, the audio recordings were stored on the researcher's computer and only she had access to the file. Based on audio recordings and recordings, transcripts were made.

Data processing

The data obtained by conducting eight interviews were processed using the content analysis technique of encoding, i.e., grouping statements of the same by content into codes and then into the same categories. Data processing is based on a series of steps: classifying statements similar in content, i.e., rearranging and classifying them by noticing similarities between them, extracting them, and finally drawing conclusions based on consistent forms (Milas, 2009).

2. RESULTS

Perception of Professionals about Children and Youth of Socially Unacceptable Behaviour

The results obtained in response to the first research question “How do experts employed in the Dugave Community Service Centre, Ivanec Correctional Facility and The Rijeka Home for the Education of Children and Youth perceive children and young people of socially unacceptable behaviour?” show how experts employed in these institutions perceive children and young people of socially unacceptable behaviour through various **feelings that appear to professionals in working with him** and, through possible **causes of manifesting socially unacceptable behaviour, through their attitude towards treatment and professionals employed in educational institutions, through their personality traits and through expectations related to their future**. Experts employed in the aforementioned institutions perceive children and young people of socially unacceptable behaviour through the presence of **a sense** of joy that occurs to them in working with them (“*Certain feelings that arise... it can be from some literal joy, happiness...*” (S03)), through the presence of the feeling of anger that arises to them in their work (“... *I don't think I'm going to be so angry with anyone in my life.*” (S01)), through the presence of feelings of disappointment (“*Sometimes a bit disappointed, I would say... especially if the measure is at an end and has good results by then. Are you wondering what we've been doing so far?*” (S05)) and through the presence of the feeling of sadness that occurs to them in the work (“*I can be so sad that something happened...*” (S01)). Furthermore, experts perceive children and young people of socially unacceptable behaviour and through the possible **causes** of manifesting such behaviour: poor living conditions of children and young people of socially unacceptable behaviour (“*When I look at the bad conditions in which our children grew up I really think that I would have been worse if I had gone through what they went through...*” (S01)), family conditions of children and young people of socially unacceptable behaviour (“*In principle, there can be a mass of kids who are basically really okay but simply the family environment is not adequate say.*” (S01)). Experts also perceive the peer group as a possible cause of manifesting socially unacceptable behaviour (“*Somehow, I see actually that these are some moments where they are led... By the elderly...*” (S05)). Furthermore, experts perceive children and young people of socially unacceptable behaviour and through their **attitude** towards treatment and the experts who work with them (“*Resistance to everything... They don't want to change anything, and they need to change a lot of it.*” (S05)) and the rejection of professionals by children and young people of socially unacceptable behaviour (“*Very often they reject us.*” (S06)). In addition to the aforementioned, experts perceive children and young people of socially unacceptable behaviour and through their **personality traits**: they perceive them as aggressive (“... *because they are often rough, aggressive...*” (S05)), sincere (“... *In boys, honesty is often present...*” (S06)) and manipulative (“*Very often they are manipulative.*” (S07)). Also, they expect the commission of relapse by children and young people of socially unacceptable behaviour (“*Relapse is not something that is unexpected...*”




(S03)) and consider them persons in need of help (“Well they need help of course.” (S02)).

Important Element sin Working with Children and Young People of Socially Unacceptable Behaviour according to The Perception of Experts

To the question “What do experts, based on their own experience, consider important in working with children and young people of socially unacceptable behaviour?” the following categories were obtained: support of parents and families, professional ways of working and cooperation of professionals working with children and young people of socially unacceptable behaviour and support to professionals working with children and youth of socially unacceptable behaviour. As an indicator of the support of parents and families, they emphasize communication with parents (“...That’s why it’s hard to work with children who don’t have communication with their parents.” (S05)), and the importance of family connection (“It is important that we expand the bond with the family.” (S07)). The professional way of working and cooperation of professionals is visible, in their opinion, in the continuation of work with children and young people of socially unacceptable behaviour and after committing relapse (“And after relapse... you build on that and hope that the second time between the two offences there will be a little more spacing or that the second offense will be a little milder.” (S01)), in using different techniques in work (“You as an educator realistically use everything. You use sports to learn fair play and perhaps nonviolent conflict resolution, you use art-work to learn how to express anger. It’s all used.” (S01)) and in an individual approach to children and young people of socially unacceptable behaviour (“We do not care about the documentation it brings with it, but we get to know them individually” (S07)). Cross-sectoral cooperation is also considered an important indicator of the professional way of working (“This cooperation of the whole team is important.” (S04)) and the importance of the first meeting in working with children and young people of socially unacceptable behaviour (“... So that first meeting... The most important thing is actually...” (S05)). An important factor in working with children and young people of socially unacceptable behaviour is, according to experts, support to professionals who work with this population through education (“Let’s say, for example, for educators one way of relaxation but again with a way of support....education... By the Ministry... whether by some psychologist, psychiatrist...”(S05)) and through supervision, team building or some other forms of support (“People need some kind of incentives, support. For some, supervision, team building is very important...” (S01)).

Perception of Experts on The Position of Children and Young People of Socially Unacceptable Behaviour

Answers to the research question “How do experts, based on their own experience, describe the position of children and young people of socially unacceptable behaviour in society?” show how experts perceive the stigmatization of children and young people of socially unacceptable behaviour by members of society and an unequal position in



educational institutions. But they also point out examples of equal position of children and young people of socially unacceptable behaviour in society. In addition, the experts who participated in the research emphasize their own perception of the laws and legal regulations governing the position of children and young people of socially unacceptable behaviour in society. An important factor in the position of this population in society is the attitude of members of society to them. Experts point out that they note that members of society blame children and young people of socially unacceptable behaviour for things they did not commit (*"Well, they were blamed for things they did not commit... they are already marked in every school, every neighbourhood..."* (S02)). They also point out that they notice that members of society perceive children and young people of socially unacceptable behaviour as naughty (*"When we get into a deeper story then it turns out aha no, these are your naughty children, maybe they wouldn't invest so much in them."* (S01)) and how they do not accept them (*"A lot of children with socially unacceptable behaviour in local communities is not accepted."* (S06)) and shy away from them (*"I believe society resents, I believe they have detachment, certain prejudices and stereotypes."* (S03)). However, experts also cite positive developments in the attitude of members of society towards children and young people of socially unacceptable behaviour as volunteering with them (*"We really have people who regularly come forward to volunteer, they are thrilled by the kids"* (S01)). Experts believe that an important indicator of the position of children and young people of socially unacceptable behaviour in society is their personal sense of stigmatization and rejection (*"... this is what is an indication of how they may feel in society, how much society labels them... He also rejects that..."* (S01)). Furthermore, experts describe the position of children and young people of socially unacceptable behaviour in society through their position in educational institutions. In doing so, they state that they have the same conditions and chances in the educational system as others (*"Our young people have the same conditions of education as other children"* (S04)) but that they are often perceived as the culprits on duty in the classroom (*"... It's always the fault they're the ones who the professor will blame first... I believe it still exists today."* (S03)). When they talk about the position of children and young people of socially unacceptable behaviour in the educational system, experts also point out the system of evaluating children and young people of socially unacceptable behaviour (*"When they deserve better professors give poor grades because of personal experience and then they spite"* (S06)). They point out that due to poor grades, children, and young people of socially unacceptable behaviour is looking for another way to stand out, to be noticed (*"It is difficult for them to learn and prove themselves in this way... If I can't prove myself that way then I'll prove myself by using something else."* (S01)). Experts point out that for the position of children and young people of socially unacceptable behaviour in society, a media image of socially unacceptable behaviour is important (*"What I have somehow experienced watching the media is that they have just the phases. The guy was that phase where bullying was heavily followed and where society was bristled when any fight happened"* (S01)). An important factor in describing the position of children and young people of socially unacceptable behaviour is the perception of experts



about the laws and legal regulations governing the position of children and young people of socially unacceptable behaviour in society, so experts mention the content of laws and legal regulations (*"We are now in the premises of a disciplinary centre called disciplinary centre in the Law for Youth Courts, and in the Misdemeanour Act, the same measure is called an education centre. So, the identical measure, it's all the same."* (S01)), non-compliance of legal regulations and practices (*"Laws are good. These measures for minors should always be adopted quickly and not to overburden that judge with cases. for minors or I don't know... or that everything about them would need much faster to be able to be effective, have results..."* (S05)) and share their thoughts on the Family Law (*"The latest example is the Family Law, which has met with outrage not only from experts but also from the general public..."* (S01)).

Opinions of Experts on The Changes for The Future of Children and Young People of Socially Unacceptable Behaviour

The fourth research question was *"What, in the opinion of experts, are the chances for the future of children and young people who manifest socially unacceptable behaviour?"*. As one of the factors that, according to experts, is the lack of help from parents to children and young people of socially unacceptable behaviour (*"They do not have the start that other children have once they leave the institution. Their mother and father will not rent an apartment from which they will start working and collect for life"* (S01)). Another factor they consider essential is the role of the environment to which they return after the end of treatment in an educational institution (*"Primary environment to which they return. If they are still unaccepted there, by families and peers, if they live in poverty... Often it is a trigger for relapse and then a stricter institution."* (S06)). Experts also consider the role of staying in the institution as a key factor (*"And realistically, the effect of having children in the institution is great"* (S01)). Experts believe that the field of employment is also important for the chances in the future, and they cite examples of those who have found a job (*"One was offered to stay in this top, fancy salon. Now she's proud..."* (S01)). They also cite examples of children who do not want to get a job (*"On the other hand, there are kids who calculate that it is not worth it for them to go to work for 3000 kn if they can receive social assistance"* (S01)). From these results it can be concluded that the chances of employment are individual and that they depend on the affinities and abilities of the individual. However, in addition to concrete examples, experts cite the correlation between the level of education of children and young people of socially unacceptable behaviour and the possibility of finding a job (*"If someone has only elementary school, it is clear that employment is difficult for them"* (S04)). Finally, experts believe that there is an association between socially unacceptable behaviour manifested in childhood and adolescence and quality of life in adulthood (*"A person who has a drinking problem in adolescence and becomes an alcoholic"* (S04)).



3. DISCUSSION

The results show that experts who work with children and young people of socially unacceptable behaviour are sensitive to the issues they encounter in order to be able to approach them with understanding and without judgment (stigmatization). Regarding the causes of socially unacceptable behaviour, experts point out the poor living conditions. This is in line with the research of Mikšaj-Todorović et al. (2006) where it was shown that children and young people who lived or lived in poor housing conditions were more likely to manifest socially unacceptable behaviour. Experts point out parental upbringing and access to them as the cause of manifesting socially unacceptable behaviour. In addition, the manifestation of socially unacceptable behaviour is also influenced by socially unacceptable behaviour of parents and relationships in the family. Thus, children of parents who are prone to alcoholism and promiscuous behaviour and who often quarrel in the presence of children, more often manifest some form of socially unacceptable behaviour (Mikšaj-Todorović et al., 2006). Experts point out that a possible cause of manifesting socially unacceptable behaviour can also be a peer group, i.e., the influence of peers. This finding is in line with the research of Vrselj (2010) which points out that their peers can act as potential models, supporters, and instigators. In addition, experts also consider children's attitude towards experts and treatment important, where they are often in resistance to them and treatment.

Experts describe children and young people of socially unacceptable behaviour as aggressive, manipulative but honest. It could be concluded that such a perception represents formal stigmatization, but experts explain the aggressiveness and manipulation of life's adverse circumstances in the growing up of these children.

Experts emphasized the importance of support of parents and families as crucial, and professional way of working (especially individual work), cooperation and support of experts. They also emphasize the importance of cross-sectoral cooperation.

Experts point out the importance of attitude of society. Society often does not accept them, resents them, and blames them for things they did not do. Therefore, in addition to the prevention of socially unacceptable behaviour, the sensitization of society is also important. One of the opportunities to connect these children and young people with the community is volunteering.

Furthermore, experts consider important the position of this children and young people in educational institutions. It is well known that children and young people of socially unacceptable behaviour often have poor school performance, which is one of the risk factors for such a form of behaviour (Vrselja et al., 2009).

All participants agree that for changing the position of children and young people of socially unacceptable behaviour, the responsibility of experts and cross-sectoral cooperation is important. They believe that in the educational system, more attention should be paid to the socio-emotional competences of professionals. This is in line with the research of Opić and Jurčević-Lozančić (2008) where as many as 67% of



teachers who participated in the survey say that they feel incompetent to work on the prevention of socially unacceptable behaviour. Zloković and Vrcelj (2010) point out that the value of creating a “knowledge society” is increasingly present in society, while neglecting the teaching of values such as solidarity, morality, responsibility, and the like.

According to experts, the position of children and young people of socially unacceptable behaviour in society is also influenced by legal regulations governing their position, as well as by the inconsistency of laws and practices. The role of the judiciary should be protective and the measures imposed by the court should not equate juvenile offenders with adult, adult offenders (Kovačević, 2013).

Finally, experts also commented on the chances of children and young people of socially unacceptable behaviour for the future, with the help of parents, the support of the environment to which they return and the role of staying in the institution as the most important factors. Furthermore, experts also look at the employment opportunities of these children and young people of socially unacceptable behaviour. The results of previous research also highlight the impact of education levels on job opportunities. Ilišin and associates (2003) point out that young people with lower levels of education find it harder to hire.

CONCLUSION

Considering the results of the research, we can conclude that experts believe that children and young people of socially unacceptable behaviour in society have an unsatisfactory position that is often the cause of stigmatization and misunderstanding and is based on ignorance and uneducated environment. We believe that the reduction of stigmatization and condemnation by society needs to be acted upon at several levels. At the first level, the responsibility lies with professionals who are in daily contact with children and young people of socially unacceptable behaviour. Sensitizing society through the activities of the media is considered another level from which one can act. As experts themselves say, the media image of some phenomenon greatly affects the opinion of the public. Media representatives could present the positive side of children and young people of socially unacceptable behaviour, for example, by transferring volunteering experiences with this population. Furthermore, changing the position of children and young people of socially unacceptable behaviour can also be acted upon by changing laws and legal regulations, as well as by imposing sanctions that integrate these children and young people into the community. Also, we believe that we should develop as many programs as possible to support young perpetrators of criminal offenses and work on the development of young people to develop self-esteem, a good self-image, to learn to adequately deal with the label imposed on them by society and to accept responsibility for their actions.

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PRIMARY FAMILY OF PSYCHIATRIC PATIENTS IN MONTENEGRO: SOCIOGENESIS OF MENTAL DISORDERS IN A TRANSITIONAL AND TRADITIONAL SOCIETY

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Abstract

The family is one of the most important agents of personality socialisation, including in terms of providing for predispositions for a psychopathological response. In terms of the types of disruptions that can exist in a family, families can be divided into those with a disrupted structure and those with disrupted relationships. Research conducted in the West shows that, on both grounds, primary families of psychiatric patients carry certain specificities. In order to determine the characteristics of the primary family of psychiatric patients in the Montenegrin society, as a transitional and relatively traditional one, research with a quasi-experimental design was developed in this paper. The control group in the sample consists of research participants who have not been diagnosed with a mental disorder, while the experimental group consists of individuals who have been diagnosed with psychotic or depressive states. The results of the research illustrate the characteristic family relations, i.e., the family atmosphere in families of individuals with a mental disorder. Regarding disruptions in the structure of the family, no relationship has been identified between the existence of a mental disorder and a disrupted family structure. However, this relationship exists in different degrees depending on whether an individual has siblings, as well as their birth order. Research has shown that socio-pathological phenomena, such as domestic violence, often occur in conjunction with psychopathological phenomena. Therefore, family empowerment, from the standpoint of social work, would be a protective factor for prevention of both phenomena.

Keywords: family with a disorder, psychosis, depression

INTRODUCTION

The importance of the social model in psychiatric practice has already been pointed out in the relevant literature (Đečević et al., 2015). The “Social Revolution” (Vidanović, 2008) in the field of helping professions opened the space for examining the role of so-



cial and interpersonal factors in the ethology of mental disorders. The family is one of the social agents within which the personality of the individual is formed (Milić, 2007), including possible psychopathological predispositions. Hence, in the West, research sought to identify the structural and relational factors contained in the primary family, according to which the primary family of a mentally healthy individual differs from the family of the mentally ill.

In defining a healthy family, literature (Pejović, 1982) states that the family is the most intimate group, which represents the unity of human biological, psychological, moral, and social dimensions. The same source contains a description of the ideals of a healthy family, stating that in families where interpersonal relationships are harmonious, each person has the right to their own peculiarities, and that (in such families) no one gives themselves the right or privilege beyond accepting and respecting other members of the family community, and beyond self-reflective perception. Solidarity, togetherness, and a sense of belonging to the group are underlined as high values in such families. In healthy families, there are no forbidden feelings, attitudes, and thoughts, and simultaneously, each individual member has personal responsibility for their own freedom, attitudes and feelings. Clearly, the description of the ideals of a healthy family depicts a group dominated by what social psychology characterises as the democratic model of regulating mutual relations (Rot, 2006).


Starting from the classification of the types of family disruptions, as proposed by Mladenović (1973), families can be classified into the following two groups, depending on the form of the disruption: 1) families with a disrupted structure; and 2) families with disrupted relationships. Families with a disrupted structure include families that lack one member of the “nuclear” family: one parent, both parents, or a child. According to Mladenović, families with disrupted relationships can be described as families that have not broken down structurally, but have been severely undermined from within, which led to subsequent significant disturbances in family relations, serious disagreements, friction, and conflict.

Regarding disruptions in the structure of the family, research conducted in the West generally suggests that growing up in an incomplete family is associated with the presence of some mental disorders. One study (Ross and Mirowsky, 1999) showed that individuals whose parents divorced while they were children were at higher risk of developing depression than those individuals who grew up in a complete family. In the reviews of this research, it was pointed out that early parental divorce and the occurrence of depression in adulthood are not directly related; rather, they are mediated by two variables: lower socio-economic status and problems in interpersonal relationships. Authors (Aseltine, 1996) who directly investigated the impact of parental divorce on a child’s psychological state identified that psychological changes associated with divorce last from six months to two years. One study (McLeod, 1991) that examined the correlation between growing up in an incomplete family and depression found that divorce or death of one parent was associated with adult depression in women, but not in men. A longitudinal study (Kessler and Magee, 1994) linking exposure to domestic



violence in childhood to recurrent depression in adulthood confirmed the link between the two variables, and showed that exposure to chronic stress in adulthood replicates the model of the effect that early childhood exposure to domestic violence has on the development of recurrent depression. The main results of a recent study (Barret and Turner, 2005) in the United States suggest that there is a higher level of depressive symptomatology among respondents who grew up in adopted families, as well as those who grew up with only one parent, compared to individuals who grew up in complete families. Summarising the contribution of previous researchers who looked into the relationship between depressive states and the structure of the primary family, the authors specify that the results of the study suggest the following: 1) growing up with both parents serves as the best protective factor when it comes to development of mental disorders, compared to all other forms of child care; 2) the absence of both parents is a significant risk factor, i.e. - individuals who grew up without parents are the most vulnerable to the genesis of mental disorders.

When it comes to disruptions in family relationships, most of the research points to the existence of relationship between growing up in a family with disrupted relationships, on the one hand, and psychotic processes, on the other. Milosavljević (1978) points out that, despite the differences in the approach, most researchers who dealt with families of psychiatric patients not only found serious disruptions in these families, but also confirmed that the types of difficulties they face are similar. Upon conducting an overview of studies that, in terms of the ethology of schizophrenia, take an integrative or intermediate position, in the sense that they take into account the importance of constitutional - genetic factors, as well as early influences to which an individual is exposed within the primary family, Milosavljević concludes that mental disorder is the result of an initially atypical organic structure of the child and inadequate parental influence. The author points to findings according to which a disorder is a result of a genetic organic inadequacy, as a precondition for the development of schizophrenia, where the schizophrenic process depends only on the presence (or absence) of pathogenic experiences in the environment, to which the individual is exposed during development. Milosavljević also underlines that, in the primary families of individuals with schizophrenia, the spouses diminish each other's value in front of children, and there is a tendency towards rivalry for children's loyalty. One of the relevant studies (Behrens and Goldfarb, 1958) also points to family dysfunction as a factor associated with the occurrence of schizophrenia. This study concluded that the functional adequacy of the primary family of schizophrenic individuals is significantly lower than the analogous value of families of mentally healthy individuals. It also detected that the percentage of inadequacies in families of schizophrenic children is higher in families where the parents are schizophrenic, than is the case with families in which the parents of schizophrenic children are not psychotic themselves. A recent study in Serbia (Ljubičić, 2005) showed that just over half of the parents of sampled schizophrenic individuals considered their marriage functional, but that there was a statistically significant difference in assessing the functionality of marriage by gender: women in this group were more likely to rate their marital union as dysfunctional than men. The same research showed



that the families of schizophrenic patients are burdened with conflict, marital dysfunction, accompanied by emotional distancing of parents, mutual lack of understanding and support, and that the atmosphere in most of these families could be characterised as cold and tense. Some research (Kohn and Clausen, 1956) also suggests that there is an atypical distribution of power and authority in the families of schizophrenic individuals: according to this research, the authority of the mother is, in these families, stronger than that of the father.

1. RESEARCH OBJECTIVES AND PURPOSE

The aim of this research is to identify the vector and structural specificities of the primary family of individuals suffering from mental illness, compared to the characteristics of families in the healthy population, set within a transitional and traditional society, such as Montenegro. In other words, the intention is to show whether, and to what extent, certain socio-pathological phenomena, such as the presence of disruptions in the family, are intertwined with psychopathological phenomena, such as the existence of mental disorders, all within characteristic social frameworks. We believe that, in the instance of there being a degree of relationship between these two pathological phenomena, the results of this research and their significance for social psychiatry, social work and social policy would be manifold. In the field of prevention of mental disorders, one could intervene in the area of social work through strengthening family cohesion and family relations, which would, consequently, reduce the incidence and prevalence of mental disorders in the society

2. METHODOLOGY

Sample

The research is based on a quasi-experimental design, where the sample (N = 341) consists of two groups - clinical/experimental group (N1 = 126), the members of which have been identified with a mental disorder, and healthy/control group (N2 = 215), which is representative of the general population of Montenegro. In terms of the different types of diagnosed disorders, the clinical part of the sample consists of 85 subjects with some form of psychotic disorder (which, in percentage terms, is 67 percent of this part of the sample) and 41 subjects who fall under the primary nosological category of depressive mood disorders, either with or without psychotic changes (33 percent of the clinical sample). For the purpose of the research, and on the basis of the psychiatric anamnesis and the testimonies of the participants in the research, the presence (or absence) of hereditary burden in relation to mental disorder was recorded. Considering the objectives of the research, during the formation of the control group, particular attention was paid to choose the socio-demographic variables that reflect the population of Montenegro, which may be important for further analysis.



Instruments

A special questionnaire was created for the needs of the research, based on the previously presented characteristics of healthy families and those with disruptions. This measuring instrument contains 108 items, based on the Likert scale, adapted to detection of disorders in family relationships, as well as 4 items related to the structure of the primary family of research participants. Items related to disrupted family relationships are estimated in terms of the frequency of certain behaviours within the family on a scale from 1 (“very rare”) to 4 (“very common”), leaving the possibility of a medium answer (“not sure”). Items related to the disruptions in the family structure are formulated in such a way that the participant in the research were asked specify what type of family they lived in until the age of eighteen, whether or not it was an incomplete family, and explain the reasons why the family was like that.

Eleven scales of family vectors with satisfactory metric characteristics were defined through the procedure of factor analysis, as well as the calculation of reliability. Cronbach’s alpha coefficients for the obtained scales range from 0.71 to 0.86 and those scales whose reliability coefficient were lower than 0.7 were excluded from further operations. When constructing the scales, factor analysis procedure was applied, in order to distinguish items that identify the same latent constructs from a larger number of items that are similar in content. Where there was no dilemma about the construct to which the scales refer, a scale reliability check was used. The metric characteristics of the scales are shown in Table 1.

Table 1. Descriptive parameters of the family vector scale

	Scale	Mean	St. dev.	Min.	Max.	Alpha
1	Family support and integration	10,54	2,25	3	27	0,73
2	Exposure to domestic violence and aggression	6,61	4,25	4	36	0,83
3	Mutual support and good relationship between parents	18,58	6,49	5	45	0,78
4	Conflicts in the relationship of the parents	7,24	5,37	4	36	0,86
5	Respect from parents and identification with them	14,33	4,52	4	36	0,77
6	Parental control	18,02	6,18	8	54	0,74
7	Parental neglect	10,88	7	7	63	0,86
8	Isolation and tension in the family	10,57	5,95	5	45	0,75
9	Distrust of the system in the environment	15,12	7,41	7	56	0,78
10	Pressure of the system on the respondent	12	5,26	5	45	0,71
11	Social integration of parents	10,54	2,55	3	27	0,73

Procedure

The research procedure was performed from April to August 2017 for the experimental group, and in September 2017 for the control group of the sample. Data collection for the experimental part of the sample was, for the most part, performed within the Psychiatric Clinic of the Clinical Centre of Montenegro (Podgorica), both with participants who were treated on an outpatient basis, and those treated in an inpatient setting. A small part of the experimental sample was represented by participants who were being treated at the Health Institution Special Hospital for Psychiatry “Dobrota” (Kotor). Data collection for the control group was performed on the ground, in municipalities within three Montenegrin regions (northern, central, and southern). All participants gave their consent to participate in the research and signed an informed consent.

3. RESULTS

Empirical material was processed using the SPSS statistical program. In terms of statistical operations, t-tests were performed (for continuous variables, i.e., for scales of vectors active in the family), and chi-square calculations (for categorical variables, i.e., for characteristics related to family structure). The processing plan and overview of results are given in Table 2.

Table 2. Data processing plan and presentation of research results

	Situation 1: no control of hereditary elements	Situation 2: control of hereditary elements
Case 1	Clinical/healthy sample	Clinical/healthy sample
Case 2	Psychotic/healthy sample	Psychotic/healthy sample
Case 3	Depressive/healthy sample	Depressive/healthy sample

Situation 1, case 1: of the eleven scales, t-test for clinical and healthy population gave statistically significant differences on the scales, as shown in Table 3.

Table 3. Results of t-test for scales that demonstrated a difference

Scale	Mc	Mh	Diff.	Significance
1 Mutual support and good relationship between parents	16,55	19,77	3,22	t = - 4,507 (df = 335) p<0,01
2 Tension and isolation in the family	11,45	10,05	1,4	t = 2,124 (df = 334) p<0,05
3 Respect by parents and identification with them	13,25	14,98	1,73	t = - 3,459 (df = 336) p<0,001
4 Pressure of the system on the respondent	11,3	12,45	1,15	t = - 1,961 (df = 334) p<0,1
5 Social integration of parents	10,94	10,28	0,66	t = 2,790 (df = 321,792) p<0,05



Situation 1, case 2: in terms of diagnostic categories recognised by the research design as values that can be observed in the criterion variable, the results of t-test are presented, illustrating the differences in arithmetic means of the healthy sample and the subsample of individuals with a psychotic disorder. Of the eleven scales described in in Table 1, the t-test for the two mentioned groups of subjects gave statistically significant differences on the following scales:

Table 4. Results of t-test for scales that demonstrated a difference (psychotic and healthy)

Scale	Mp	Mh	Diff.	Significance
1 Mutual support and good relationship between parents	16,71	19,77	3,06	$t = - 3,684 (df = 294) p < 0,001$
2 Family support and integration	16,82	17,68	0,86	$t = - 1,661 (df = 285) p < 0,1$
3 Respect by parents and identification with them	13,14	14,98	1,84	$t = - 3,282 (df = 295) p < 0,001$
4 Social integration of parents	10,99	10,28	0,71	$t = 2,911 (df = 235,78) p < 0,01$

Situation 1, case 3: When only individuals with depressive symptomatology were treated as a clinical sample, comparison of arithmetic means with an analogous measure of the central tendency of the healthy part of the sample, without control of the hereditary burden, yielded statistically significant differences on the following scales:

Table 5. Results of t-test for scales that demonstrated a difference (depressed and healthy)

Scale	Md	Mh	Diff.	Significance
1 Mutual support and good relationship between parents	16,22	19,77	3,55	$t = - 3,067 (df = 251) p < 0,01$
2 Tension and isolation in the family	12,67	10,05	2,62	$t = 2,476 (df = 249) p < 0,05$
3 Respect by parents and identification with them	13,46	14,98	2,52	$t = - 1,938 (df = 251) p < 0,1$

In order to reduce the influence of heredity on conclusions about the socio-etiological/family axis of the analysed disorders, a statistical procedure similar to the one whose results were just presented was undertaken, but only following the removal from the sample of those respondents who tested positive for heredity. The values for repeated t-tests are given below, in a situation where the hereditary burden of the subjects is controlled.

Situation 2, case 1: Table 6 shows the results of testing the statistical significance of differences between the arithmetic means of the healthy and clinical part of the sample on the scales of family vectors, in the situation of controlled heredity.

Table 6. Results of t-tests for scales that demonstrated a difference (clinical and healthy sample)

	Scale	Mc	Mh	Diff.	Significance
1	Mutual support and good relationship between parents	16,75	19,68	2,93	$t = -3,572$ (df = 274) $p < 0,001$
2	Tension and isolation in the family	11,59	9,80	1,79	$t = 2,390$ (df = 274) $p < 0,05$
3	Respect by parents and identification with them	13,51	14,93	1,42	$t = -2,521$ (df = 275) $p < 0,05$
4	Exposure to violence and aggression in the family	6,97	6,15	0,82	$t = 1,698$ (df = 145,108) $p < 0,1$
5	Social integration of parents	11,15	10,29	0,86	$t = 3,352$ (df = 229,414) $p < 0,001$

Situation 2, case 2: Table 7 contains the results of testing the statistical significance of differences between the arithmetic means of the healthy part of the sample and the psychotic subsample on the scales of family vectors, in the situation of controlled heredity.

Table 7. Results of t-test for scales that demonstrated a difference (psychotic and healthy)

	Scale	Mp	Mh	Diff.	Significance
1	Mutual support and good relationship between parents	16,76	19,68	2,92	$t = -3,107$ (df = 249) $p < 0,01$
2	Respect by parents and identification with them	13,50	14,93	1,43	$t = -2,346$ (df = 250) $p < 0,05$
3	Social integration of parents	11,18	10,29	0,89	$t = 3,674$ (df = 195,721) $p < 0,001$

Situation 2, case 3: Table 8 shows the results of testing the statistical significance of differences between the arithmetic means of the healthy part of the sample and the depressed subsample on the scales of family vectors, in the situation of controlled heredity.

Table 8. Results of t-tests for scales that demonstrated a difference (depressed and healthy)

	Scale	Md	Mh	Diff.	Significance
1	Mutual support and good relationship between parents	16,72	19,68	2,96	$t = -2,093$ (df = 215) $p < 0,05$
2	Tension and isolation in the family	13,35	9,80	3,55	$t = 2,844$ (df = 214) $p < 0,01$

So far, the section dedicated to presentation of results, has discussed how family vectors behave in the families of mentally ill and healthy individuals in Montenegro. In order to gain insight into the structural specificities of the families from which psychiatric patients in a transitional and traditional society are “recruited”, cross-tabulations will be approached for categorical variables. Cross-tabulations will, again,



be calculated for two situations, as shown in Table 2. The list of variables that will be crossed with the variable of (non)existence and form of the disorder is shown in Table 9.

Table 9. Categorical variables that are crossed with a dependent variable

Family structure	
V1	Do they have brothers/sisters
V2	Position of the respondent in terms of birth order
V3	Which parent is older
V4	Is the father older than the mother
V5	What type of a family they lived in when they were 18

Situation 1: Differences between the clinical and healthy population in the sample - family structure, without heredity control: see below (Table 10) for results of cross-tabulation for those indicators from Table 9 where, in at least one of the three analysed cases, a statistically significant correlation was found with the existence of a disorder. For clarity, we classified the predictor variables “thematically” - as classified in Table 9.

Table 10. Family structure: results of cross-tabulation for situation 1

Case	Variable	Significance
V 1	Case 1 Do they have brothers/sisters	Chi=1,737 (df = 1) p>0,1
	Case 2 Do they have brothers/sisters	Chi=0,122 (df=1) p>0,1
	Case 3 Do they have brothers/sisters	Chi=4,558 (df = 1) p<0,05
V 2	Case 1 Position in terms of birth order	Chi=1,988 (df=3) p>0,1
	Case 2 Position in terms of birth order	Chi=0,194 (df=3) p>0,1
	Case 3 Position in terms of birth order	Chi=6,372 (df=3) p<0,1
V 3	Case 1 Which parent is older	Chi=3,477 (df=2) p>0,1
	Case 2 Which parent is older	Chi=0,214 (df=2) p>0,1
	Case 3 Which parent is older	Chi=9,214 (df=2) p<0,01
V 4	Case 1 Is the father older than the mother	Chi=3,455 (df=1) p<0,1
	Case 2 Is the father older than the mother	Chi=0,214 (df=1) p>0,1
	Case 3 Is the father older than the mother	Chi=9,132 (df=1) p<0,05

Situation 2: Differences between clinical and healthy population - family structure, with controlled heredity - In order not to repeat ourselves, we will show only those variables for which, in at least one of the three possible cases, a result was obtained that was different from the equivalent one in situation 1, and shown in Table 10.



Table 11. Family structure: results of crosstabulations that differ in relation to situation 1

	Case	Variable	Significance
V 1	Case 1	Is the father older than the mother	Chi=0,697 (df=1) p>0,1
	Case 2	Is the father older than the mother	Chi=0,214 (df=1) p>0,1
	Case 3	Is the father older than the mother	Chi=9,132 (df=1) p<0,05

4. DISCUSSION

The presented data point to certain characteristics of the primary family of psychiatric patients in Montenegro. Table 3 shows that psychiatric patients in the Montenegrin society grow up in families where cohesion is weak and relationships are undermined, i.e., in families that have been classified as families with disrupted relationships. More specifically, the results of the research show that the primary family of psychiatric patients is characterised by problems both in the relationship between spouses and in the parent-child relationship. These families are also characterised by a higher degree of perceived isolation of the individual within the family system, as well as lower degrees of identification of the child with the parental figures. In the situation of controlled heredity (Table 6), the set of scales of family vectors by which the clinical population differs from the healthy one in terms of the measure of central tendency, looks somewhat different than it did without the control of hereditary factors. On the scale of system pressure on the respondents, in the repeated procedure, no statistically significant difference was recorded, while, in contrast, on the scale of *exposure to violence and aggression in the family*, a difference was identified. On the basis of this difference, we can conclude that there is a possibility that exposure to violence and aggression in the family, as a family-dynamic etiological vector, begins to play a role in the genesis of mental disorders in a situation where respondents do not have a hereditary burden of mental disorders. This finding points to a connection between social and psychological pathology, in the sense that the existence of violence and open aggression in the primary family coincides with subsequent manifestation of mental disorder. The vector of *social integration of parents* provides consistent results in terms of better social integration of families of individuals suffering from a disorder, except in the case of the depressed subsample. It is possible that parents in these families are more focused on external, non-family systems, and that they neglect the needs of the child, which was perceived by the participants in the research as better social integration of the parents.

Regarding the difference of family vectors between the healthy population and the psychotic subsample, it is worth noting that *family support and integration* is a scale that did not contain a statistically significant difference between arithmetic means between the control and experimental groups (Table 3) but a difference was identified on this scale if we are to treat only psychotic individuals as individuals with a mental disorder (Table 4). As expected, the difference between the two-arithmetic means (0.86) “works in favour” of the healthy part of the sample. In other words: men-




tally healthy individuals in Montenegro, grow up in families where they receive more support and in which they are better integrated, compared to individuals with a psychotic disorder. Simultaneously, since this vector is not recognised in any situation (neither with nor without heredity control) as significant in terms of the differences between the arithmetic means between the healthy part of the sample and the depressed subsample (Tables 5 and 8), the presented findings support the assumption that those values in the dynamic-family vectors that indicate the existence of disruptions in the family are, in fact, more strongly associated with psychotic rather than with depressive disorders. It could be concluded that lower degrees of family support and weaker integration into the family group is a significant socio-etiological factor in the context of psychotic disorders. In the situation of controlled heredity, the list of scales with a statistically significant difference between the mean values of the healthy part of the sample and the psychotic subsample (Table 7) differs only in the sense that, in the new situation, the family support and integration scale did not show a statistically significant difference. Therefore, at the level of the total research population - healthy and psychotic - there was a greater degree of family support and integration into the primary family group among healthy individuals than among individuals with psychotic disorders, while in the situation where we treat only the part of psychotic individuals that are not hereditary positive - this difference does not exist.

When only individuals with depressive symptomatology were treated as a clinical sample, a comparison of arithmetic means with an analogous measure of the central tendency of the healthy part of the sample, without hereditary load control (Table 5), yielded statistically significant differences on three scales. It is interesting that two of these three scales directly concern the parents: in the first case, it is about the relationship between the parents, and in the second case, about parental respect for the child. Parental influences are, evidently, strong when it comes to subsequent manifestation of depressive symptoms, which is in line with the findings of some studies that we listed in the introductory part of the paper. In the situation of controlled heredity (Table 8), the scale of respect by parents and identification with them did not prove to be significant, which indicates the possibility that this family vector begins to play a significant role in the ethology of depression when an individual already has a hereditary basis for psychopathology.

When it comes to the *structural specificities* of the families of psychiatric patients in Montenegro (Tables 9 and 10), it should be stated at the very beginning that no significant difference was identified with respect to the completeness of the primary family between the experimental and control groups, (therefore V 5 is not shown in Table 10). This finding differs significantly from the results of the studies presented in the introductory part of the paper.

When it comes to *siblings* and the *birth order in the family*, a statistically significant correlation was obtained only in case 3 (depressed/healthy, Table 10). Based on the insight gained into the frequencies of observed and ideal values provided for



in the cross-tabulation, we conclude that there are fewer siblings in the depressed subsample than expected in the ideal case, and that this difference is statistically significant. Analogously, among the depressed population, there are more individuals who do not have siblings than ideally expected, while for the healthy part of the sample, in both cases, the situation is the opposite. We could assume that in a traditional society, such as Montenegro, where the support of the informal community is still valuable to the individual who is suffering problems, help from loved ones, i.e., siblings, in difficult life circumstances, is one of the protective factors when it comes to developing depressive disorders.

Regarding the birth order, we infer that among the depressed population there are more examples of the individual being the oldest or the only child than expected, while the situation with the healthy part of the sample is the opposite. Similarly, among the depressed there are fewer youngest children, as well as children who, in by birth order, are the middle child, than would be expected in the ideal case, while in the healthy part of the sample the situation is opposite. It is possible that parents in a traditional society are particularly strict or explicit towards first-born children, which in the long run places an additional burden on their personal expectations, or frustrates their experience of their own competence, and consequently predisposes them to depressive reactions in subsequent life situations. A psychodynamic interpretation (Ackerman, 1987) would move in the direction of the assumption that with the birth of younger children, the older ones “lose ground” or end up in a situation where they have to share parental attention with “intruders”. The same theoretical framework teaches us that a child sometimes perceives the birth of a younger brother or sister as confirmation that they are not good or enough for the parents, which could also form the basis of a depressed life position.

Regarding the *difference in the age of the parents*, the social context in which we conduct the research is such that the husband is expected to be older than the wife. The results, which are observed in variable V3 in cross-tabulations (Table 10), with the correction made by recoding the same variable into binary (V4), we conclude that in the clinical part of the sample there are more respondents whose mother is older than father than what is expected in the ideal case. In other words, one of the specificities of the structure of the primary family of individuals with mental disorders in Montenegro is that, in these families, the proportion of the situation in which the mother is older than the father is higher than in the healthy population. We underline that, in the introductory part of the paper, we mentioned that the findings of studies conducted in the West are somewhat similar, i.e., that, according to this research, the authority of the mother is stronger than that of the father in the primary family of schizophrenic individuals.

In the repeated procedure (Table 11), the results differ only in the first case of the first variable. Namely, while in situation 1 a statistically significant correlation was obtained between the control and experimental part of the sample in relation to the variable of whether the father is older than the mother, in the situation of controlled



heredity, such a difference was not identified. The results for case 2 and case 3, for the same variable, in situation 2 do not differ substantially from the analogous results obtained in situation 1. The same applies to other variables tested in this part of the paper.


The presented results point to the close intertwining of certain socio-pathological phenomena active within the family, on the one hand, and psychopathological phenomena, on the other hand. The applicative significance of this research is to indicate the direction in which interventions in the field of social work and social policy would strengthen the family and thus, in the context of the study results, prevent the escalation of some mental disorders in a transitional and traditional society such as Montenegro.

CONCLUSIONS

Research has shown that in a transitional and relatively traditional society, there are striking differences between the primary families of mentally healthy and mentally ill individuals, as identified by relevant studies in Western and more progressive societies. The findings of our research are in particular agreement with the results of studies conducted in the West on the dynamic and relational specificities of families in which individuals with mental disorders grow up. The structural characteristics of these families differ to some extent from the families of psychiatric patients in the West, although, in terms of these specificities, differences have been identified between the primary families of mentally healthy and ill individuals in the analysed social framework. Given that the presented research is nomothetic and social-psychiatric, finer idiographic, and in-depth psychological research can help to identify how social and family vectors, in characteristic social frameworks, are refracted through the personality of an individual, resulting in health or disease.

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SOCIAL NETWORKS - POTENTIAL SOCIAL RISK OF ADDICTION

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Abstract


Social networks are necessary for communication and have a significant place in the development of humanity, education, communication, technology, industry, globalization, etc. Social networks are used by all actors in society, so despite all the benefits, social networks can still cause a series of inconveniences. Social networks become addictive when they start to interfere with a person's relationships or when they represent a brake on the goals they are striving for, such as good grades or contribution to a sports activity. Based on that, addiction to social networks is defined as a primary, chronic disease characterized by impaired control over behaviour. Addiction can also be defined as a disorder with strong negative consequences in a person's social, work, family, financial and economic functioning. There are cases in which participants use social networks excessively, isolate themselves from all forms of contact, mostly social contacts and devote themselves entirely to social networks rather than life events, but there are also those who, in order to be in trend with posts on social networks and to record an attractive post they risk their own lives. Just like gambling, social media users can become obsessed with the social media world and neglect family, friends, and school. Anyone who has experienced social media addiction knows that it is real.

For individuals whose user habits have transitioned from hobby to addiction, there are multiple areas of life that can be negatively affected. Of course, not everyone who overindulges in social media will experience the same negative impacts.

Keywords: social networks, communications, addiction

INTRODUCTION

Social networks are part of the everyday and over the years they have become more numerous and the number of users of almost all social networks is visibly increasing, and this is inevitably due to the development of the computer industry and the Internet, which is why social networks have become available and experienced versatile application (private and professional). They are necessary tools for work, information, and communication, which is why their application is increasing, and



there is a tendency for it to increase even more. The trend of social networks is spreading rapidly, and further perspectives for even more massive use are visible.

Social networks such as Facebook, Twitter, Myspace, Flickr, Viber, Internet, Google, YouTube, Instagram, and others are the most famous and most used social networks for communication all over the world and at the same time they are an intermediary between the two talking parties, they replace verbal and direct communication with sending messages, images, and files as codes of intermediate communication. The positive expectations that were related to these social networks were reduced to the fact that by using them time and space barriers will be overcome and communicative interactions (private aspect) and business opportunities (professional aspect) will increase. However, practice shows that the debates more often point to the fact that social networks are hyper-used, and this is precisely why addiction to these social networks appears, which is especially a problem among the young population. Hence, it becomes clear why this topic needs to be elaborated and developed in detail in the structure of the research in this doctoral dissertation and in some subsequent research in the field.

Dependence on this type of communication and following trends require a reduction of direct communication, mutual friendships of children, games, collaborations, helping, sports for proper development, direct speech, expression of emotions, sharing of situations and socialization. Socialization as a process starts from the family, as the primary environment from which the basic postulates of the process are drawn, but as a secondary environment, the wider circle of family, relatives, friends, comrades, school are considered. The development of children's socialization is through the realization of direct contacts, verbal communication, cooperation, conversation, experiences, friendships, and all forms of actions. From a social point of view, socialization is a process by which social rules and values are transmitted from generation to generation, it is a process by which the stable functioning of society is enabled. The process of socialization begins to develop from the first life cycle, from childhood and is most intense from adolescence. It is not only a time when human beings learn many things (hygiene habits, taste, manner of behaving with other people, language, roles, etc.), but it is an age that is very flexible and suitable for learning, and many things are done then with lightness and speed, which will not be encountered later in man's life. But the socialization continues in the future life, that is, it lasts, almost throughout the entire human life, in which the behaviour that is evaluated in society as normal, desirable, and exemplary is constantly accepted.

In modern society, social networks are a factor that can be said to have an impact on secondary socialization. Namely, the use of social networks is present among all ages, with great intensity and is becoming a daily necessity. The use of social networks is useful, they are the fastest and most efficient way to communicate, send content and information, share data, life without them is simply unimaginable. Exactly the data for such versatile application of social networks and through them and the exchange of content made me research what is the impact of the content



of social networks on the process of socialization among adolescents. In addition to the use for the exchange of information about school, for research, communication, to get some data that refers to the content shared by adolescents and to investigate how it affects their socialization. Social networks and the contents that are shared can undoubtedly have a positive and negative effect, but we should ask ourselves what is their influence on the socialization process and whether they are addictive.

1. POSITIVE AND NEGATIVE ASPECTS OF SOCIAL NETWORKS

1.1. Positive sides of using social networks

Humans are social beings. The quality of our social life is an aspect that significantly affects our mental health and the feeling of overall satisfaction and fulfillment. On the contrary, when we do not adequately satisfy the need for company, we open the door to stress, anxiety, loneliness, feelings of worthlessness, rejection, and depression.

Most people nowadays, both younger and older generations, are users of social networks. However, social networks are a “double-edged sword.” Communication in virtual space offers certain advantages, but it cannot and should not be understood as a substitute for direct, face-to-face contact. What’s more, research shows that the more connected we are, the lonelier we are. So, the more time we devote to this way of communication, regardless of the fact that we have a large number of online friends and followers, the more likely we are to feel unhappy, dissatisfied, anxious or depressed. If you find yourself in this situation, it is time to change your habits.


Virtual support groups. “Networking” has provided the opportunity for many people with different types of problems to connect with each other and to provide each other with help and support.

Availability of information. News is shared faster and easier than ever, and the public has the opportunity to get information from different sources. With the emergence and expansion of social networks, it has become easier to ask for and get help with various things - if you have lost or found someone’s wallet or pet, if you need to find donors of a certain blood group or similar, there are communities where you can advertise and with the help of which it will reach a large number of people.

Availability of educational material. There are numerous communities for the exchange of different types of literature that can help you significantly reduce the time spent searching for a book, textbook, etc.

In order to maximize the positive effects and minimize the negative impacts of social networks, it is necessary to take the following measures (Parsons, 2010):

1. Raising the level of digital literacy: it is necessary to critically evaluate information, identify reliable sources and recognize online manipulation tactics.

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2. Setting boundaries: Establish limits on screen time and prioritize real-world interactions.
 3. Careful use: Be aware of the emotional impact of social media and take breaks when needed.
 4. Privacy Awareness: It is necessary to regularly review privacy settings and be careful when sharing personal information.
 5. Positive engagement: social media needs to be used to spread positivity, encourage engagement in meaningful discussions, and support others.

As a sublimite, individuals should be aware of their social media habits and make conscious choices that enhance their overall well-being and personal growth (Rieh,2002). Social networks should be used in the direction of positive use; hence, young people should use social networks to be able to acquire knowledge, engage in discussions and develop their skills, and establish control over the excessive use of social networks which it can encourage addiction, an unrealistic image, and present modern and wrong styles of behaviour among young people who go on.

1.2 Negative sides of using social networks

Impact on self-confidence. It has been proven through many studies that inadequate and excessive use of social networks can have a significant impact on self-confidence, especially for young people who are still in the process of forming their identity. However, even when we are aware that what we see is a beautified picture of someone's life or only a certain segment and not the whole, it is not easy to resist the comparison, which leads to envy, a feeling of dissatisfaction with one's own life and the like.

Social isolation and alienation. People who excessively use social networks, who can be said to have developed an addiction, are at an increased risk of isolating themselves from their immediate contacts because the virtual world becomes more attractive and comfortable for them, which opens the field for anxiety, depression, and other emotional problems. Also, over time, a deficit in their social skills can be observed. It is a common sight that people who sit together do not talk to each other but look at their mobile phones and correspond with someone else.

Anxiety and depression. As we have already stated, face-to-face contact is irreplaceable and this is what makes social life a protective factor for mental disorders. When the emphasis is placed on online communication, a person is at risk of developing one of these disorders.

“Fear of missing something” is an addiction to social networks in a person who has developed it, creating the feeling that if he is not online non-stop and up to date with the posts of other people he knows or doesn't know, with the comments he gets on his posts and photos, if he doesn't follow where someone has logged in and the like, that he will miss something important. This results in compulsive scrolling of so-



cial networks day and night, which can affect the quality of sleep, neglecting obligations, attention, and concentration when it is necessary to focus on something else.

Promoting narcissism - social networks are a space where it is very easy to promote an idealized, grandiose image of yourself, and also to find an audience that will support it all with their likes, comments and the like.

Cyberbullying - social networks are also a breeding ground for different types of violence. Victims of peer violence, for example, in a large number of cases state that the same is done not only at school or in the neighbourhood where they live, but also through social networks - by publishing gossip and lies about them, photos and offensive comments, sending threats, being kicked out of groups, and the like.

We can conclude that, as in most other segments of life, the answer to the questions: "What is the best recommendation?" and "How to position yourself?" is moderation.

2. WHAT IS SOCIAL MEDIA ADDICTION?

Nowadays, social networks have a significant place in the development of humanity, however, they can cause a series of inconveniences. World psychiatrists are seriously considering the possibility of Internet addiction, and especially addiction to social networks and computer games, being on the international list of diseases, because the number of people affected by this addiction is increasing day by day. This is also evidenced by the fact that centres for social network addicts are gradually being opened around the world, and most often the patients are children and teenagers. There are great difficulties in finding a term that can be used to describe the nature of this type of interaction (man-machine) adequately and precisely. The reports freely use the terms "compulsion", "addiction" and "obsession" to define a state of long-term computer use, but none of these terms are considered appropriate.

"Compulsion" or "coercion" as defined in the appendix of the Oxford English Dictionary is an unrelenting, persistent impulse to behave in a certain way contrary to one's conscious intentions or standards. This notion is supported by the definition from the dictionary of psychology, which describes it as an internal irresistible force, a compulsion to perform a certain action without or against the individual's will. The term "obsession" has proven to be inaccurate and inappropriate for computer users, as its use refers only to thoughts and not actions. Although social anthropologists were primarily engaged in researching social networks, with the development of the theory of the social system, interest in this phenomenon arose in other sciences as well (Bajarin, 2011). The so-called applied disciplines give special attention to social networks, as an overall field of communication.



2.1 Reasons for addiction to social networks

Dependence on social networks occurs as a consequence of the problems in real life that the individual encounters on a daily basis, as well as the possibility of facing them and solving them. Theorists focus on the already built system of social networks to explain their addictive nature. In the hypothetical world created by social networks, users become confident and get satisfaction that they cannot get in the real world. Researchers investigate what motivates users to use social networks. Many of them use social networks to satisfy some psychological need, and continue to use them because of freedom or a relationship that is established with other users. There is not enough research on whether social media is addictive or not, but it certainly displaces physical activity and reduced time for study, friends and even family.

Social networks allow them to tap their internal brakes. Users are in daily anticipation that they will come across something they have been dreaming about for a long time. In addition, in social networks it is possible to be someone else without any problem, someone who is not shy and withdrawn, and in that other world it is easy to make virtual friendships. In a conducted study, a distinction is made between two theories of addiction and their possible causes:

- **The Use and Gratification Theory** – according to which people use social networks in order to obtain certain gratifications, such as personal identity, personal connections, or diversion.
- **Flow Theory** - which explains the state in which people are so involved in a certain activity that nothing else matters to them.

Hence, the connection between certain types of adolescent behaviours and socialization and social networks is clear. That relationship has been proven by a series of previous researches (Deloitte Development, 2009; Downes, 2005).

3. PSYCHOLOGICAL CONSEQUENCES OF ADDICTION

The psychological consequences that point to the fact that the user is addicted to social networks are numerous, but essentially, they are connected to the following basic symptoms:

- An increase in the tolerance threshold, which implies that the required time of social networks over time increases more and more, in order to meet the needs for which significantly less time was sufficient before.
- A withdrawal crisis that can occur if the user has not had any contact with the computer for several days. It also occurs when trying to reduce, limit or completely stop the computer's use. It is most often manifested by psychomotor agitation (unconscious movement of the fingers, i.e., emissions from tapping on the keyboard or moving the mouse), anxiety, obsessive thinking, etc.




- Antisocial behaviour is characterized by the neglect of the most important social, recreational, and other activities and obligations.
- Helplessness and fear appear most often when the addict is faced with problems or when he feels guilty about an incident in his own environment. At that very moment, the child seeks salvation through the use of the network.
- Lying to family and friends in order to conceal the actual time spent on social media.

4. HOW TO RECOGNIZE ADDICTION TO SOCIAL NETWORKS?

Most people nowadays use one or more social networks, regardless of the age group. Excessive use of social networks in our daily life can create a need for compulsive, aimless browsing that takes up a significant part of our time, as well as the so-called fear that we will miss something if we are not online non-stop. This can further have a negative impact on concentration and attention, sleep quality, neglect of higher-priority obligations, social interactions in the real world, and ultimately, increased anxiety and depression.

Understanding social networks and the impact of social media on young users is crucial for several reasons (Breuer, 2011; Castells, 2009):

1. **Vulnerable audience:** young users, especially teenagers, are more susceptible to external influences and peer pressure because they are in a developmental stage when they are forming their identities and values, and social media platforms play a significant role in shaping their beliefs, behaviours and perceptions of the world.
2. **Mental health:** Excessive use of social media has been linked to mental health problems such as anxiety, depression, and low self-esteem, especially among young users. Awareness of the potential negative effects allows educators, parents, and policy makers to take measures to mitigate these risks and promote healthy online behaviours.
3. **Cyber-harassment and online safety:** young users are more likely to experience cyber-harassment and online bullying. Knowing the impact of social media can help educators and parents teach children about online safety, privacy settings, and online communication.
4. **Credibility of information:** social media is a major source of information for young users, yet misinformation and fake news spread quickly on these platforms, so understanding how social media influence works can encourage young users to critically evaluate sources of information and to identify reliable information.
5. **Digital Literacy:** Knowledge of the impact of social media helps develop digital literacy skills, and young users should be able to distinguish between credible



and biased information, recognize clickbait and understand the algorithms that shape their content.

6. Peer pressure and trends: Social media platforms often feature trends, challenges and viral content that can influence the behaviour and choices of young users, and by understanding this influence, parents and educators can engage in open conversations with young users about the potential consequences of uncontrolled trend following.
7. Advertising and consumerism: social media platforms are also used to advertise and promote products and young users may be confronted with advertisements that manipulate their desires and spending habits, and being aware of these tactics can help young users to make more informed decisions for consumers.
8. Political and Social Engagement: social media has become a platform for political discourse and social activism aimed at youth +14 years of age, and understanding how the influence of social media works can help young users become more critical thinkers and active participants in civic engagement.
9. Digital footprint and privacy: young users often do not fully understand the long-term consequences of their online actions, and awareness of the permanence of digital footprints and the importance of protecting personal information can prevent future misuse and unauthorized use of their personal data.
10. Positive influence: not all social media influence is negative, positive role models, educational content and supportive communities can also have a significant impact on young users and recognizing and encouraging these aspects of social media can contribute to their personal growth and development.

4.1. What can influence the development of this type of addiction?

In order for the creators of social networks to profit from them, they are designed to attract and maintain our attention, both with their appearance, as well as with the content and opportunities they offer us. Therefore, they are designed to stimulate the secretion of dopamine (the hormone of happiness), as a positive reinforcement. When interactions are carried out in this way, likes, comments, followers, and the like are obtained. However, it is important to know that it is exactly the same mechanism that exists in different forms of addiction - in gamblers, smokers and users of psychoactive substances. The more frequent the confirmation, the more it will affect a certain number of people so that they spend more and more time on social networks, working hard on posts in order to get as many likes and comments as possible, to be shared as many times as possible. More precisely, life begins to revolve around how it will be presented on social networks, which can adversely affect other segments of life. Also, an important element of social network addiction is the need to always be up to date with what is happening in the virtual space, at the core of which is the fear of missing something. A person with this fear has




the need to immediately check and respond to every notification, fearing not to be left out of something, not to miss an invitation to some event, discussion, or gossip in some group, not to reply to someone's comment or not to miss putting hers on other people's posts, and the like. What can additionally feed addiction is the use of social networks for the purpose of a defence mechanism - to protect a person from loneliness, boredom, anxiety, and depression. In this case, therefore, these are problems that exist primarily in relation to addiction. Thus, these feelings are suppressed, denied, masked, and pushed under the carpet, where, in fact, they become more complicated. Social networks have their advantages, but they are not, and should not be seen as a permanent substitute for direct, face-to-face contact. Connections between children, possession of information and exchange of thought transactions are necessary (Berryman, 2008). Additionally, this review aims to highlight the major themes around which the research has evolved to date and draws some guidance for future research directions. In order to meet these objectives, this work is oriented toward answering the following research questions:

1. What is the current status of research focusing on social media addiction?
2. What are the key thematic areas in social media addiction and problematic use research?
3. What is the intellectual structure of social media addiction as represented in the academic literature?
4. What are the key findings of social media addiction and problematic social media research?
5. What possible future research gaps can be identified in the field of social media addiction?

These research questions will be answered using bibliometric analysis of the literature on social media addiction and problematic use. This will allow for an overview of the research that has been conducted in this area, including information on the most influential authors, journals, countries of publication, and subject areas of study.

CONCLUSION

Regarding the Internet, it is important to mention that the basic idea for its creation was the connection, that is, the overcoming of time and space barriers between people around the world (Alexander, 2006). Thus, with the help of the Internet, people should be connected, businesses should get to know each other, cooperation should be started and the channels of information should be expanded. However, excessive use has led to a series of contraindications, which is why today the question is often asked whether the advantages of using the Internet are more numerous than the disadvantages and risks, especially if the emphasis is placed on the young generations who are particularly critical because they are in the phase of growth



and development, and at the same time, they lack experience and knowledge on how to protect themselves on publicly available internet platforms. According to De Souza and Dick (2009) while the internet brings enormous benefits, it is important to address challenges such as the digital divide, privacy concerns, online security, misinformation, and the potential for addiction. As technology continues to evolve, it is critical to find ways to maximize the positive impact of the internet while also addressing its potential downsides.

Hence, the connection between certain types of adolescent behaviours and socialization and social networks is clear. That relationship has been proven by a series of previous researches (Deloitte Development, 2009; Downes, 2005). Using the Internet, the young population can quickly and simply get information on any topic, see images and various video content related to those areas, and what is worrying and alarming is the fact that a large number of contents that is placed on the Internet is not under the control of institutions, are written by authors who are not qualified, affirmed and proven in the field. Children who do not have enough experience tend to fall under the influence and develop distorted perceptions of what they are exploring. In addition, these contents are increasingly shared between users and very quickly the contents of the Internet become accessible and read by the youngest population that needs to be controlled.

Most often, young people share content that is posted on social networks, which represent ideal e-spaces for young people where they can socialize, share, and feel closer to their acquaintances and friends (Bawden and Robinson, 2009).

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**SOCIAL WORK
EDUCATION AND
PRACTICE**





A CLOSER LOOK AT SOCIAL WORK FIELD EDUCATION IN GERMANY: RECONSTRUCTING THE “FIELD EDUCATION-ARC OF WORK”

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Abstract

Social work education includes one central element outside the university: field education, often described as the “signature pedagogy” of social work. Despite the central position in the course there is a research desideratum concerning to the forms and conditions of field education guidance in the heterogeneous fields of social work. The project “ALFOSA” (“Anleitungsforschung in der Sozialen Arbeit” / “Research on field supervision in Social Work”) addresses these questions. The theoretical framework includes interactional learning theory according to Wenger/Lave (1991), the formation of professional knowledge according to Dewe/Otto (2015) and the “arc of work”, an empirically conceptualized theory by Anselm Strauss for the analysis of professional work (1985). The research design was based on Grounded Theory Methodology (Corbin/Strauss 1996). Ten in-depth interviews with instructors were conducted and analysed using coding methods. In this article empirical reconstruction of the arc of work of field education guidance are presented. Six elements in the arc of work in the instructions for students in field education are described in detail.

Keywords: social work field education, social work field placement, social work field supervision, arc of work

INTRODUCTION

Social work education includes one central element outside the university: field education. Field education’s goal is to provide a supervised work experience in social work practice (e.g., Krainer, 2017; Erdmann et al., 2022; Asakura et al., 2018). Internationally, field education is identified as the signature pedagogy of social work (Bogo, 2015). In Germany, state recognition of the BA-degree (as the entry level degree into practice) requires the completion of 800 hours of field education. The following ar-




ticle takes a look at the most common form of field education in the form of six full-time months. In the following the international state of research on field education will be described in order to make the development of the research questions and the research design plausible. The theoretical consideration is only briefly outlined here and enables the presentation of a specific level of results, which is the focus here. We close with a focused discussion and an outlook.

1. STATE OF RESEARCH

Despite the central position of the internship in the social work curriculum, research in the German speaking field on this learning process is still limited. If we look internationally at the existing field of research on social work guidance processes, we find that US studies in particular demonstrate the importance of supervision for learning and educational processes in the practice phase (including Kanno and Koeske, 2010; Rosenthal Gelman, 2012). In 2015, Bogo identified a number of factors relevant to successful learning in field education. These factors are, in particular, 1) the learning environment that appreciatively assesses the field education experience as relevant to students and practitioners, 2) forms of collaboration, 3) opportunities for reflection, 4) the opportunity for direct practice with clients, and 5) concrete practical experiences as a basis for field instruction (Bogo, 2015). In concrete internship situations, students must both engage in reflective work and link theoretical knowledge learned in their studies to practice in order to develop a professional and appropriate response to the practice situation (Vayda and Bogo, 1991). This process is cyclical-iterative and shapes the entire field education experience, thereby contributing to students' learning and development. Guidance plays a central role in shaping this reflexive and integrative process (Bogo, 2015).

Findings, also explicitly show the importance of relationship with field supervisors for learning and educational processes (e.g., Holden et al., 2011; Coohy and French, 2017; Kanno and Koeske, 2010; Rosenthal Gelman, 2012; Calderwood and Rizzo, 2023). Studies by Brodie/Williams (2013) and Miehl et al. (2013) point to the influence of aspects of power in the instruction on the educational processes of students. In doing so, they also pay more attention to interaction aspects in practical studies. European studies have so far focused more on framework conditions, general challenges and, in some cases, learning processes and student crises. One example is the study by Rehn/Kalman (2018), which examined the content of reflection of students in the practical phase in Sweden.

In the Norwegian context, Caspersen and Smeby (2021) have examined the importance of how field education is contextualized within the whole academic program. In a similar way other studies examine the role of practical studies in its structures, in its preparation and in its challenges for students, e.g., UK, Italy, Norway, Ireland (Laidlaw et al., 2020).



Hence, there is a lack in the European area both for research that focusses on interactions, relationships in field education and their role for learning processes as well as for the examination of phases of field supervision (Reitemeier and Frey, 2012).

Some research has already been able to show that field education is a central place for the formation of professional identity (Flock and Willgeroth, 2012).

Another desideratum is the question of how field education differs across the very heterogenous fields of Social Work.

2. RESEARCH DESIGN AND SAMPLE

The results presented in this article were developed as part of the research project “Alfosa” (“Anleitungsforschung in der Sozialen Arbeit” / “Research on field supervision in Social Work”). It is a one-year-long research project based at the Technical University of Nuremberg (Germany) and focuses on instructional processes in field education. The University of Applied Sciences Cologne (Germany), the Catholic University of Applied Sciences Berlin (Germany) and the University of Washington, Tacoma (USA) are also involved as cooperation partners. (TH Nürnberg, 2022).

The project “ALFOSA” aims at identifying central elements of the process of field supervision. Central sub questions of the project were: Which phases in field education can be identified from the perspective of the instructors? What phase-specific competencies on the part of the instructors in various fields of action are necessary to support students in their professionalization as prospective social workers?

Therefore, a research design was needed that enables the research participants to develop their own relevancies for guidance and their handling of the challenges in guidance. The research design of the study was therefore qualitative and based on foundations of Grounded Theory Methodology (Strauss and Corbin, 1996) and the close connection between data collection and analysis that is laid out therein. According to the principles of *theoretical sampling* (Strauss and Corbin, 1996), fields with two contrasting orientations (community orientation and clinical practice) were chosen. Field access was established via cooperation partners of the universities involved in the research process.

Through in-depth narrative interviews with minimal narrative impulses (cf. Kloha, 2018; Riemann, 2000), the research participants were asked to develop their approaches to their teaching practice and their dealings with students, as this allows the process of field education support to be recorded as closely as possible from the perspective of the instructor.

The interviews were recorded, transcribed, and completely masked in order to ensure the anonymity of the research partners. A total of ten interviews with instructors were conducted between January and May 2023. The data analysis followed the methodological foundations of Grounded Theory, in particular the principle of coding and the permanent contrasting of the data material (Strauss and Corbin, 1996).



As a result, several central core categories were developed. Among those, the one relevant for this paper is the structure of the field supervision process and its central elements. Findings concerning several other core categories must remain brief in detail at this point and will be published elsewhere.

3. THEORETICAL FRAMEWORK


Three perspectives were of particular importance for the theoretical framing of the project.

First, the orientation towards the concept of the arc of work, an empirically conceptualized theory by Anselm Strauss for the analysis of professional work (cf. among others Strauss et al., 1985; Strauss, 1985). Strauss was able to show in the analysis of professional work interactions that social processes must be dealt with in a specific order. Due to the massive complexity professionals are dealing with, they cannot rely on standard procedure operations alone. Rather, professional work is characterized to a high degree by negotiations and case by case decisions. Starting from this, an Arc of Work is characterized as “the totality of tasks arrayed both sequentially and simultaneously along the course of the trajectory or project” (Strauss, 1985: 4).

From this perspective, we also assumed in our research process that there is arc of works that first need to be discovered through an exploratory research design. It guided us for the question of how guidance processes are structured, especially in different fields of social work. The starting point of this concept is the view on the totality and sequence of the “work” that must be done by different actors (here especially the guide and the trainee) within the framework of an “arc of work”.

Schütze pointed out that “arcs of work” are characterized by different components of action, which he distinguishes as setup, social, content and evaluation components (Schütze 1984, p. 15ff). While the setup component includes the establishment and setup of a work context in the arc of work, the social component relates to biographical work, emotional work, in short, the breakdown of interaction work and interaction roles in an arc of work. The content and evaluation work in the arc of work are closely related, as they deepen how a task can be processed and solved in detail and how forms of control, evaluation, and testing (or the lack thereof) ensure that the task in the process is managed (ibid. 15ff). Looking at these components of action more closely seemed to be of particular interest to us, especially in the context of the reconstruction of a supervision arc of work.

A second theoretical perspective refers to the development of professional social work knowledge. Here, it is crucial that professional knowledge is seen as a form of knowledge that cannot be reduced to the application of theoretical bodies of knowledge. It relates theoretical knowledge with knowledge acquired through socialization to cope with professional situations (Dewe and Otto, 2015).



In the analysis, this perspective allows to understand how field instructors develop an understanding of professionalization in their respective field and for professionalization in field education in particular.

A third theoretical framework is interactionist learning theory. This perspective conceptualizes learning as result of social interactions in a group context and as a situated event (Lave and Wenger, 1991). The theory of situated learning according to Lave and Wenger (1991) is primarily associated with the concepts of legitimate peripheral participation and communities of practice, which have been widely received. While legitimate peripheral participation primarily aims at the gradual growth into a practice and knowledge context through learning in successively more responsible participation and differentiates the relationship between “newcomers” and “old-timers”, the related concept of communities of practice describes the emergence of new knowledge in a community of people working together (cf. Wenger, 2008). The basis of a community of practice is that it has a common focus, is characterized by shared repertoires of action, and that there is shared commitment among members (cf. Bliss et al. 2006). The theory was consequential for the consideration of learning processes in groups. Thus, we understand processes of learning and professionalization in practice studies as a community of practice and grasp them analytically.

4. FINDINGS: GUIDING STUDENTS THROUGH FIELD EDUCATION

Beyond an empirical reconstruction of the arc of work in field education in instructional action, the interviews showed the empirical evidence of the structural framework conditions of social work in Germany discussed in the literature. We will briefly present two aspects:

The practice of social work is firstly characterized by an increasing shortage of skilled workers. From the perspective of human resources management, field education is increasingly becoming a central recruitment point for future employees. This becomes clear as there is a shift in the decision-making structure during the application phase: while the employer traditionally makes the decision as to whether the applicant is suitable, some research participants emphasize that the decision lies more with the students. There are rarely cancellations from the institutions.

Secondly, as part of the Bologna reform, field education was shortened from one year to one semester/6 months. The instructors regret this, since on the one hand the phase in which the students work independently and serve as a relief for regular workers, is becoming shorter and, on the other hand, the opportunity to learn and try things out is reduced. Some instructors react to this shortening by trying to extend field education to other forms, for example voluntary work or a short-term internship beforehand. These forms are also actively used for the gatekeeping process to assess the students and finally admit or reject them for a semester internship.

Furthermore, we present our empirical reconstruction of the arc of work of field education from the available data. As already indicated, arcs of work based on



Strauss et al. (1985) feed on different activity components, which can be understood in four subdivisions. In the following, we concentrate on how we were able to use the data to reconstruct the individual elements of the field education arc of work in their sequential order. These forms the first level of representation. The second level of representation is the detailed reconstruction of the individual activity components, i.e., a closer look at the question of which activity components in which element of the arc of work could be reconstructed in the dataset in particular.


4.1. First element of the arc of work: Recruitment-phase

The gatekeeping function was central in the data in the application phase: It is decided whether the applicant will complete their field education in the respective institution or not. The first element of the arc of work seems to be characterized by two main aspects: on the one hand making contact, on the other hand getting to know each other. The first contact is made either by the applicant (unsolicited application) or by the institution (e.g., by directly addressing potentially suitable applicants at a “field education market”, is organized by universities, or by placing advertisements on social media channels).

Getting to know each other after the first contact is usually carried out in the form of an interview. The central topics of this discussion are the clarification of the general conditions (in particular the working hours, since atypical working hours such as evening and weekend services can also be expected in the social sector) and mandatory requirements (e.g., a measles vaccination, which is legally required in Germany in some sub-areas of social work). After the interview, a decision is made as to whether the applicant is allowed to start their field education at the facility. What seems particularly interesting here is that this first element of the arc of work is primarily characterized by components of action that do not relate to the content of the work: In the interviews, the instructors emphasize that in this phase they do not evaluate applicants according to their professional competence, but according to openness for or interest/motivation in the field and in the field education; also, according to sympathy and antipathy and according to biographical aspects.

The activity component that becomes visible is the social and setup component. Biographical aspects as an essential moment of the social component in the activity work of the instructions can be both an inclusion and an exclusion criterion. As an example of an exclusion process, an initial discussion of the proximity-distance relation of the applicants to the target group and to the topics in the field can be given: For example, a supervisor who works in a drug counselling facility for women reported that she had rejected an applicant whose relatives have an acute addiction: *“It was too close, that this is a partner in addiction. [...] That won’t work then. You shouldn’t do that to yourself.”* (I8: 1150-1152).

At the same time, proximity to the target group through joint leisure activities can also be an inclusion criterion: One instructor report that he specifically approached



a woman because he saw her with a skateboard in the field education market and he considered this to be suitable for the target group in his facility, a youth centre. At this point, there are indications that a contradictory field of tension can be drawn from an intersectional perspective (Crenshaw, 1989; Winker and Degele, 2010) in the processing of the activity component “setup” in the application phase. In particular, there are contradictory statements about students who are perceived as migrants, which oscillate between appreciation, generalization of heterogeneous life situations, culturalization and instrumentalization of (assumed) language skills and cultural proximity for easier access to migrant target groups. The focus on setting up the work context seems to foster an instrumentalization of the students, while their professional skills and knowledge tend to be underestimated.

4.2. Second element of the arc of work: Getting on board

If the application phase is successfully completed, there is a phase we’d call “getting on board”; the duration of which is described by the instructors as 2 to 4 weeks. The arc of work is further detailed in the data through the activity of “setting up”, this takes place in two sub-phases, the first briefing and the further arrival at the facility. The first briefing covers the first working day or 2-3 working days. Its form is structured in different variants in institutions: while it is loosely organized in some, other institutions carry it out in a highly formalized and structured way. The central content of this first briefing is getting to know the team (and the organization chart), the premises and certain occupational safety regulations such as hygiene regulations and fire protection.

Furthermore, central specifics of the target group or the social space and its key persons (Schlüsselpersonen?) (Especially in community work) as well as central working principles are explained. After this initial briefing, the students continue to immerse in the organization. Only by setting up activities in the arc of work it is possible to subsequently focus on more content-related activities. Students get in contact with the target group, always supervised by instructors. Depending on the size of the facility, the embedding of the internships in the team structures is also clarified here: On the one hand, this includes the distribution of content related activities and input according to disciplines and/or expertise. This is significant in the arc of work because it obviously shows another important set up activity, which, however, only makes sense once the students have gained initial insights into the content.

The students should be given different perspectives on the work through their integration into the team. However, the centrality of the supervisor relationship remains untouched, the team involvement is to be understood as complementary. The central activities for students in this phase are “being there/accompanying”, “observing”, “soaking up knowledge”. In this phase there is also an increasing allocation of tasks based on the degree of responsibility.



According to the interviewed supervisors, in the arrival phase, the degree of responsibility should be set low. Most of the instructors list activities such as helping to fill out administrative forms, accompanying appointments and working at the reception desk. Some institutions differ in their perception of the degree of responsibility. In summary, this element of the arc of work is the first to include central social and content-related activities next to setup activities. The social component was often discussed when talking about being overwhelmed, because students expect a high density of information and experience. Instructions focus on their social action aspects in this phase. According to the instructions, you need more resources such as time and “freeing up” from other tasks. The high motivation of the students is helpful for the emotional work in the instructions in this element of the arc of work.


4.3. Third element of the arc of work: accompany the increasing independence

The third element of the arc of work requires the supervisors to oscillate more between in-depth content and evaluative activities. Students are in transition and are taking on a more active role in the substantive work, so that activities for feedback on the content of students’ work increase. However, the arc of work element is not free of setup activities: In many cases, students have to fulfil specific tasks from the University: They should design their own project and thus set a focus. Examples include a weekly sports program for a youth centre or the organization of a neighbourhood event as part of community work. The project development is an individual process in which the students need different amounts of support and inspiration from the instructors. The activities in supervision are geared towards increasing depth of content and evaluative events and setup work. In this element, the activities are more clearly geared to the requirements of the university/the interests of the student than to the needs of the organization.

In the reflection of this arc of work element, didactic theories of the supervisors emerged in the data, which emphasize the intrinsic value of educational and learning processes of students and argue against the instrumentalization of students as inexpensive workforce. At the same time, however, it also becomes apparent that in this element of the arc of work, evaluative activities are increasing, which focus on relieving the regular social workers in the regular offers. In other words: Supervisors must balance the individual learning process of the student with the requirements of the institution of additional workforce.

4.4. Fourth element of the arc of work: evaluate autonomy and independence

The data shows that the activities in the fourth element of the arc of work are increasingly focused on evaluation, since the degree of autonomy of the students



is high. From an organizational point of view, this is the most useful phase: the students can be used in addition to the regular workforce and, at best, serve as a relief factor. The use of resources for supervisory tasks is reduced. Evaluative activities focus on the motivation of students: this must be kept in mind, since the lack of or little financial compensation for students becomes an issue. Many students complain about this because, from their point of view, they are now fulfilling the same tasks, but unlike the other team members, they are not being paid. Social components of action are indicated here, it requires emotional work from the supervisors to maintain the motivation of the students despite adverse conditions. Furthermore, a supposed plateau begins in the generation of new learning experiences. The instructors emphasize that this is an alleged plateau, since the development is still going on, but this is no longer as obvious as it was at the beginning.

4.5. Fifth element of the arc of work: organize the detachment

This arc of work element appears to require from the supervisors a range of social components of action interspersed with setup activities and content issues. The supervisors are required to organize the detachment phase, this affects farewells on different levels: The farewell to the team is usually carried out in the form of a ritual event, for example a farewell breakfast and a gift handover. The farewell from clients should at best be announced in appropriate time and is often also carried out in the form of a farewell meal. One central challenge in the content and social activities of this arc of work element for the instructions is dealing with the proximity-distance relationship: It is emphasized that some students need clarification that clients are not friends and that they are not allowed to keep in touch.

In addition to these farewells, the detachment phase is strongly characterized by evaluative activities. On the one hand, this becomes visible through various evaluative supervisory interactions, but also through the connection with setup activities, in particular the final report for the university.

What is striking in this arc of work element is that the supervisors emphasize personality development and explicitly distinguish them from their content-related activities with the students. It is possible to reconstruct a polarization of professional competences, such as advisory work, moderation of groups on the one hand and personality development on the other. Some data indicate that supervisors rate personal development as more important for learning and educational processes than the content. This is an interesting finding that raises questions for discussion with regard to the field placement curriculum in general.

The arc of work element shows interesting variances with regard to the evaluative activities. The reflection and final talks include the opportunity for supervisors to give final feedback and an assessment of suitability for the specific field of social work. Some of the interviews show that critical feedback is used rather hesitantly. They emphasize that it should be a “good” farewell, that students should never leave



with bad feelings; even if the field placement was rated as not going well overall. A differentiation of feedback based on fields of social work is also shown here. The assessment of suitability is not made for the profession of social work as a whole, but only in relation to specific fields of action.

The individual didactic theories can be recognized here based on the development potential of the students: Error-friendliness and errors as starting points for learning and development have a high priority in the design of the practical studies. Despite the occasionally occurring role diffusion (learning students vs. supplementary work force), students are mainly perceived as learners.

Another part of the solution phase is the status passage from students to full colleagues.

4.6. Sixth element of the arc of work: arranging the status passage into collegial cooperation


If the students are considered to be competent and their work is assessed as valuable for the institution, instructors are developing setup activities in order to bind the students to the organization as freelancers in the medium term. The setup activities show variances: the strive for seamless continued employment becomes visible, but also a more evaluative and content-based activity in order to cope with the status passage. In addition to medium-term continued employment as a freelancer or volunteer, the activities of some supervisors in the sample show the initiation of employment after graduation.

In terms of their objectives these setup activities refer to the fact that field education is now used as a central instrument for recruiting employees.

A completely different, substantive line of activities is shown in the initiation of a professional contact: For example, the supervisor makes clear that the student can get back to him/her, if professional questions arise. This technical and social activity in the arc of work element can also include keeping the students visible in the visual memory of the organization, often for years to come, e.g., through interior decoration in the house or workpieces from group work.

5. DISCUSSION

Our findings show insights and micro perspectives on developments of arcs of work in field education. The reconstruction of the different activity components in the individual elements of the arcs of work suggest that the complexity of the processes which can only be dealt with to a limited extent in situational terms (Bergmann 2013), requires a constant oscillation between content-related, setup, social, and evaluative components. What remains unclear in the data is the extent to which this oscillation between activity components is didactically planned by research par-



ticipants in their role as guides and serves an intentional engagement with student professionalization (Lave/Wenger 1991).

The reconstructed activity components in the elements of this arc of work are - not least due to the short duration of the internship - strongly dominated by setup and evaluation moments. Social activity components focus on biographical work of students, especially where biographical topics arise as a result of the confrontation with the life worlds of clients. On the other hand, side affectional and emotional work (Hochschild 2003) becomes visible as a general, not yet field-specific professional challenge of social work: For many students it is the first immersion into a full-time position and general competencies such as keeping appointments, structuring an 8-hour day, and also consciously dealing with resources and prioritizing tasks have to be learned and reflected upon. This affectional and emotional work stands alongside the content-based affective and emotional work that supervisors have to perform: affectional and emotional challenges that become visible in a way that is specific to the field of action. Content-related activities that are more strongly connected to the main topics of the field of action (and thus to knowledge relation and reflexivity development in the sense of Dewe/Otto 2015) become relevant primarily in the third and fourth elements of the arc of work. However, these are also flanked here by the dominant institution and evaluation activities in the relatively short duration of the practical studies. The centrality of the mentoring relationship, which has already been stated in the state of research on the basis of various international studies, becomes clear in all elements: The instructors have a central effect in all setup, social, content, and evaluation activities. Even with increasing and partially achieved independence in the execution of the work tasks by students, the field instructors are present and, for example, perform emotional work in order to maintain the motivation of the students.

This empirical reconstruction of a work arc in guidance contributes to previous research on the significance of guidance. In particular, the reconstruction of a status passage design at the end of the field placement as the final element of the arc or work seems significant. It corresponds to the growing shortage of skilled workers and points to an expansion of principal guidance activities due to demographic realities, which requires further research.

CONCLUSION

The empirical reconstruction of the field supervision arc of work highlights the possibilities and limits of control in complex interaction-intensive processes, but also raises the question of how supervision is structurally facilitated in the organization. This may be exemplarily recognizable with a diversity-sensitive view: the interviews reveal instrumentalization processes, e.g., of migrant students in the practical phase, which are apparently only reflexively absorbed to a limited extent in the organization (Effects of structural conditions on learning and de-professionalization,



forthcoming 2024). This perspective highlights the risk of reducing prospective professionals to affiliations of difference. Professional competencies are thus naturalized and culturalized, as partially studied already (de Bie et al. 2021, Mai 2020). The reconstruction of the arc of work in field education has not yet provided evidence of different fields of social work action and embedded logics of action. Further research could expand the arc of work in a field-specific way. The question also remains open to what extent a professionalizing, reflexive structure of the organization enables reflexive, professionalizing guidance and how this is empirically shown in the different fields of action of social work.

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THE ROLE OF SOCIAL WORKERS IN EDUCATION FOR SUSTAINABLE DEVELOPMENT: TOWARDS ACHIEVING THE SDGS

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Abstract

Education for Sustainable Development (ESD) is a critical component of the United Nations' Sustainable Development Goals (SDGs), as it promotes the development of knowledge, skills, and values necessary for creating a sustainable future. Social workers have a unique role to play in ESD, given their expertise in working with diverse communities and promoting social justice. This paper examines the role of social workers in ESD, with a particular focus on the opportunities and challenges of integrating ESD into social work education and practice, while focusing on the German context. The paper explores the potential benefits of integrating ESD into social work curricula, including the promotion of critical thinking and sustainability literacy. Obstacles in the implementation of ESD, such as a lack of legal foundations, are identified and possible solutions are outlined.

Keywords: Education for Sustainable Development, Social Work Schools, Higher Education

1. EDUCATION FOR SUSTAINABLE DEVELOPMENT

Education for Sustainable Development (ESD) is a pedagogical concept aimed at fostering sustainable thinking and actions within society. People should be enabled to understand the impact of their own actions on the world and to make responsible, sustainable choices (BNE-Portal, 2022). The concept is closely linked to the fourth Sustainable Development Goal (SDG 4) set by the United Nations, which seeks to promote quality education for all and lifelong learning. One of the targets is to ensure by 2030

“that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development” (The UN General Assembly, 2017).



The significance of ESD cannot be overstated. In a world marked by social, economic, and ecological challenges, education plays a crucial role in preparing individuals and the society as a whole to address these issues. ESD not only imparts knowledge but also nurtures the skills and competencies necessary to actively participate in social decision-making processes and develop creative solutions.


To achieve the goal of sustainable development, ESD is applied on two levels: the knowledge level and the skills level. The knowledge level entails imparting fundamental understanding required to tackle social, economic, and ecological problems. This lays the foundation for comprehending complex interconnections and encourages critical engagement with these subjects. At the skills level, the focus is on nurturing an individual's creative abilities. This empowers people to engage in social decision-making processes and expand individual ways of solving and acting.

Often, young people possess heightened awareness of sustainability-related issues, but they feel inadequately equipped to actively contribute towards solving these problems. A study executed in Germany reveals that only a quarter of young people believe that formal education effectively enables them to address sustainability challenges (Grund and Brock, 2022: 15). Although 50% of young individuals express a strong affinity for sustainability, there is a prevalent lack of hope regarding the achievability of a sustainable future (Grund and Brock, 2022: 8), often coupled with negative emotions such as fear and frustration (BMUV and UBA, 2022).

This is where ESD comes into play. Both educators and learners advocate for increased incorporation of ESD within the educational system. While sustainability has permeated nearly all aspects of life, it often lacks frequent presence in formal education (Grund and Brock, 2022: 11). The primary hurdle for stronger ESD implementation remains insufficient integration into curricula and a dearth of teacher training (Grund and Brock, 2022: 17f.).

This discrepancy is also evident in the realm of social work, even though sustainable development should be a central tenet here. Surprisingly, social work has hardly turned its attention to the sustainability discourse so far (Liebholz and Verch, 2023: 7).

While social work, regarded as a human rights profession, has a lengthy history of international discourse, references to sustainable development within its professional context have remained rudimentary until now, even though the fundamental nature of social work, as articulated by the International Federation of Social Workers (IFSW), is as follows: "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels." By emphasizing the promotion of social change, development,



empowerment, and liberation, and by anchoring principles of social justice, human rights, and collective responsibility, the definition inherently aligns with the goals of sustainability. In addition, Dreyer and Klus (Dreyer and Klus, 2017: 60) assert the centrality of sustainable development in the realm of social work, given that it as a human rights profession, is by definition forced to think and act in global contexts.

Notably, social work's educational facet positions it as a linchpin for fostering Education for Sustainable Development (ESD), amplifying its role in shaping a sustainable society. Universities play an instrumental role in disseminating the sustainable development discourse within the domain of social work. These institutions hold a profound responsibility, as they mold future multipliers, researchers and decision-makers. Despite the intrinsic alignment between the core values of social work and the goals of sustainable development, many academic programs for social workers inadequately address the latter. This oversight is confounding considering that social work is inherently predisposed to drive societal transformation, development, and unity. While the integration of sustainable development principles might currently lack in curricula, the field of social work offers ample potential to integrate ESD and advance sustainable development. And as an educational profession, social work could see itself as an essential pillar for the implementation of ESD.

2. ANCHORING EDUCATION FOR SUSTAINABLE DEVELOPMENT (ESD) IN GERMAN HIGHER EDUCATION: A COMPREHENSIVE ANALYSIS

To understand why sustainability is so rarely incorporated in curricula for social workers an examination of the legal, structural, and formal implementation of Education for Sustainable Development in Germany is required.

In Germany, the National Platform on ESD is the steering body that plays a key role in shaping the implementation of ESD. Comprising 39 decision-makers from politics, science, business, and civil society, this body adopted the National Action Plan on Education for Sustainable Development in 2017. With 130 goals and 349 recommendations for action, the plan is designed to integrate ESD structurally and institutionally across various education sectors in Germany. It is also the main document in implementing ESD in Germany, whereas the German legal system makes almost no reference to educating sustainable development.

There are only few laws in Germany that explicitly deal with sustainability aspects, such as the Supply Chain Act, which came into force at the beginning of 2023. However, the Federal Ministry of Justice has developed some guidelines for the implementation of the 2030 Agenda, which, among other things, stipulate that the 17 SDGs should be taken into account from the outset when drafting laws and ordinances. Still, since these are only guidelines, they are not compelling for lawmakers. In the Bundestag, the federal parliament, a Parliamentary Advisory Council on Sustainable Development also accompanies German sustainability policy. The most ambitious initiatives have attempted, even if unsuccessfully, to elevate the principle of sustain-




ability to constitutional rank and solidify its place in Germany's Basic Constitutional Law as national objective (Papier, 2019: 7ff.). ESD on the other hand, finds its presence at federal and state level within administrative regulations of ministries, e.g. ministry of the environment, primarily evident through funding guidelines.

Unfortunately, ESD is not even included in all of the states' higher education laws yet. A 2022 analysis of the National Monitoring on ESD identified that 9 out of the 16 federal states have integrated sustainability into their higher education acts. Notably, only the federal state of Brandenburg explicitly defines ESD as a goal of studies, emphasizing its significance (Holst and Singer-Brodowski, 2022: 5ff.). Another important body in German higher education policy is the German Rectors' Conference, encompassing on federal level 269 German universities and representing over 92% of students. The survey shows that they only occasionally touch on sustainability within publications. However, they lack an explicit stance on ESD (Holst and Singer-Brodowski, 2022: 11f.). The rectors' conferences in the states also exhibit limited references to ESD, with an exception in North Rhine-Westphalia, where Universities of Applied Sciences actively engage with sustainability across core activities of the university. Aiming at a whole institution approach they refer explicitly to research, teaching and studies, campus and infrastructure as well as sustainable working and mobility (Holst and Singer-Brodowski, 2022: 13f.).

Conversely, documents from general student committees, as the highest bodies of student codetermination, showcase ambitious positions in advocating for the systematic integration of sustainability and ESD in universities. Position papers, such as one addressing the amendment of the Brandenburg Higher Education Act, call for mandatory sustainability concepts in every course of study. Universities are urged to assume a role model function and contribute significantly to sustainability transformation (Holst and Singer-Brodowski, 2022: 15ff.).

An examination of selected universities' self-governance reveals untapped potential. References to sustainability are rare in university mission statements and sustainability reports are only published by few universities (Holst and Singer-Brodowski, 2022: 19ff.). Although almost all of the universities surveyed include references to sustainability in the curriculum, no comprehensive systematic integration of sustainability or ESD in curricula are discernible (Holst and Singer-Brodowski, 2022: 23ff.).

This analysis shows that the journey toward embedding sustainability and ESD within German universities has been slow and still shows a great deal of unused potential. It is therefore not surprising that only few progress has been made in the realm of social work as well. A stronger legal anchoring is desirable, with the proposal to include sustainability as a state objective in the German Basic Law. Such an inclusion would elevate sustainability to a constitutionally protected asset, compelling legislative scrutiny of its incorporation into every legislative project, including higher education acts. This would most likely also bolster efforts by the German Rectors' Conference to infuse sustainability and ESD into the higher education system, which has shown initial reluctance. Notably, student councils exhibit greater ambition in



their approach to sustainability and ESD compared to other areas of general university policies. To leverage this enthusiasm, involving students more actively in sustainability-related decision-making processes is recommended, potentially catalyzing transformative change within the higher education landscape.

3. INTEGRATION VON ESD INTO SOCIAL WORK SCHOOLS

The question of which competencies should be taught at the skill and knowledge levels within Social Work Schools brings to the forefront the crucial role of education in shaping future professionals equipped to address the complex challenges of our time. How can higher education adequately prepare social work students for these tasks? In addition to teaching cognitive knowledge, i.e. theoretical, professional and methodological training, concrete competencies for action should be taught.

In the context of Germany, Gerhard de Haan plays an important role in the development of specific educational goals for ESD. As the former chair of the German National Committee of the UN World Decade of Education for Sustainable Development he played a major role in shaping the discussion about ESD in Germany and introduced the concept of “shaping skills” (Gestaltungskompetenzen) to the discourse (Liedholz, 2021: 122f.). According to this concept, the goal of Education for Sustainable Development is the acquisition of eight key partial competencies: the competency of foresight (1), open-minded perception of the world, transcultural understanding and cooperation (2), the ability of interdisciplinary collaboration (3), the ability of active participation (4), effective planning and implementation skills (5), empathy compassion and solidarity (6), the ability to motivate oneself and others (7) as well as the ability to reflect on individual and cultural models in a detached manner (8) (Haan, 2002: 14ff.).

In order to integrate these skills into the study of social work, it is worth taking a look at the core curriculum developed by the German Association of Social Work (German Association of Social Work, 2016). This core curriculum outlines fundamental study content for social work degree programs, presenting seven areas of study that offer many areas for the integration of Haan’s shaping competencies.

One pivotal field, “The scientific foundations of social work” explores the interplay of local, national, and global dynamics. Here, competencies for cosmopolitan perception (2) and transcultural understanding (8) can be imparted, aligning with Haan’s demand to make the seemingly distant visible in the near and to make the interaction between local action and global change tangible (Haan, 2002: 16).

The study area “Advanced study of the subject matter and theories of explanation for social work” emphasizes an interdisciplinary grasp of social work, fostering the capability for collaborative approaches across disciplines (3). Since the problem areas of non-sustainable development and the perspectives of future-oriented changes can no longer be understood and dealt with from one specialist science




alone, it is of great importance that the topic is taken up from various disciplines during the course of study.

Ethical considerations are paramount in “The normative foundations of social work,” where the development of professional ethics as well as the handling of moral dilemmas are addressed. This requires cultivating empathy, compassion, and solidarity (6). In addition, moral dilemmas in particular lead to reflection on individual and cultural guiding principles (8). Addressing sustainability also involves recognizing the consequences of one’s own actions within the profession, for example, through everyday consumption of textiles and electronics or lifestyle choices, as well as institutional procurement measures (Dreyer and Klus, 2017: 70f.). However, this will inevitably lead to moral dilemmas if, for example, sustainable products cannot be procured due to financial restrictions. Conveying knowledge about sustainable development and the corresponding competencies is therefore also important to bring about a rethinking in the practice of social work and to deal with the ethical dilemmas that arise in the process.

The field of “General societal and institutional conditions for social work” offers many approaches for the integration of knowledge relevant to sustainability as well as learning of the necessary shaping skills. Competencies related to future-oriented thinking (1) and political engagement (4) are cultivated, aligning with the broader goals of ESD. The study area “General theories of action and specific theories of action/ social work methods” which forms the basis for the necessary action-based and methodological competencies of social work, also serves as a hub for various shaping competencies, including planning (5), empathy (6), motivation (7) and self-reflection (8). Given the emotional challenges often associated with sustainability issues, helping students manage their own emotions and those of other people, e.g., through coaching or mediation, is crucial.

Furthermore, the study area “Fields of intervention and target groups of social work” offers opportunities to nurture shaping skills for sustainability, focusing on justice-related concerns, cross-cultural cooperation, and understanding global impacts. In this context, students can enhance their proficiencies in transcultural collaboration and their grasp of phenomena and their global impact (2). Naturally, the field of study “research within social work” also presents numerous opportunities to engage with inquiries and concepts related to sustainability. For example, there is the possibility to scientifically accompany sustainability projects at the university.

Active student involvement is essential in curriculum development, harnessing their enthusiasm for sustainability and allowing them to contribute their innovative and ambitious ideas. Furthermore, the younger generation is much more affected by many sustainability-relevant problems and should therefore be included in the design of teaching content. Involvement also enhances participation skills (4) as well as the ability to plan and implement ideas (5), especially if students are given the opportunity to develop their own formats and project and offer them to students and teachers alike. This could be realized, for example, in form of project weeks or



general study seminars (*Studium Generale*). The experience of self-efficacy also helps to counteract negative emotions and the perceived helplessness with regard to the socio-ecological crisis.

In addition, it is necessary for universities to transform themselves as an entire organization on the path to sustainable science. A whole-institution approach with focus on sustainability in all areas, i.e., research, teaching and operations as a whole, enables students to experience transformation processes first-hand at the university. By embedding sustainable practices across all areas and living up to their values, universities can play a pivotal role in fostering a generation of social work professionals equipped to tackle sustainability challenges effectively.

Universities like the Leuphana University of Lüneburg exemplify a comprehensive approach to sustainability. It has a faculty for sustainability to drive research and numerous interdisciplinary teaching opportunities forward, not only for their students. It also pursues the goal of a sustainable campus and has been designated family-friendly and climate-neutral (Leuphana University Lüneburg). In seminars, workshops and discussions, students and university employees alike provided valuable suggestions for shaping the campus living environment in the sense of a sustainable and social campus, in particular for increasing biodiversity, accessibility for people with disabilities, sustainable mobility, exercise and learning spaces in green areas. In the area of mobility, the university pursues a “push and pull strategy”. On the one hand, there are restrictions for non-sustainable forms of mobility, including the designation of the campus as a limited traffic zone, so that driving there is only allowed at walking speed. On the other hand, it fosters sustainable mobility, among other things by promoting cycling, electric mobility, and local public transport. All measures are accompanied by research projects. Furthermore, the university is committed to fair trade and the buildings on campus are powered 100% by green electricity, renewable heat, and photovoltaic systems (Leuphana University Lüneburg).

This demonstrates the existence of numerous opportunities to integrate education for a sustainable development into both social work curricula and the university as a whole.

CONCLUSION

The focus on ESD within the context of German higher education reveals a landscape where efforts are being made to integrate sustainability principles into curricula, administrative regulations, and policy frameworks. While progress has been made, there remains untapped potential for stronger legal anchoring and comprehensive integration. Recognizing the instrumental role that universities play in shaping future professionals, the call for greater inclusion of sustainability within core curriculum and student decision-making processes becomes even more urgent.

In the realm of social work schools, the emphasis on shaping skills and competencies outlined by Gerhard de Haan offers a comprehensive framework for integrating




sustainability into education. These skills, ranging from interdisciplinary collaboration to empathy and foresight, align with the core values of social work and can help prepare professionals to address the multifaceted challenges of our time. The integration of sustainability into various study areas, from ethical considerations to action-oriented methodologies, further underscores the potential for comprehensive change.

Universities, as drivers of knowledge and innovation, have the capacity to play a transformative role in fostering sustainability. The example of institutions like Leuphana University of Lüneburg showcases the holistic approach possible to embed sustainability across research, teaching, and campus operations. By embracing sustainable practices, universities not only shape socially conscious professionals but also contribute to a broader cultural shift towards sustainability.

In conclusion, the integration of Education for Sustainable Development within higher education and social work schools holds the promise of equipping individuals with the knowledge, skills, and mindset necessary to navigate and shape a more sustainable future. As societies grapple with complex challenges, the commitment to ESD becomes not just a pedagogical concept but a driving force for positive change on local, national, and global levels.

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SOCIAL PREVENTION OF VIOLENT EXTREMISM - EUROPEAN PRACTICES AND MACEDONIAN CONDITIONS

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Abstract


Different practices in the prevention of violent extremism are present in European countries depending on the socio-political, historical, and cultural context. Dominant trends are those related to a combination of security and social protection approach, integrated services: social protection, health, education, employment, housing, and others, as well as various programs for prevention, de-radicalization, reintegration, and rehabilitation. In the Republic of North Macedonia, the gravity of this problem is insufficiently recognized, the measures taken are not systemic, but rather based on ad-hock interventions in emergency situations, while prevention is insignificant. The institutional capacities for dealing with this issue and its prevention are weak, while multi-sectoral cooperation, despite the introduced initiatives, is still underdeveloped.

This paper will present the European trends in the social prevention and coping with the problem of violent extremism, as well as domestic conditions and challenges, with a focus on social protection.

Keywords: social prevention, violent extremism, European practices, social protection

INTRODUCTION TO BASIC TERMS

The definition of key terms in the field of violent extremism and terrorism in the scientific and professional literature is complex, with differences in approach and conceptual determination. This is because there are no unified definitions used in all national contexts for the key terms in this area. The differences in definitions are also due to the different meaning attached to the terms when they are translated in a cross-cultural context. In addition, professionals from different societal sectors working in this field use different words to denote the same situations, which contributes to differences in the use of terms at the national level.



However, certain guidelines for defining terms are provided by the United Nations Organization and the European Union. As emphasized in the “Plan of Action for the Prevention of Violent Extremism” of the United Nations Organization from 2015, although the definitions are not uniform, they should be in accordance with international law, especially the documents regulating the protection of human rights.

Below is a brief overview of the commonly used definitions of the term’s “radicalization”, “violent extremism” and “terrorism” that are relevant to this topic.

“Radicalization” is a complex phenomenon that implies a social and psychological process of excessive commitment to violent extremist ideologies. The term radicalization is generally used in many countries to denote a process through which a person adopts extremely extremist beliefs and aspirations. Radicalization can also include the willingness to accept, support, assist or use violence in order to achieve political, ideological, religious, or other goals (EU, 2015). In this context, radicalization is a complex phenomenon of adopting a radical ideology that can also lead to committing terrorist acts. According to the European Commission, the term “radicalization” encompasses a set of opinions, attitudes and ideas that can result in an act of terrorism.

Radicalization and extremism are often used synonymously in the political discourse, fuelling debate over existing definitions in the social sciences. According to some interpretations, radicalism, related to radicalization, is aimed at changing existing political and social structures, but it is not necessarily violent. Extremism in this context refers to the acceptance of a certain ideology with the intention of using violence for the purpose of undermining states and governing structures. According to other views, radicalism is aimed at achieving broad radical changes, while extremism is limited to achieving specific and localized political ideologies.

The terminology used to define the term “violent extremism” is also varied and conditioned by the context in which it is applied, resulting in the use of the same terms to denote different phenomena. As a result, in the UN document “Action Plan for the Prevention of Violent Extremism” from 2015, it is pointed out that violent extremism is a broad term, without a clear definition, which is not new, nor it is limited to only one region, nationality or belief system. Therefore, the definition is open to contextualization (UN, 2015). Also, the European Union does not have an official definition of the term “violent extremism”. USAID defines it as “the act of advocating, engaging in, preparing, or otherwise supporting ideologically motivated or justified violence for the purpose of achieving social, economic, or political goals” (USAID, 2011).

The concept of “countering violent extremism” has evolved in response to the realization that conventional, military, and repressive strategies are necessary to combat terrorism, but are insufficient when applied alone (Chowdhury-Fink, 2015). Countering violent extremism is a set of policies, programs and interventions designed to reduce the terrorist threat through non-coercive approaches that directly address its causes (Holmer, 2013). Countering violent extremism is a broader ap-



proach than the prevention of violent extremism and includes preventive activities that act more broadly on the underlying drivers that cause vulnerability to indulge in violent extremism. The Swiss government describes the prevention of violent extremism as “eliminating the roots of violent extremism by increasing the capacities of individuals and communities to be resistant to it” (Swiss Federal Department of Foreign Affairs, 2016). Although development organizations and practitioners have individual preferences for the use of the terms “preventing violent extremism” or “countering violent extremism”, in practice there are often small differences in the specific goals and activities for preventing and countering violent extremism (Chowdhury Fink, 2015).

Although there is no universally accepted definition of terrorism, there is general agreement in the international law that it represents an act that cannot be justified by any political, philosophical, ideological, racial, ethnic, religious, or other reason. Terrorism occurs in many different contexts and takes many forms. The common characteristics in the definition of terrorism include: danger (to life or property); an attempt to deliberately undermine the democratic government, especially through attempts to influence politicians; and non-selective choice of attack targets, with an aim of causing fear and terror among the population (Organization for Security and Co-operation, 2014).


In 1994, the UN defined terrorism as “a criminal act planned with the aim of causing a state of terror in the general public, in a group of persons or specific individuals for political purposes” (UN, 1994).

The working definitions of the key terms that will be used in this paper are as follows:

- “Radicalization” is a process in which a person adopts extreme attitudes and beliefs to the point of legitimizing the use of violence for the purpose of achieving political, religious, or other goals.
- “Violent Extremism” is an act of advocating, engaging in, preparing, or otherwise supporting ideologically motivated violence for the purpose of achieving political, religious, or other goals.
- “Terrorism” is a form of violent extremism, that is, a criminal act planned in order to cause a state of terror and intimidation in the general public, in a group of persons or specific individuals, for the purpose of achieving political goals (Bornarova, Bogoevska, 2018).

1. PREVENTION OF VIOLENT EXTREMISM IN THE REPUBLIC OF NORTH MACEDONIA: SITUATION AND CHALLENGES AT THE LOCAL LEVEL

The findings presented in this part of the paper are a result of field research conducted within the IOM funded project 2018/2019, in eight municipalities: Tetovo,



Gostivar, Kumanovo, Struga, Saraj, Gazi Baba, Chair and Butel. The objective of the research was to analyse the situation at the local level related to prevention of violent extremism, the institutional capacities, the existing practices for multi-sector cooperation, as well as the obstacles to effective prevention of this problem. The analysis was carried out through knowledge obtained from theoretical and field research conducted at the national and local level. For this purpose, a quantitative-qualitative methodological approach was applied.

The research included 13 relevant institutions/organizations at the local level and a total of 106 participants in eight focus group discussions, i.e., 106 surveyed persons. The following institutions/organizations were targeted with the research: municipal administration, police, centre for social work, primary school and secondary schools, institutions for social protection, health facilities (Health Centre, Mental Health Centre), Local councils for prevention, Local Youth Councils, Correctional Institutions/Prison (KPU Idrizovo, Tetovo Prison), Ombudsman, NGO's, Religious organizations (Macedonian Orthodox Church and Islamic Religious Community). The findings from the research are integrally contained in the report "Mapping of institutional capacities for the prevention of violent extremism in the Republic of Macedonia" (2019).


The main research results related to the prevention of violent extremism at the local level show that:

- There is a *presence of the problem* of violent extremism in the targeted municipalities (70% of respondents believe that the problem of violent extremism exists in their municipality, and only 4% stated that this problem is not present in their municipality). A large number of respondents (26%) who chose not to answer this question directly indicates that violent extremism is still perceived as a sensitive problem that is not always discussed publicly, even by experts competent to work on this issue.
- There is a low level of *knowledge of the nature and emerging forms of the problems* of violent extremism and radicalization (53% of respondents only partially or to a small extent are familiar with these problems).
- Most of the respondents (66%) use the electronic media as *sources of knowledge about the phenomena of violent extremism and radicalization* (television and internet). A smaller part of the respondents (19%) get knowledge about these problems at the workplace, which points to the conclusion that the relevant institutions/organizations at the local level do not work on this problem to a sufficient extent.
- There is a high degree of *ignorance of national policies and regulations* in the field of violent extremism among representatives of all local institutions/organizations (only 83% of respondents stated that they do not have knowledge of national policies and regulations in this area).
- Regarding the *frequency of causes related to violent extremism at work*, most respondents do not work at all or work very rarely on this problem (62%). This indi-



cates an existing gap between the presence of this problem in the municipalities and the institutional response to deal with it, non-recognition of the competencies to act in this area, passivity of the institutions and the absence of activities both for the prevention of this problem and for mitigating the consequences and dealing with it.

- The national institutions/organizations do not provide enough *support for the effective action of the local institutions/organizations* in general and in terms of the prevention of violent extremism (the average score of the general support received from the national institutions/organizations is 2.8 (on a scale of 1-5), and the support for the prevention of violent extremism is slightly lower -2.5).
- At the local level, there are no satisfactory *institutional capacities* necessary for prevention, protection, and countering violent extremism (79% of respondents consider that the human and infrastructural capacities of their institutions/organizations are unsatisfactory, while 86% consider that financial resources are also unsatisfactory).
- There is a relatively low level of *satisfaction with the mutual cooperation between the institutions/organizations at the local level* (on a scale from 1-5, 3 or below for all institutions/organizations). It is due to a series of factors: ignorance of mutual competences; lack of knowledge of prevention as a general competence, especially among educational and social institutions; ambiguities in handling a case in which multi-sectoral action is necessary; confinement within the activities of their own institution; mutual formal contacts only in urgent cases; lack of practice of regular communication; failure to act upon request of other institutions, even in cases in which they are legally obliged to act; transfer of responsibility for action to other institutions; lack of knowledge for joint action and modalities for efficient inter-institutional and multi-sector cooperation. All this greatly limits the possibilities for successful prevention of violent extremism at the local level.
- *Local bodies/commissions* that offer opportunities for multi-sector cooperation, coordinated action and overcoming obstacles in mutual communication and action, are not recognized as a model of work that can be effective in preventing and dealing with social problems at the local level, including violent extremism (most respondents are not members of these bodies - 90%). Among the reasons for non-functioning of such local bodies are: inadequate composition of the bodies, delegation of inappropriate representatives from the institutions/organizations, absence of financial compensation for regular participation in their work, minimizing the importance of the work and decisions of the bodies by the implementing institutions, lack of obligation to report and evaluate the work of the bodies, lack of support for implementation of their activities, etc.
- The most common *obstacles to effective prevention of violent extremism* at the local level are: a) obstacles related to the nature and contextualization of the problem of violent extremism in the local community (insufficient awareness of the problem and the sensitivity of the problem); b) obstacles that are a reflection



of the general unfavourable situation in the institutions in terms of human resources (lack of professional staff and insufficient staff training); and c) obstacles related to lack of knowledge about different modalities of local cooperation at the strategic and operational level, as well as not recognizing the benefits of such cooperation (poor inter-institutional cooperation).

Considering the serious gaps in social prevention of this problem which is on the rise in our country, considerable efforts should be invested in strengthening the institutional capacities, policy changes and introduction of contemporary preventive programs in line with the European trends and Macedonian context.

2. EUROPEAN TRENDS IN THE PREVENTION OF VIOLENT EXTREMISM

In this part of the paper, good practices for prevention and countering with violent extremism in several European countries are presented. The aim is to point out the importance of non-coercive approaches in dealing with the problem of violent extremism, as well as the diversity of practices found in different countries. Although some countries have greater experiences in dealing with this problem than others, there is no country that can be pointed out as the best example from all possible aspects. Even countries that have a long history of dealing with the problem of violent extremism use ideas and perspectives derived from the experiences of other countries. At the same time, no program or measure can be replicated from one country to another, because the measures are a reflection of the national and local conditions and environment, hence a careful analysis of applicability and adjustment is needed before being transferred to a completely different socio-economic context.

The good practices presented in this chapter have been selected as examples of primary, secondary, tertiary, and combined prevention of the problem of radicalization and violent extremism, containing elements of applicability in Macedonian context (Bornarova, Bogoevska, 2019).

2.1. Good practices for primary prevention

Case study: Rewind - Spain

#Rewind (www.officialrewind.com) is a communication campaign created by a group of students from San Pablo CEU University in Spain. Concerned about the spread of hate and extremist content on social media, they created a hashtag that encouraged people to “rewind “ that is, to reconsider their comments and stop abusive or violent behaviour on social media. Using various online platforms - such as Twitter, Facebook, Instagram, and a website - as well as media interviews and offline events, the hashtag became famous and developed into a powerful symbol against online hate speech. It was widely promoted with the intention of mobilizing users to oppose offensive comments and hate speech. Reaching more than two million people



in less than a year, the campaign has educated a large number of young people about hate speech and empowered them to oppose this phenomenon. The entire campaign was the winner of the P2P: Facebook Global Digital Challenge, held in partnership with the OSCE (Neumann, 2017).

Case study: Seriously - France

“Seriously” (www.seriously.org) emerged in response to the polarization of French society that occurred in the wake of the 2015 terrorist attacks. Run by the Renaissance Numérique think tank, it is an online platform to prevent hate speech, which empowers users to formulate and post arguments to respond to extremist online content. The site allows users to engage in a conversation involving hate speech, regarding a comment they want to respond to, and then provides a step-by-step approach to building a counter-argument. First, the comment is categorized (for example as anti-Muslim, anti-Semitic, or homophobic) before the website provides a range of relevant facts and quotes that could be used to respond to it, along with advice on how to structure the respond. Users can also select their favourite facts and illustrations. “Seriously” is funded by the public fund “Fonds du 11 Janvier”, as well as Facebook, Google, and Twitter. Partner organizations include “Parle-moi d’Islam”, an inter-religious group formed to educate the public about Islam, as well as the Council of Europe (Neumann, 2017).


Case study: Shoulder to Shoulder - Finland

“Shoulder to Shoulder” is an inter-religious action against xenophobia and hate speech that enables cooperation at the local level between religious communities on local issues. It has been recognized that religious communities and religious spaces can become targets of hate speech and hate crime. As a result, the Finnish Church Aid Organization (FCA), in cooperation with other religious communities, began to develop activities within which communities support each other when they are threatened or faced with a specific danger.

In 2016, FCA/NETW facilitated the establishment of cooperation between two dozen local groups and Islamic communities, and organized interfaith cooperation training together with local groups. They have implemented their own initiatives to develop contracts at the local level and improving cooperation between different religious groups (Neumann, 2017).

Case Study: Second Wave “My City Real World” (Second Wave “My City Real World”) - Netherlands

The second wave “My City Real World” is a collaboration between a group of Dutch youth from Schilderswijk and the Dutch Community Police, working on mutual understanding, investing in youth and neighbourhood empowerment and social inclusion. Groups of about 6 police officers and 20 young people participate in trainings, open dialogues, workshops, and debates. Current topics about developments



in society and topics such as radicalization are part of the program. The policemen and the young people share their emotions, anger, and misunderstandings, in order to eventually get closer to each other. The youth get to know the personality of the police officers behind the uniform, and the police officers get to know the boys behind the problem that marks them. This project shows that change starts with small steps.

As a result of the emergence of problems between the police and young people in Gouda as well, the Second Wave “My City Real World” started a project in 2010 for young people and police officers to jointly solve problems. This has resulted in positive effects on the relationship between young people and the police. Therefore, the city, the police and “My City Real World” started a second round of the project in which ten young people and ten police officers talk to each other through interactive exercises to strengthen communication, mutual trust and understanding between them (RAN, 2018).

2.2. Good practices for secondary prevention

Case study: Centre for young people/EXIT (Fryshuset/EXIT) – Sweden

Founded in 1984, Fryshuset is a large centre for young people in Stockholm. It offers a wide range of activities and social projects, including school activities, vocational training, art, theatre, music, as well as specialized services for youth affected by crime, gang violence, disability, racism, and peer violence. Since the end of the 1990s, “EXIT” - a project that helps members of neo-Nazi and white nationalist groups turn away from extremism, has been introduced in this centre. The employees are former neo-Nazis who collaborate with psychologists and psychotherapists to provide practical help as well as social and emotional support to extremists and their relatives. The integration of “EXIT” within this centre, enabled its resources, activities, and capacities to be available to the participants of “EXIT” throughout the program. The success of “EXIT” prompted the launch of a new project, which uses the same methods to help people turn away from involvement in criminal gangs (Neumann, 2017).

Case study: Foundation for Action Active Change Foundation, Great Britain

The Foundation for Action within the youth centre in Walthamstow, East London, in addition to the range of different services available to young people from that area, initiated the “Young Leaders Program” in 2012. The program is implemented every year and is open to up to 50 young talented people aged 16-17 from communities that have experienced tensions and social problems. Within the framework of the program, activities are carried out for developing their skills, familiarizing them with the consequences of using violence and giving them the opportunity to “challenge injustice” and “their voice to be heard”. The activities are realized through



workshops, events, and leadership conferences, where the participants present and discuss the desirable goals and ways to be achieved. Although radicalization and extremism are among the topics that are repeated within the programme, they are not discussed in isolation from other challenges, such as crime, identity, community cohesion, Islamophobia, and discrimination. In 2016, the program won the UK Children and Young People's Charity Award (Neumann, 2017).

Case study: The Navigator Centre - Finland

The Navigator Centre in Helsinki provides a multi-agency service for young people under the age of 30 who live below the poverty line. This centre provides a combined delivery of social and health services, employment support, education, and youth work in one place, to help young people find their way and move forward, as well as reducing the risk of marginalization and vulnerability. The Navigator Centre is an example of the application of the City of Helsinki's commitment to increasing services involving multi-agency work and partnerships. Vulnerable young people usually need help in different domains simultaneously, at different levels. Habitual behaviour often hides multiple risks faced by young people that need to be solved in a multi-disciplinary way. The centre offers easy access to all needed levels and types of support, in one place (Woltman, Haanstra, 2017).

Case study: Method Manual on Mentoring, Parent Coaching and Family-Support - Denmark


“Danskit” is an initiative to prevent violent extremism that focuses on the use of mentors and specific methods of work by persons who are in direct contact with young people aged 14 to 20 years. The mentors are trained to use a special methodological program “Psychology of Life, Safety Skills - Working with Vulnerable Children and Their Parents and Solution-focused Interventions” for the application of which training is being carried out and a method manual has been prepared. For example, in Aarhus there were 21 mentors (2014) who provided services in combination with other types of psychological support.

The Danish Agency for International Recruitment and Integration (SIRI) developed the methodological manual used by the educational experts and mentors in the context of preventing violent extremism (Ranstorp, 2016).

2.3. Good practices for tertiary prevention

Case study: Derad - Austria

“Derad” is an Austrian prison initiative that provides assistance to individuals who have been radicalized and have been convicted of terrorism - related crimes. This initiative also covers returnees from the conflict in Syria. “Derad” provides individual counselling and mentoring and strives to address the personal and psychological



needs of convicted persons, as well as clarifying theological and ideological issues. When convicted persons serve their sentences and are released from prison, “Derad” facilitates their reintegration into society, by providing assistance in employment, education, as well as dealing with the many challenges associated with leaving the extremist milieu. Based on the success of this program, “Derad” was asked to be part of the new national network for the prevention of extremism, which unites civil society organizations with government institutions and agencies and sets up effective channels for communication and coordination (Neumann, 2017).

Case study: Prevention and Deradicalisation in Prison and Probation: Taking Responsibility – Strengthening Competencies - Germany

The purpose of the “Program for the Prevention and De-radicalization of Persons in Detention and on Probation” is to enable young people who have been arrested for ideologically motivated acts of violence (right-wing extremists or radical Islamists) to live a responsible and non-violent life and distance themselves from inhumane ideologies. The approach consists of de-radicalization training, civil education, long-term training in a group and counselling for stabilization after the training is completed. Key goal that should be achieved during the training is the separation of the crime from the perpetrator and bringing into question the correctness of ideology and strategies for justification and the act itself. Trainers and participants should have a stable relationship based on trust and respect. Participation is on a voluntary basis. In order to be able to successfully realize the objectives of the program, specialized, professional training is provided for the prison staff (RAN, 2018).

Case study: EXIT – Germany

EXIT-Germany is an initiative that helps individuals who want to leave the far-right movement and start a new life. EXIT-Germany was founded by criminologist and former police detective Bernd Wagner and former neo-Nazi leader Ingo Hasselbach. EXIT-Germany has been in place since 2000 and provides assistance to leave extreme and violent right-wing environments.

As the first program to launch such attempts in Germany, EXIT-Germany represents one of the first most successful de-radicalization programs offering exit assistance. EXIT-Germany continuously works to help individuals from all areas, but mainly from highly radicalized environments (group leaders, terrorists, party leaders) to leave the movement and develops methods and programs for work in this field. In the following years, more than 500 individual cases have been resolved with a recidivism rate of approximately 3%.

The success of EXIT-Germany has been recognized by several institutions and authorities, including the German government and the European Commission/European Social Fund. The results of a comparative analysis carried out by the German government in relation to the only two national level projects EXIT-Germany and the De-radicalization Program of the Office for Protection of the Constitution (German



Internal Intelligence Service), showed that EXIT-Germany achieved a far better rate of success (lower recidivism rate) and almost four times higher total number of received and handled cases. In recognition of EXIT Germany's work, the program has received several awards, such as the Erich Maria Remarque Peace Prize 2013 and the Politic Prize 2012.


2.4. Good practices for combined prevention through a multi-sectoral approach

Case Study: The Aarhus Model - Denmark

The Danish city of Aarhus is one of the first cities in Europe to build a comprehensive system for dealing with radicalized persons, including early detection, de-radicalization, work with the Muslim community, but also general prevention activities. At the end of 2013, attempts to deal with returnees from Syria were launched by building a partnership between schools, social services, and the police. During the work of each special case, a risk assessment is carried out, which is followed by an individually adapted process of counselling and guidance for the returnee and his family. If the returnee is ready for an "exit", a personal mentor is appointed to help them with housing, education, employment, as well as psychological and/or health care and treatment. This depends on the individual progress of the person, as well as on his actions according to the written "cooperation agreement". During the process, members of the police continuously assess the risks and are ready to intervene and take over if the person regresses (Neumann, 2017).

The specificity of the Danish approach to the prevention of violent extremism consists in a combination of two approaches: security - whose purpose is to protect the state and society from terrorist attacks, and social protection - whose purpose is to ensure the well-being of citizens. This dual approach requires practitioners working on the prevention of violent extremism to simultaneously treat this target group as a potential security threat, but also as a potential beneficiary of social protection which needs help to improve their general well-being. If the local government (the police or the municipality) assess that there is a person who is at risk of being radicalized, they have at their disposal not only repressive police measures, but also measures of social protection, such as assistance in education, employment, housing, etc. in order to prevent that person from turning to violent extremism (Nasser, Crone, 2018).

The model focuses on two levels of intervention: the general population level and the individual level. Interventions at the general population level include: raising awareness among professionals and the public through briefings and workshops with professionals and educators from educational institutions; and cooperation with the local community which is achieved through dialogue with representatives from mosques, cultural groups, and other key actors in the community. The following



interventions are carried out at the individual level: the experts from the basic operational team (Task Force) carry out risk assessment for individuals and groups; then consultation with professionals is carried out on the way to work in cases related to radicalization; counselling is conducted for individuals and families in cases related to radicalization; mentoring is provided for persons at risk of radicalization or those involved in violent extremism; crisis plans are drawn up for foreign fighters and their families; Exit programs are implemented for people involved in an environment characterized by violent extremism (RAN, 2018).

Case study: Helsinki police department - Finland

The Helsinki Police Department has a unique preventive policing unit that combines traditional community policing with new ways of building trust and partnership with local communities and partners. Among other things, they carry out field work with vulnerable young people and cooperate with non-governmental organizations and volunteers, as well as with municipal services. Teamwork is also applied through the establishment of multi-professional teams (Anchor Team) composed of police officers, social workers, and psychiatric nurses. The team also offers services to disadvantaged young people and families who come into contact with the police, as well as other vulnerable individuals such as lonely persons. The police service also added a new online hate speech unit as a continuation of the internet policing work, they have been conducting for nearly a decade (Woltman, Haanstra, 2017).

CONCLUSION

Prevention of violent extremism is high on the political agenda in Europe. Given the complexity of the problem and its multidimensional nature, the practical examples of preventive programs at all levels (primary, secondary and tertiary prevention) evidence the following trends:

- Combination of security and social protection approach
- Organization and delivery of services at the local level
- Multi-sector cooperation at the strategic and operational level
- Focus on primary prevention with a major role for the media and educational institutions
- Using positive and counter-narratives
- Integrated services: social protection, health, education, employment, housing, and others
- Establishing community service centres
- Programs for de-radicalization, reintegration, and rehabilitation
- Involvement of the police and social institutions at all three levels of prevention
- Programs to support family members



- Initiatives from citizens, associations, and religious organizations.

Taking into account the unfavourable situation in terms of knowledge, capacities, will and readiness of the local actors for the prevention of radicalization and violent extremism, Macedonia falls behind the above trends. The fulfilment of the recommendations below is a prerequisite for the successful implementation of activities at all levels of prevention at the local level:

- Raising awareness of the presence and consequences of the emergence of the problem of violent extremism in the local community through primary prevention measures.
- Comprehensive familiarization with the problems of radicalization and violent extremism through organization of specialized trainings at the local level.
- Recognition and acceptance of the need for preventive action in this area at the primary, secondary and tertiary level by local actors, especially social and educational institutions which can play a key role for effective prevention.
- Strengthening the support and initiatives from the national to local institutions/organizations for work on this problem.
- Establishing regular communication and exchange of information between relevant actors at the central and local level, as well as holding regular consultative meetings.
- Strengthening the institutional capacities for the prevention of violent extremism.
- Promotion of mutual cooperation of the relevant actors at the local level.
- Establishing local coordinating bodies for a comprehensive response to this problem in the local community, monitoring current activities and overcoming obstacles in operational action.

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SOCIAL ENTREPRENEURSHIP – A NEW MODEL FOR INNOVATIVE SOCIAL WORK PRACTICE

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Abstract

In the present global crisis, social workers are uniquely positioned to help solve the new and complex social problems that have arisen. In the last decade, the practice of social entrepreneurship, or social e-innovation, has developed, allowing social workers to create long-term, innovative solutions for vulnerable populations. This article examines the link between social work and social entrepreneurship, analysing the characteristics and knowledge of social workers that can be used in social entrepreneurship, and analysing challenges that social workers face when engaging in social entrepreneurship. Special attention is given to the lack of education in the field of entrepreneurship and to the ethical considerations regarding the role of social workers in entrepreneurship. Finally, recommendations are made for improving the education of future social workers and for future research on social entrepreneurship as a model for applying innovation in social work.

Keywords: social entrepreneurship, innovation, social work, education

INTRODUCTION

The present global crisis has been caused by a range of interrelated factors, including the COVID-19 pandemic, climate change, economic inequality, and political instability and war. These issues have created new and complex social problems that require urgent attention and innovative solutions.

Social workers play a crucial role in addressing these challenges. As professionals who are trained to work with individuals, families, communities, and organizations, social workers have a unique set of skills and knowledge that can be applied to a wide range of social issues. Social workers are trained to assess complex situations, identify needs and resources, develop interventions and strategies, and collaborate with other professionals and stakeholders to achieve positive outcomes. In order to survive in dynamic global environment full of crises, practitioners and organizations need to “leave their comfort zones, experiment, and try new ideas” (Kotter, 2012 see Nandan, Singh & Mandayam, 2019). Proactive approaches - Instead of residual or remedial approaches—should be used by human service professionals for addressing




complex social issues (Tan, 2004). To move society forward, the new breed of social workers must develop new social markets and create new ways of doing things - in other words, social work must be about social innovations (Tan, 2004). Social entrepreneurship has emerged as a powerful approach for social workers to create long-term, innovative solutions for vulnerable populations.

Social entrepreneurship refers to the use of business principles and strategies to address social and environmental challenges. In this context, social workers who adopt a social entrepreneurship approach, seek to create sustainable, scalable solutions to social problems that go beyond traditional approaches such as charity and welfare.

Baregheh et al. (2009) defined innovation as a multi-staged endeavour that improves the current product or service, advances and differentiates an organization from its competitors in a marketplace, or introduces processes that improve internal performance. Social entrepreneurs are often driven by a passion for social change and are willing to take risks to create new social value thru social innovation, addressing social problems in a more effective and efficient way (Lehner, 2011). This approach can help social workers to move beyond traditional approaches that may have limited impact or rely on short-term funding sources. The latitude of action for social workers is affected by institutional protocols and standards, which may clash with the principles of social work and result in conflicting pressures. In situations where the necessary conditions for assisting clients are lacking, this can prove detrimental to meeting the client's requirements (Ylvisaker & Rugkasa, 2022). One noteworthy benefit of social entrepreneurship for social workers is the opportunity to devise innovations that can be customized and expanded to cater to the specific needs of their clients. Munro (2011) highlighted concerns about a system that had become over bureaucratized, focused on compliance, overly prescriptive and was lacking innovation. In a call to move away from "a compliance culture to a learning culture" (Munro, 2011: 7), an emphasis was placed on "responsible innovation" in services for families and children (Munro, 2011: 22) and for the removal of "constraints to local innovation" (Munro, 2011: 45).

Another key advantage of social entrepreneurship is that it provides social workers with a platform to engage with diverse stakeholders and build partnerships across sectors. By engaging with business leaders, investors, and other stakeholders, social workers can tap into new sources of funding and expertise that can help to scale their initiatives and achieve long-term impact. Building relationships, maintaining partnerships, and combining capabilities and opportunities in novel ways all contribute to the design and implementation of social innovations, because the locus of social innovation is in the social system, not an organization or person (Phillips et al. 2015). This approach can help social workers to leverage their skills and expertise to create sustainable solutions that benefit vulnerable populations over the long-term.

The emphasis on social innovation is to be welcomed in that it has potential to improve the lives of families and children in novel and innovative ways hitherto un-



explored (Sebba et al., 2017). However, a group of authors (Winter et al., 2020) illustrate that careful consideration needs to be given to: the acceptance and fit of the social innovation programme; its underpinning rationale or logic; adherence to the programmes intervention/programme fidelity and ultimately to the best ways of gathering evidence.

The purpose of literature review in this paper is to examine the relationship between social work and social entrepreneurship, and to analyse the potential for social workers to engage in social entrepreneurship as a means of creating long-term innovative solutions for vulnerable populations. The review will focus on the characteristics and knowledge of social workers that can be leveraged for social entrepreneurship, as well as the challenges they face when engaging in this practice. Additionally, the review will address the lack of education in the field of entrepreneurship for social workers, and ethical considerations related to their role in entrepreneurship. The scope of the literature review includes an analysis of relevant literature on social work and social entrepreneurship, with a specific emphasis on identifying gaps in knowledge and offering recommendations for future research. The ultimate goal of this review is to provide recommendations for improving the education of future social workers and to further develop social entrepreneurship as a model for applying innovation in social work.

1. SOCIAL WORK AND SOCIAL ENTREPRENEURSHIP: LINKAGES AND CHARACTERISTICS

Scholars have framed social enterprise and social entrepreneurship (Dees, 1998a, 1998b, 2003; Emerson & Twersky, 1996; Leadbeater, 1997) as a kind of encompassing set of strategic responses to many of the varieties of environmental turbulence and situational challenges that nonprofit organizations face today (see Dart, 2004). There is broad agreement that social entrepreneurs and their undertakings are driven by social goals; that is, the desire to benefit society, to contribute to the welfare or well-being in a given human community (Peredo & McLean, 2006). As social entrepreneurship scholar, Dees (1998: 3) states: “For social entrepreneurs, the social mission is explicit and central Mission-related impact becomes the central criterion, not wealth creation. Wealth is just a means to an end for social entrepreneurs”. Schulyer (1998: 1) describes social entrepreneurs as “...individuals who have a vision for social change and who have the financial resources to support their ideas.... who exhibit all the skills of successful business people as well as a powerful desire for social change”. For Bornstein (1998: 3) social entrepreneur is: “Pathbreaker with a powerful new idea, who combines visionary and real-world problem-solving creativity, who has a strong ethical fibre, and who is ‘totally possessed’ by his or her vision for change”.

Social entrepreneurship often involves developing innovative solutions to social problems, such as poverty, inequality, environmental degradation, and healthcare access. One of the key characteristics of social entrepreneurship is a focus on sus-



tainability and scalability. Social entrepreneurs seek to create solutions that are financially sustainable over the long-term and that can be scaled up to have a larger impact on society (Islam, 2021). This often involves developing innovative funding models and partnerships with other organizations and stakeholders.


Social enterprise differs from the traditional understanding of the non-profit organization in terms of strategy, structure, norms, and values and represents a radical innovation in the non-profit (Dart, 2004). Johnson (2001) notes that—despite the range of specific forms—they differ from traditional non-profits in that they blur boundaries between non-profit and for-profit and that they enact hybrid non-profit and for-profit activity.

Social work and social entrepreneurship share common goals of addressing social issues and creating positive social change. Social workers have a history of entrepreneurial activity, with pioneers such as Jane Addams and Mary Richmond creating innovative organizations to pursue social, economic, and environmental justice. The Settlement house movement, which aimed to provide a convening space for neighbours to come together for educational, social, and cultural activities, was an early example of social entrepreneurship in action (Fernando, 2015). Gray, Healy & Crofts (2003: 141-142) emphasize that: “Social workers involved in community development initiatives with impoverished communities have been strong advocates of social enterprise . . . though, on the whole, it has been a marginal theme in professional social work”.

London and Morfopoulos (2010, see Nandan & Scott, 2013) identified many generic competencies needed by effective social entrepreneurs. Besides the typical financial and managerial skills, they noted that social entrepreneurs must be able to build coalitions, conduct policy analysis, encourage citizen participation, lobby decision makers, and exhibit skills like cultural competency, self-awareness, emotional intelligence, social empathy, conflict management, active listening, and collaboration, which are the main skills of social workers. Many sources have stated that social entrepreneurship is aligned with social work and have called on social workers to develop new interventions that are entrepreneurial in nature (Bent-Goodley, 2002; Berzin, 2012; Germak & Singh, 2010; Gray, Healy, & Crofts, 2003; Midgley, 1996).

Numerous facets of social work exhibit alignment with the principles and practices of social entrepreneurship:

- Social mission: both social work and social entrepreneurship share a focus on addressing social problems and improving the well-being of individuals and society. Nouman & Cnaan (2021) define social work entrepreneurs as individuals who work as social workers at social service agencies who serve clients and who have observed a certain subpopulation deprived of social care or that could be better served through specific and separate interventional care.
- Transformative vision: The transformative mission of social work harmonizes with the core essence of social entrepreneurship, which revolves around generating innovative and enduring remedies for societal issues. A compelling illus-



tration of this interconnectedness can be observed in Nandan, Singh, & Mandayam's (2019) research, where they discovered that enhanced accountability and novel funding opportunities, encouraged human service professionals to adopt innovative and transformative approaches.

- Contextual and community understanding: social work emphasizes attention to the environmental and contextual factors that create and contribute to social problems. This aligns with the need for social entrepreneurs to understand the broader social, economic, and cultural context of the problems they seek to address. Also, as mentioned by Hamby et al. (2010), being knowledgeable about the local culture and being accepted by community members to address problems is important for social innovation success.
- Empowerment: social workers can empower clients by involving them in the design and implementation of programs, ventures, and strategies for creating sustainable impact in the community (Nandan, London & Bent-Goodley, 2015) which is also a key aspect of social entrepreneurship.
- Persistence and optimism: both social work and social entrepreneurship require persistence and optimism in the face of obstacles and challenges to create meaningful change.

While social work and social entrepreneurship share numerous similarities, there exist certain domains where the interconnections between these two fields could be further enhanced. The subsequent analysis highlights a selection of illustrative instances that shed light on these areas of potential growth and collaboration.

- Funding: social entrepreneurs often rely on innovative funding models, such as venture capital or crowdfunding, to get their initiatives off the ground. In contrast, social workers may struggle to secure funding for their programs and services, relying primarily on government grants and donations. By learning more about social entrepreneurship funding models, social workers could potentially identify new sources of funding and develop more sustainable financial strategies, even though one of the limitations to the further development of social entrepreneurship is the difficulty of accessing start-up and growth capital (Nicholls & Pharoah, 2007; Nicholls, 2010c see Nicholls, 2013).
- Scale: the stated objective of many social entrepreneurs is to bring about “systems change” or a new, more just societal “equilibrium”, rather than just ameliorate an existing situation (Bradach 2003; Martin & Osberg 2007, see Nicholls, 2013). Social entrepreneurs are often focused on creating large-scale impact through scalable models and technologies (Bloom & Chatterji, 2009). In contrast, social workers may be limited by resource constraints and face challenges in scaling their programs and services beyond a local level.
- Business acumen: social entrepreneurs are often skilled at balancing social impact with business acumen (Tirta, et al., 2019) They are able to identify market opportunities, develop innovative solutions, and manage budgets and resources



effectively. Social workers, on the other hand, may not have as much business training or experience. But, in the specific context of social work entrepreneurship, the expert manager must understand the importance of a business plan; social work entrepreneurs should be able to market services, to assess costs, to create relevant products and services, to research the competition, and to conduct market analyses; social workers must learn how to use the media to their benefit (Lawless, 1997; Menefee, 1997; Brawley, 1985; Lauffer, 1986; Lawless, 1997; Stoner, 1986; Tower, 2000 see Bent-Goodley, 2002).

The study findings (Nouman&Cnaan,2021) show that social workers need to have unique personal characteristics in terms of competencies and skills to promote social entrepreneurship. However, these qualities alone are insufficient in the absence of available opportunities in the environment. In fact, successful social entrepreneurship in social work depends largely on the ability of social workers to identify a window of opportunity in their socio-political environment and seize this opportunity within a specific time limit to initiate and advance their proposed innovative social service.


2. EDUCATION AND TRAINING OF SOCIAL WORKERS IN ENTREPRENEURSHIP

In the contemporary landscape of social work, there is an increasing focus on millennials and their deep commitment to social justice and addressing unmet societal challenges (Fernando, 2015). As these forward-thinking individuals venture beyond the confines of conventional service delivery systems, they actively seek solutions to a diverse array of social issues not adequately covered in existing curricula (Clark, 2013). Embracing a mindset that transcends traditional sector boundaries, including private, public, and non-profit spheres, they are driven by a resolute determination to effect meaningful change.

Recognizing the tremendous potential of this emerging generation, there is a growing recognition that integrating entrepreneurship into the education and training of social workers, especially among social work students, holds significant value. Equipping them with entrepreneurial skills can empower them to envision innovative approaches to address pressing societal problems and enhance their capacity to serve their communities more effectively. In this vein, nurturing social entrepreneurs' business acumen and expertise becomes a pivotal means of fostering viable and sustainable social enterprises.

Extensive research has underscored the pressing need for social workers to receive comprehensive training in leading and managing social enterprises, which are shaping the trajectory of the social work field (Chandra & Shang, 2021; Healy, 2002; Nouman & Cnaan, 2021; Shier & Van-Du, 2018).

Several prospective avenues exist through which social workers can attain education and training in the field of entrepreneurship:

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- Graduate programs: some universities offer graduate programs in social entrepreneurship or social innovation, especially business schools. These programs can provide students with the skills and knowledge they need to develop and implement entrepreneurial ventures in the social sector. But also, social work educators need to be willing to reshape the curriculum to equip students with the values of profession and the business sense to make these social entrepreneurial organizations sustainable. In light of these realities, social work education must include social entrepreneurship in its body of knowledge so that it can develop students who possess forward-thinking knowledge, skills, and abilities to respond to the complex social problems across the globe (Tan, 2004). Moreover, incorporating social entrepreneurship into social work curriculum enables students of social work to be on the evolving edge of social change and creates new services that break traditional social service delivery paradigms. Finally, facilitating the development of students' entrepreneurial activity increases social work's visibility and vitality. It reminds society that social workers are multidimensional players in societal change and reform (Germak & Singh, 2010). With respect to the environment, Savaya et al (2008) suggest including agency managers at all levels and other partners in the university projects, with the aim of encouraging greater openness to innovation, familiarizing them with the processes of social entrepreneurialism and the resources required for it, and giving them a stake in promoting the entrepreneurial projects.
 - Continuing education courses: social workers can also participate in continuing education courses focused on entrepreneurship. These courses may cover topics such as business planning, marketing, fundraising, and social impact measurement. Social enterprise courses embed entrepreneurial thinking within social work instruction and practices, essentially, as Germak & Singh (2010) suggest, changing the way social workers do business and ultimately changing the way they are perceived in the community.
 - Workshops and training programs: there are a variety of workshops and training programs available that focus on social entrepreneurship (Valerio, Parton & Robb, 2014). Programs may be offered by non-profit organizations, universities, or business accelerators. For example, in the US there are some social entrepreneurship programs that have partnered with social work programs to provide interdisciplinary training. Similarly, very few social work programs offering social entrepreneurship courses have partnered with business or public administration programs to provide interdisciplinary training for social entrepreneurship students (Nandan & Scott, 2015). Gray & Crofts (2002) argue that social work educators contributing to social entrepreneurship education programs in partnership with business educators could ensure that the social mission of social entrepreneurship remained central and that its implications were fully understood and explored.



- Mentoring and coaching: social workers can benefit from mentoring and coaching by entrepreneurs who have experience in the social sector. These relationships can provide guidance and support as social workers develop their entrepreneurial ventures (Coller-Peter & Cronjé, 2020).


3. ETHICAL CONSIDERATIONS AND CHALLENGES IN THE ROLE OF SOCIAL WORKERS AS ENTREPRENEURS

Social workers' individual responsibility for their actions is explicitly expressed in modern professional ethical codes (Ylvisaker & Rugkasa, 2022). In relation to ethics, Nandan et al. (2016) suggest that there is a paradox when it comes to explaining the importance of social entrepreneurship and social work practice. Although social workers have been creative in developing social programs and promoting change at different levels, some practitioners and scholars have viewed social entrepreneurship by social workers as unethical and contrary to the profession's fundamental values. In 1980, Rosalie Bakalinsky (see Kurzman, 1999) wrote the first comprehensive critique of industrial (occupational) social work practice and opened up discussion as to whether or not professional social workers can practice ethically in corporate settings. Bakalinsky focused on three major and interrelated dilemmas: the difficulty in asking social workers to be neutral participants in such settings; the problem of choosing a professional focus; and, the intrinsic conflict between corporate and humanitarian values. She concluded that the problems were insuperable. Hence, she resolved that social workers should not enter the labour and industrial world. Instead, they should challenge this world from without, rather than from within (Kurzman, 1999). However, Masi (1991) stated that there is no good reason why social workers cannot work in for-profit, proprietary settings or behave entrepreneurially, compensating themselves accordingly for innovative practice.

The National Association of Social Workers (NASW) revised its Code of Ethics in 2021 to address the demands of the profession, including the COVID-19 pandemic and social justice crises. According to NASW, the primary mission of social work is to improve human well-being and meet the basic needs of all people, with a focus on empowering and supporting vulnerable, oppressed, or impoverished individuals (Godwin et al., 2022). According to Kurzman (1999: 160), social workers operating in industries outside of traditional social work must not only abide by the NASW Code of Ethics, but also establish a "normative discipline of morality that underscores the principles of advocacy and equity".

Social work practitioners who engage in entrepreneurial endeavours encounter a diverse array of ethical dilemmas and complexities:

- Maintaining client trust: Segal (see Bent-Goodley, 2002) highlights the conflict between maintaining client trust and meeting business demands. Also, as social workers build their businesses, they must take care to ensure the privacy of their clients. This means being diligent about protecting confidential infor-



mation, using secure communication methods, and implementing appropriate safeguards to prevent data breaches.

- Upholding professional standards: even though social work must draw on business concepts to survive as a profession, as entrepreneurs, social workers must continue to adhere to the ethical and professional standards set by their profession. This includes maintaining their skills and knowledge, keeping up with best practices, and complying with relevant laws and regulations.
- Balancing financial considerations with client needs: encouraging social workers to become entrepreneurial does not imply encouraging them to take advantage of clients (Bent-Goodley, 2002). Entrepreneurs must balance their financial needs with their clients' needs. This can be a difficult task, as entrepreneurs may be tempted to prioritize profit over their clients' best interests. Social workers must ensure that their business practices align with their values and the principles of their profession.
- Addressing social justice issues: social workers have a duty to advocate for social justice and work towards reducing inequalities. Advocacy is often represented in the literature as a strategy more closely aligned with macro or policy practice (Wolfer & Gray, 2007 see Mclaughlin, 2009). However, social workers in direct practice are intimately involved in many aspects of individual client lives, and are therefore able to assess and intervene in many areas in which injustice may occur. This can be challenging for entrepreneurs, who may need to make difficult decisions about which clients to take on and how to allocate their resources. Social workers must ensure that their businesses are designed to promote social justice and are not contributing to the problem.

Overall, social workers who operate as entrepreneurs must be mindful of the ethical considerations and challenges that come with this role. They must take steps to ensure that their business practices align with the values and principles of their profession, and that they are not compromising their clients' welfare for financial gain. As Tan (2004) wrote: "When the ethos and practice of social work is joined with entrepreneurship, our profession can continue its legacy as the profession of social change leaders for the masses". If practitioners lose their identity as social workers, they also relinquish the concept of professional function (Kurzman, 1976).

Scholars (see Shdaimah & Strier, 2020) address the central role of social work education, supervision, and ethics awareness development in preparing future social workers to identify and manage ethical conflicts that arise from a mismatch between social work values and organizational/institutional setting.

CONCLUSION

Social entrepreneurship has the potential to play an important role in social work practice. The historical connection between social work and social entrepreneurship,



as evidenced by the establishment of the Jane Addams Settlement house, highlights the potential for innovative approaches to designing social programs and facilitating systems change.


However, there are also challenges associated with incorporating social entrepreneurship into social work practice. Some practitioners and academics view it as unethical and contrary to the core values of the profession. This paradox highlights the need for further discussion and exploration around how to balance entrepreneurial approaches with ethical standards.

The implications are that there is a need for continued research and dialogue around the role of social entrepreneurship in social work practice. Social workers should be encouraged to consider how they can use entrepreneurial approaches to bring about positive change while still upholding ethical standards. Additionally, educators should incorporate discussions around social entrepreneurship into their curricula so that students are prepared to navigate these complex issues in their future careers. In the end, if given additional curriculum and training to the students of social work, this could result in a generation of social workers leading the creation and development of social enterprise organizations. These social workers would be concerned not solely with profit but also with social justice, paving a way for social entrepreneurship as one viable strategy to solve social problems (Fernando, 2015).

By embracing entrepreneurship as a tool for innovation in social work practice, we can create a more just and equitable society for all.

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PROFESSIONAL COMPETENCIES OF SOCIAL WORKERS IN TIMES OF CRISIS

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Abstract


The constant social changes happening to us at the global and national level impose the need for constant professional development of social workers while performing their work activities in different areas of action. Professional competencies are defined in accordance with the tasks that are performed within a profession, which contributes to a build-up of the professional identity of the experts who belong to it. The question arises: To what extent do social workers develop knowledge, skills, and attitudes necessary for mastering work tasks in crisis situations? In conditions of serious crisis situations, social workers are required to possess specific competencies that will be enable them to realistically respond to the real needs and social risks that people face. The paper is based on the field research (2023) undertaken among social workers working in different fields of social work in North Macedonia. The paper aims to assess the needs for specific competencies and skills in social work in crisis situations (the Covid-19 pandemic, floods, earthquakes, fires, and other natural disasters), as well as the needs of specific competencies and skills in social work in conditions of idiosyncratic shocks (when individual households are affected, for example, in case of death, trauma, violence, etc.).

Keywords: professional competencies, social workers, crisis conditions.

INTRODUCTION

Social workers as a professional profile have a key role in creating positive changes in society, by providing care services for vulnerable categories of people by integrating knowledge, skills, standards, and quality changes in the delivery of services.

The current global and national crisis situations lead to the worsening and multiplying of social problems of individuals, social groups and the community, and social workers are demanded proper responses while performing various goals. In such conditions, social workers are required to possess special knowledge and skills that



could handle certain crises situations and respond to the needs of certain categories of users.

Social workers work in different areas of social work (social protection, health, education, and others) and they need to constantly learn, acquire new knowledge and skills, and take on new roles, especially in periods of intense global crises. To improve the quality of their professional work with users, families, the community, the need for reducing professional burnout and stress at work, creating better interpersonal relationships, improving working conditions, improving competence, increasing of motivation and satisfaction from work and work efficiency. Social workers through their professional competencies make decisions that contribute to the well-being and best interests of users in social care, the ability to help protect and represent vulnerable members of the community, the ability to act in an uncertain and changing environment, the ability to monitor social needs, researching social phenomena and problems and organizing actions to solve them, ability to create and lead different projects, ability to monitor, select and use different information and ability to creatively integrate knowledge and practice from social work.

The education of social workers does not end with the formal cycles of education, but they need a continuous process of professional improvement, that implies the constant upgrade of their knowledge and skills through the creation of programs and trainings for continuous professional education they would implement into their professional work with users in crises.

1. KNOWLEDGE AND SKILLS IN SOCIAL WORK

Social workers need a variety of skills and knowledge. They must be able to assess users' needs, develop individual plans, and provide other services and social interventions. They also need to be familiar with community resources and be able to advocate for patients' rights.

There are numerous skills used by case managers/ professionals in charge of case management in applying the case management method to achieve what is needed for the user. Each case manager/ professional develops a personal own style of performing skills.

Some skills for applying the case management method are learned informally through life experiences, others are learned theoretically, developed through formal training and professional work. According to Trevitchick (2009), skill levels can be achieved through training and can be ranked from basic to advanced skills:

- Basic skills - ability to act in many situations in professional work with children/ users, such as the use of open and closed questions or giving resource information;
- Intermediate skills - ability to react in more difficult situations, for example, working with withdrawn or irresponsible users who do not want to engage and




- Advanced skills - ability to work in situations involving conflict, hostility, or a high level of distress.

The starting point of every review of the skills required in social work is the basis of education and their contribution to professional practice. While working with the users, especially in the professional work with the elderly, it is necessary to study the following skills:

- Users' perspective and professional perception of the way users interpret their situation,
- Mental health;
- Safety and how the practitioner is able to assess and interpret the risks of neglect;
- Medical and health issues/ how the practitioner and the user will be able to work together to define capacities, strategies for overcoming and overall health;
- Relationships and emotional security and
- Caring for the person and his environment, with respect and satisfaction of daily needs (Linc, 2016).

Social workers need to possess the following knowledge:

- Knowledge of law regulations of social protection;
- Knowledge of legal competences of the centre for social work, but also of other institutions in the community;
- Knowledge of community services;
- Knowledge about the life cycle and changes in each phase of the life cycle, that is, distinguishing the typical and acceptable from the atypical and unacceptable behaviour of the user in a certain phase of the life cycle;
- Knowledge of the physical, emotional, and financial challenges of family caregivers;
- Knowledge that enables recognition of the existence of health problems and the recognition of their psychosocial effects on the user and his/her family;
- Knowledge of the impact of social factors on the user's physical and mental health;
- Knowledge related to mental health and user behaviour management;
- Knowledge of providing psychosocial support to the users and families;
- Knowledge for protection from gender-based and family violence;
- Knowledge of providing adequate living conditions for the user;
- Knowledge of conflicts and ways to deal with conflict situations - both in professional work with users and in the team where he works;
- Knowledge of planning activities and interventions in professional work with users and their families;
- Knowledge of the stages of family development and their characteristics;

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- Knowledge to strengthen the capacities of the user and his/her family, as well as the community.
 - Knowledge of Advocacy;
 - Knowledge for patients' rights and
 - Knowledge of burnout and secondary traumatization.

Communication with users is key in professional work with users and families. The ways in which social workers communicate with users depend on the context in which the professional work takes place, the organization, and systems of the professional work. Communication involves using a variety of methods and techniques, such as: appropriate touch, playing, singing, body language, writing, drawing, using symbols and other specialized tools to engage and communicate with users.

Communication involves the exchange of information between two or more entities using various codes they can transmit. "Good communication skills, especially listening and interviewing, lie at the heart of effective social practice" (Trevithick, 2009:116).

Crisis communication is a vital skill for social workers, who often deal with people facing stressful or traumatic situations.

Emotional skills such as patience and compassion are needed, as they need them to develop strong relationships with users, on one hand, and on the other hand, the development and strengthening of these emotional skills will contribute to the development of personal professional capacities of social workers in charge of case management.

The organizational skills of social workers in charge of case management are built in the process of social interaction with users and the wider social environment, and relate to the process of managing and organizing social intervention, with the goal of faster and more efficient achievement of the set goals.

Social workers adapt and apply a wide range and techniques to deal with crises situations. This diversity of approaches is vital to effective management of the complex and often interdisciplinary problems that arise in various crises situations.

2. METHODOLOGICAL RESEARCH FRAMEWORK

The purpose of this research was to gain insights into the needs for specific competencies and skills in social work in crisis conditions (covariate and idiosyncratic). The focus was placed on the professional work of social workers who work in different areas of social work and with different categories of users. The subject of the research was to analyse the professional competencies of social workers that they apply in working with users, families and the community were investigated, in the area of: assessment, planning, development and delivery of social services for vulnerable categories of citizens within the communities, including operational procedures for case management, preparation of professional documentation and records that they keep for users and in the organizations.

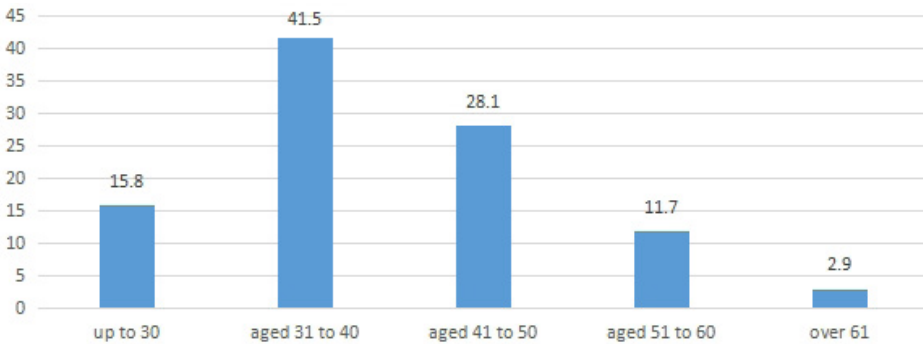


Survey research and interviews were conducted with key actors in the process: social workers working in different areas of social work.

The survey included 173 social workers who work in social work centres(41,6%), health institutions (11%), educational institutions (4,6%), private institutions for social protection (10,4%), associations of citizens who are licensed providers of social services (15,6), kindergartens (1,7%), municipalities (4%) and humanitarian organizations.

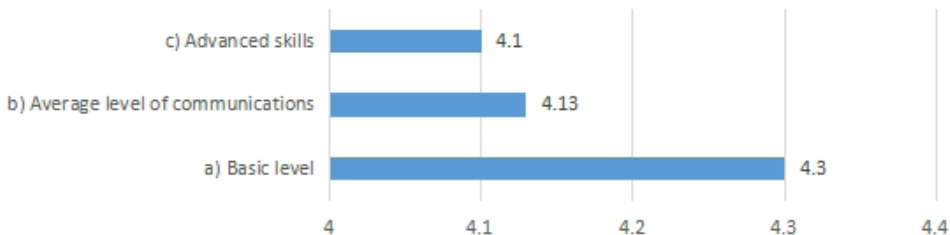
Interviews were conducted with 21 social workers who work in different areas of social work and deliver different types of social services to users and who answered the question regarding the possibilities of motivating users to get involved in solving the problems for which they seek or need support.

3. RESEARCH RESULTS



Graph 1. Structure of social workers by age

The largest number of surveyed social workers, 41,5%, are aged 31 to 41, followed by the age group from 41 to 50 years with a total of 28,1%, the age group up to 30 years is social workers by a total of 15,8%, while the age group from 51 to 60 years is represented by a total of 11,7%. Least represented is the age group over 61, with a total of 2.9% of social workers.



Graph 2. Evaluation of the skills possessed by the social workers in social intervention with the users

Basic level: With an average score of 4,3, the results show that individuals feel very capable and confident in their basic communication skills.

Average level of communications: With an average score of 4,13, the respondents believe that they are able to cope with these challenges at a good level.

Advanced skills: With an average score of 4,1, the results show that despite the challenges, individuals feel competent to handle such situations.

From the conducted interviews, the largest number of social workers (17) identified the personal and professional knowledge and skills they applied in their professional work with users. The most common knowledge and skills they applied when working with users are: communication skills (not putting pressure during the conversation, online communication, active listening, awareness of non-verbal communication, information is given in a clear way and from verified sources of information, while in the part of emotional skills most used were (empathy, emotional strengthening of users, perseverance, giving support, flexibility, adaptability, caution and others), while for organizational skills they emphasized (planning services, organizing and coordinating work, time management, solving of problems, decision-making and others).



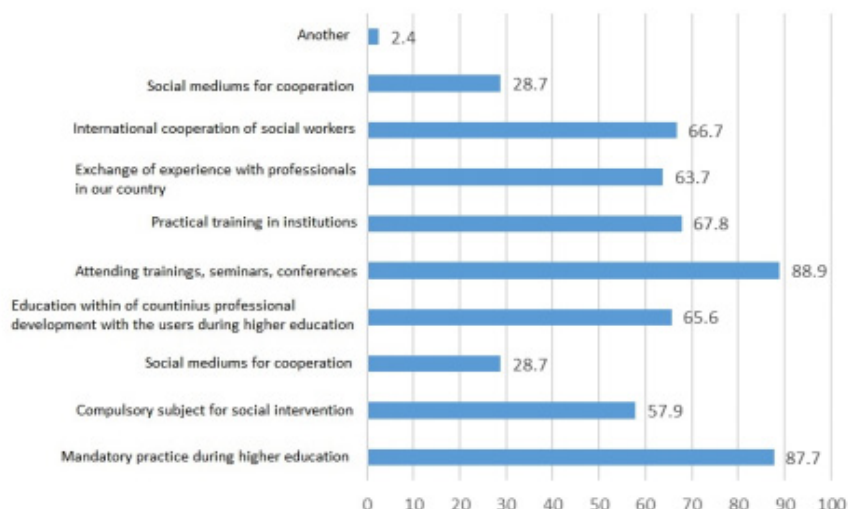
Graph 3. Knowledge and skills of social workers for successful implementation of work tasks in social intervention with users

Consultations with colleagues 81,8% is the highest percentage value, which implies that mutual help and cooperation between colleagues is of critical importance. Reading professional literature 77,1% is one of the most popular sources of information for respondents. Professional literature provides theoretical foundation and scientific research that can be useful in practice. Trainings for continuous professional development 67,6% are very significant for improving the skills and knowledge of the respondents.



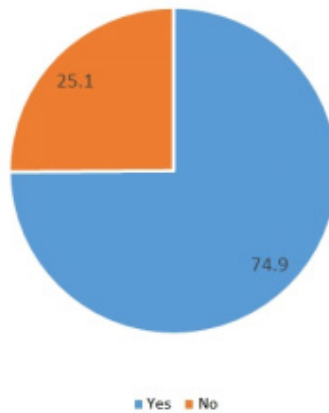
Observation of colleagues in practice 42,4%. Learning by observation can be very useful, especially for young and inexperienced professionals. Internet research 34,1% is an accessible source for obtaining a wealth of information and resources, and many people use it for education and learning.

Personal experiences 30,6% can enrich the professional approach and provide a unique perspective.



Graph 4. Suggestions for strengthening knowledge and skills of social workers for social intervention with users

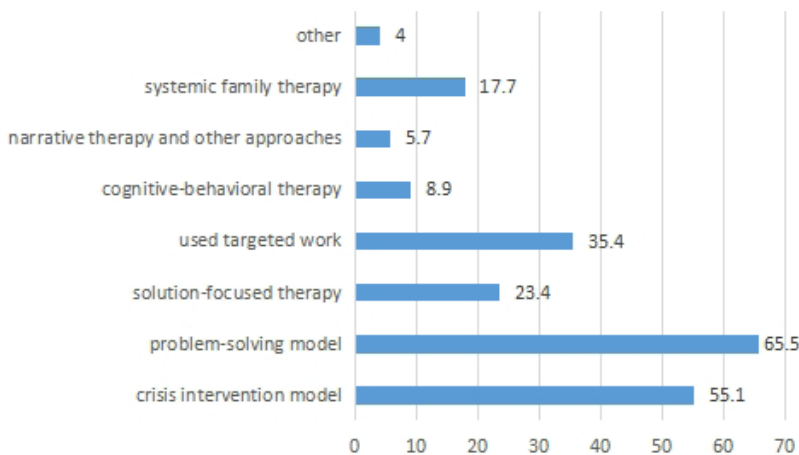
Related to this question, the largest number of social workers, as much as 88,9% believe that attending trainings, seminars, conferences, etc. will strengthen their knowledge and skills in social intervention with users. Mandatory practice during higher education 87,7%: This is the second-ranked proposal by social workers. Practical experience is key to preparing students for real work conditions and challenges. The introduction of mandatory professional practice would help students to practically apply their theoretical knowledge and gain practical experience. Practical training in top establishments/institutions 67,8%: Practical training in institutions that are recognizable for their expertise would allow direct learning from the best and application of the acquired experiences in professional work. The exchange of experiences with professionals from other countries 66,7% will enable international cooperation of social workers and the opportunity to exchange experiences with their colleagues from abroad.



Graph 5. The impact of global risks and shocks and the need to change the approach and model of social work applied by respondents with socially vulnerable categories

The largest number of social workers, 74,9%, believe that the impact of global risks and shocks imposed a need to change the approach and model of social work that they apply when working with socially vulnerable categories. Conversely, 25,1% of social workers don't consider that the pandemic and similar global events had an impact on their approach to socially vulnerable categories.

This shows that, although a large part of social workers has adapted their methods and approaches due to global shocks, there is still a part of them who consider their standard approach to be effective enough to respond to the needs of users in such conditions.



Graph 6. The approaches and models of social work applied by social workers during the COVID-19 pandemic



Many interesting insights have been gained about the approaches and models of social work applied by social workers in their professional work with clients during the COVID-19 pandemic. It should be noted that 65.5% of the surveyed social workers used the problem-solving model, and 55.1% used the crisis intervention model, respectively 35.4% used targeted work, followed by 23, 4% using solution-focused therapy and 23.4% systemic family therapy. When analysing the data, one should take into account the fact that 8.9% applied cognitive-behavioural therapy, narrative therapy and other approaches 5.7%, while a very small number of them, only 4% had application during the pandemic.

CONCLUSION

In terms of global risks and covariate shocks, (such as the COVID-19 pandemic, during floods, earthquakes, and others natural disasters) imposed is the need for specific professional competencies and skills in social work in conditions of idiosyncratic shocks (when individual households are affected, for example, in case of death, trauma, violence, etc.). These conditions impose the need for a change in the way social workers work with the socially vulnerable categories. It requires adaptation of services to respond to new needs, change in the way of communicating with users, use of digital platforms, and other approaches that were not standard practice before.

From the analysis of the research, we concluded that social workers working in different areas of social work have adequate professional competencies and feel prepared to deal with the various challenges in the workplace. They provide social services to users and their families. Social workers help user cop with their problems, find resources and support, and make positive changes in their lives.

The most popular methods for acquiring knowledge and skills are consulting with colleagues, reading professional literature, and participating in professional development training.

Stressful factors that occur as a result of certain crisis situations affect the part of your professional work with users (working hours, work load and speed of work, content of work tasks, special safety rules for work, physical distancing with users, change of working premises and others), the largest number of social workers from the survey research, declared that they felt the stressful factors, which appeared as a result of various crisis situations (including the COVID-19 pandemic), and had a direct impact on their professional work with users.

Students studying in the field of social work should develop and improve the following skills and knowledge for the successful implementation of their professional tasks: theoretical and practical knowledge, personal development, self-awareness training, handling crisis situations, learning about personal growth and self-realization, specific skills, drafting professional documentation, connection and collaboration, emotional intelligence, continuous learning, values and ethics and specific topics such as trauma training and gender-based violence knowledge.

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CHALLENGES FACED BY PROFESSIONALS IN LOCAL LEVEL SOCIAL CARE SERVICES FOR YOUNG PEOPLE FROM VULNERABLE GROUPS


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Abstract

Albania is one of the European countries that continue to have a young population. The census conducted in 2011 documented 705,000 individuals aged between 15 and 29, accounting for 25% of the total population. It appears that both a low birth rate and emigration have also affected the number of young people in Albania. Temporary and long-term unemployment among young people has a correlation with a number of other consequences, such as the risk of poverty, increased desire to emigrate, problems pertaining to physical and mental health, higher crime, etc. As outlined in a recent study, the desire to emigrate is at the levels of 60-70% among young people aged 18-19 and reaches its peak at the age of 28-30 reaching the figure of 81%. The prolonged transition and the country's dynamics towards development have posed challenges to the ability to adapt to these changes for young people, particularly those belonging to vulnerable groups. The purpose of the study is to assess the situation in five regions - Tirana, Kamëz, Elbasan, Krujë and Durrës - to understand the major issues and challenges faced by young people in these areas are. The study also assesses the quality of social care services available for vulnerable youth. The qualitative methodology was selected for the realization of this study. The instruments used for data collection include focus groups discussions with young vulnerable people and semi-structured interviews with key representatives from local and central government. Qualitative methodology helps for a more deep exploration of the concerns most relevant to young people and the reasons for them, to understand their perception and level of trust they have in the services provided by social care workers at the local level, to explore existing programs and services designed for young people in vulnerable situations as well as to understand the professional and institutional challenges faced by social care service workers when working with young people in vulnerable situations.

The results of the study show that the local government, organizations, and institutions should enhance and strengthen services to support vulnerable young people who are at risk on their path towards dignified employment and social inclusion. Efforts should be extended also to their families and the community to increase awareness related to youth development and their engagement as promoters of community transformation, along with the creation of collaborative networks.



The study's results aim to assess the capacities of social workers and the needs of young people to support programmatic interventions in the field of providing social care services to young people from vulnerable groups and to improve the provision of social care services for this target group.

Key words: vulnerable young people, needs assessment, social care services, social worker, professionals of social care services, social inclusion.

INTRODUCTION

Albania is one of the European countries that continue to have a young population. The 2011 census recorded 705,000 people aged 15-29 or 25% of the total population. It seems that the low birth rate and emigration have also affected the number of young people in Albania. The temporary and long-term unemployment among young people has a correlation with a number of other consequences, such as the risk of poverty, a heightened tendency to migrate, problems pertaining to both physical and mental health, along with an increase in criminal activities, among other outcomes (INSTAT, 2021). As outlined in a recent study, the desire to emigrate is at the levels of 60-70% among young people aged 18-19 and reaches its peak during the age of 28-30 reaching the figure of 81% (Gëdeshi & King, 2018).

Troubled/vulnerable youth in Albania encounter a number of challenges that hinder their access to the resources and opportunities they need to thrive. These challenges include poverty, unemployment, lack of education, social exclusion, and discrimination (DPPS & Ardhmëria, 2019).

When considering the legal framework in the Republic of Albania, the definition for young people appears to be complex. In accordance with the Law No. 121/2016 "On social protection in Republic of Albania", "A child is any person under the age of 18". Conversely, Law No. 75/2019 "On Youth" defines that "Young people are persons, young men or women, who have reached the age of 15 to 29 years." The Code of Criminal Procedure defines as a minor "every person below the age of 18. Law No. 75/2019 "On Youth" has as its main objective the protection of the rights of young people in a comprehensive manner, the creation of the necessary conditions for the activation, participation and support of young people, the definition of the functions and competences of institutions at both central and local levels, as well as cooperation with organizations that exercise activity in the field of youth.

Based on Albanian legislation, some of the categories of young people benefiting from social care services include: vulnerable young people; young people in families with economic difficulties; uneducated or basic education youth; young girls and mothers; young people of the Roma and Egyptian community; young people with disabilities; minors and young people in conflict with the law.



1. METHODOLOGY

The overall goal of the study was to understand the major issues and challenges faced by young people in five regions of Albania - Tirana, Kamëz, Elbasan, Krujë and Durrës, the situation and quality of social care services available for vulnerable youth. The qualitative methodology was selected for the realization of this study. The instruments used for data collection include focus groups discussions with young people and semi-structured interviews with key representatives from central and local government, and representatives of civil society. Qualitative methodology helps for a more deep exploration of the concerns most relevant to young people and the reasons for them, to understand their perceptions and the level of trust they have in the service provided by social care workers at the local level, to explore existing programs and services designed for young people in vulnerable situations as well as to understand the professional and institutional challenges faced by social care serviceworkers when working with young people in vulnerable situations.


1.1. Objectives of the study

- To highlight the major issues encountered by young men and women in the study areas;
- To explore the level of trust young people, have in the service provided by social care workers at the local level;
- To identify the professional and institutional challenges faced by social care workers when working with young people in difficult situations;
- To map the existing services for young people at the local level and the gaps in the provision of services;
- To understand the cooperation between various sectors and the challenges in this process;
- To give recommendations aimed at improving the work of social care workers with young people in difficult situations.

1.2. Research questions

What are the major concerns of young women and men in the study areas?

- What is the perception of young people about social care workers at the local level and other institutions that provide services for young people?
- What challenges do social care workers at the local level encounter when working with young women and men in difficult situations? How can these challenges be addressed?

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- What programs and services currently exist for women and young people in difficult situations?
 - What additional programs and services are necessary for them?
 - How does the intersectoral cooperation mechanism work and how can it be improved?

1.3. Research sample and inclusion criteria

For the purpose of this study, young people are considered all individuals aged between 15 and 30. The selection of young people in focus group discussions is intentional, taking into consideration the greater variability in the typology of young people participating in focus groups. Similarly, participants from local and central institutions, as well as those from NGOs, were selected based on the mandate/mission of the institution they represent and their role.

The social care workers included in this study are as follows: employees of the social services sector within the Municipalities and Administrative Units, such as the child protection worker, the expert on gender-based violence and the social administrator; employees of community social centres (where available); employees of the Directorate of Regional Social Service in the relevant regions, and members of the cross-sectoral technical groups. A total of 21 semi-structured interviews were conducted with key local actors as follows:

12 interviews were conducted with representatives of social services in the targeted areas and youth structures within the Municipality. On average, 3-5 semi-structured interviews or small group meetings (consisting of 2-3 employees) were carried out with social care workers in each of the 5 study areas within each municipality, including the child protection worker, the domestic violence expert, social administrator, employees of community social centres, employees in Regional Social Service Directorates, and members of the cross-sectoral technical group among others. 9 interviews were conducted with representatives of civil society and local NGOs that focus on young people in each municipality – those who implement programs for vulnerable youth in targeted areas.

14 focus groups were organized with young people in the targeted areas aged between 15-30 years who receive services in community centres, the Roma community, urban or rural areas, and who are unemployed or pursuit of education, among other circumstances.

1.4. Data analysis

Data analysis has a thematic approach. Major categories and subcategories were coded following multiple readings, looking for connections and relationships among



the themes. An independent review was conducted on the summary of the data analysis. The final topics are presented in the “Results” section.

2. STUDY FINDINGS

This paper will primarily focus on the challenges faced by social care services professionals at the local level when working with young people from vulnerable groups, which is also one of the study’s objectives and research questions.

2.1. Profile of young people in difficulties who benefit from services

Referring to the objectives of the study, one of the questions addressed to the representatives of NGOs and local government was related to the differentiation of the typology of young people that live in difficult situations, based on their experience in providing different services or programs for this target group.


The two groups mentioned above and included in the study have described the profile of young people who are most at risk of being discriminated against or excluded from society in a similar way, as below:

Young people who are in conflict with law, harmful or victims of criminal offences; young people belonging mainly to families in need; the Roma and Egyptian community; mainly high school students but also of university age, generally aged 16-21; youth without parental care; young people who leave the residential care institution aged 18-25; young people unable to continue school; young men and women from urban and suburban areas, in a smaller percentage from rural and peri-urban areas; unemployed youth; young people who come from families with social, economic and mental health problems; with domestic violence, young people who are direct or indirect victims of DHF; victims of trafficking; from migrant families with integration problems, drug and alcohol users; young people belonging to the LGBT community; disabled youth; young people returned from conflict zones.

Regarding the age definition for this target group, there seems to be confusion between the perceptions of service providers. Young people aged 15-25 seeking services; anyone between the ages of 15 and 29 can be called young; 18–30-year-olds who are looking for services. As mentioned in the introduction part, the definition by Law no. 75/2019 is that “young people” are considered persons, young or old, who have reached the age of 15-29.

2.2. Existing services and related activities for young people

The services and activities offered in supporting young people in difficult situations at the local level include: community centres; multifunctional centres; residential day centres; shelters for victims of domestic violence and trafficking; child pro-



tection units (CPU); coordinated referral mechanism for cases of domestic violence, etc. When talking about activities organized and programs provided for this group, professionals and institutions' representatives mention a variety of them: social, cultural and sports activities; various psychosocial programs and support services for free; psychological counselling; group and individual therapy for children, youth and their families; parenting programs; support groups; skills for life with young people and children; development of personal and professional skills, programs aiming the economic empowerment and integration of young people and their families in society through the promotion of employment opportunities, or the economic empowerment of families returned from emigration; mediation for employment, referrals to employment offices; multidisciplinary services for young people in need; awareness and information activities; activism as citizens through the distribution of aid to families in need; providing of economic assistance, scholarships; free legal service; etc.

- *Directory of Social Services in Durrës have 2 community centres in two marginalized suburb areas (called Nishtulla and Rashbulli), where priority is given to minors 0-18, offering various psychosocial programs. Psychologists and social workers offer free psychological services, group and individual therapy for children and their families. Afterschool courses are also provided for free for families in difficult economic situations. While the Child Protection Sector (CPU) assisting minors in need for protection. (A. V. - Head of the NJMF, Durrës Municipality)*
- *The multifunctional centre offers parenting programs, support groups, life skills training with young people and children. We organize in regular basis informative and awareness-raising sessions, treating different relevant topics with youth. (M. T. - Shushicë Multifunctional Centre, Elbasan).*
- *Actually, I'm in charge for youth issues in my municipality, based on the 2019 law, which states that local government units must have at least one specialist to cover these issues. We have just promoted the establishment of the local youth council in the framework of the municipal council. A special focus of our work consists in building cooperation with other local actors and various NGOs that offer projects for the youth. Currently, the municipality is in the final phase of setting up the career counselling office for youth. Another initiative currently setting up the craft centre that will be located near the city's gymnasium and aims to pass the craft from old artisans to new ones through creative classes. We are also trying to create a special environment that young people can use for study, leisure activities, etc. (Xh.G - EU Office, youth specialist, Krujë Municipality)*
- *We have 5 community centres that offer services for young people. There, young people not only receive services, but some of them have also become mentors for others. Most of them are individuals in need who receive multidisciplinary services. (M. K. - Directorate of Social Inclusion, Tirana)*

There is a gap in legislation and lack of services for young people aging more than 18 years as consequence. Few cases like that of Elbasan, where a residential centre



has been set up for young people without parental care between the ages of 18 and 29 who previously lived in residential centres, offering them support and skills to cope with life in independent and healthy way.


The focus on education issues is characteristic of services in suburban areas that suffer from acute economic and social problems. In these centres, different programs are offered according to the needs of different typologies of families, such as assistance for school registration, especially for the Roma and Egyptian community, other programs to reduce school dropouts, including cases of families returning from emigration through “after school” or professional courses, but there are also services such as speech therapy, developmental therapy, physiotherapy.

3. PROFESSIONAL AND INSTITUTIONAL CHALLENGES FACED BY SOCIAL CARE WORKERS IN THEIR WORK WITH YOUNG PEOPLE IN DIFFICULT SITUATIONS

Regarding what they value most in being good professionals, the interviewees single out the knowledge and skills gained from studies in social sciences and the social work program. They also underline the importance of experience, effective communication, and cooperation with other actors in this field, all of which have helped them become competent professionals in their daily work. They mostly agree that the academic curriculum places greater emphasis and attention on issues related to child and family services. The challenges faced by young people are addressed from the perspective of broader social issues and rather than tackled directly. Most of the interviewees admit that they possess sufficient information and skills to work with young people in difficult situations. Training and experience are two crucial factors. However, they recognize the significance of qualification training, continuous education, and collaborative work experience with other stakeholders in this field.

The interviewees emphasize that providing support services for young people in difficult situations is not yet among their priorities of work. According to them, this is also related to the policy approach and the conceptualization of the protection and social services system, which does not categorize young people as a separate category, but includes them with the cohort of children in need up to the age of 18. The representatives of social services in the municipalities utilize various sources of information to assess the needs of young people. These sources include meetings and activities in schools aimed at promoting their rights, informative sessions that guide them on where to seek assistance, community centres, NGOs offering services for them, and the Child Protection Units.

- *“We try to maintain constant contact and we do this through school meetings and activities, in interactions and collaborations with NGOs and institutions with which we cooperate. I believe that as far as the staff is concerned, they are ready to work with these groups of young people, and I see myself sufficiently prepared by the education and continuous training I have received to work with this target group.” (A. V. Head of the Child Protection Unit/ CPU, Durrës Municipality)*

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- *“Education in social sciences and social work has helped me. For me, it has been a very valuable curriculum and it has given me a lot of knowledge and professional skills. Definitely several years of experience. However, I need to get to know other dynamics because the more information I have, the more capable I will be to deal with the problems that will come our way. Our staff facing directly with the beneficiaries find easier to get to know the problem but more difficult to be involved in decision-making. Psychosocial staff has had continuous training, and sharing experiences with institutions and organizations working in this field helps us a lot.” (M. K. Directorate of Social Inclusion, Tirana).*

Qualification trainings have been the main forms where the representatives of the central and local government have been committed to increase their capacities when working with young people in difficulties. Most of these trainings are provided by international organizations such as Terre des Homes, World Vision, Save the Children, EU, and local NGOs that focus their services on working with this category. Some of the specific issues addressed are related to individual with special needs/individual with disabilities, drug users, minority groups, but also young people returning from emigration, young people in conflict with the law, professional education, etc. The forms they evaluate as efficient in terms of ongoing qualifications are the exchange of experiences with colleagues, institutions, and organizations that work in this direction.

- *“We receive training frequently. Trainings for case management, exchange of experience with other colleagues. A quality to be mentioned within the social service institution is that everyone holds their positions according to their relevant education and are professionals in what they do.” (A. V. Head of the CPU, Durrës Municipality)*

The primary challenge identified by most NGOs is the lack of program sustainability due to unstable and limited funding. They propose several to improve services to help young people in difficulty, such: institutionalizing the social services sector for this category, increasing financial support, expanding the range of services and qualified human resources, offering services through multidisciplinary teams, providing qualification training and continuous education for professionals in this sector and exchange of experiences, strengthening cooperation with NGOs and various donors who support in this direction, unifying work protocols, and improving logistics and infrastructure. Local government and administrative units should increase their capacity to be closer to citizens' needs by establishing and strengthening Needs Assessment and Referral Units (NARU), which are still non-functional in most municipalities.

- *“The institutionalization of the social services sector for this category is a necessity in the conditions when young people are leaving the country by emigrating abroad for better opportunities in education, employment and a quality life.” (A. V. Head of the CPU, Durrës Municipality)*
- *“The establishing of youth centres with the support of donors would help improve services for young people and assess their needs.” (D. H. EU Integration Directorate, Kamëz Municipality)*



- *“The range of services for young people should be increased and cooperation between organizations and institutions should be strengthened in this regard.” (E.T. Directorate of Social Service, Kamëz)*

When addressing their experiences of cooperation with other actors, the interviewees list institutions such as: local structures of social services, particularly with Child Protection Units, focal points for gender equality and domestic violence, employment offices and professional training centres, local offices of institutions educational, while Police departments and health centres are mentioned in a few instances. Among important actors to be mentioned and evaluated are international organizations - World Vision, Terre des Homes, Caritas, as well as CSOs that offer services for this category, such as the Counselling Centre for Men and Boys, the Counselling Office for Women and Girls, community and residential centres, etc.

- *“The actors we cooperate with are mainly from public and non-public fields. Once a month we hold a Technical Intersectoral Groups meeting where all the cases we handle are included, but this cooperation with these actors is not only for the part of the meetings but also for the part of field trips. We cooperate with all social service in our municipality. When we have awareness campaigns, we collaborate with public health, with schools, kindergartens, the employment office, Terre des Homes.” (A. V. Head of the CPU, Durrës Municipality)*
- *“We have the highest level of cooperation with all actors. We are in continuous contact with the social service, the employment office, the educational offices in local level but also with line ministries, various central institutions, etc. We have very good cooperation with NGOs. The business is inclined to support us but highly values the credibility of the programs or projects in question and has a cooperative trend for issues of social needs.” (Xh. S. EU Office, Youth Specialist)*

On the other hand, NGO representatives also value the cooperation with other stakeholders in their communities as being very positive and important, specifying various structures depending on the profile of the services they offer, such as the structures of social services in the municipality, employment offices, regional education offices and schools, police, health centres, etc.

- *“Continuous cooperation and the creation of bridges between institutions is positive.” (M. N. Civil Society Development Centre, Durrës)*

Even the representatives of the municipalities emphasize that there is strong cooperation and effective coordination among the state sector, local services, and NGOs. This cooperation has been improving over the years. This because they need each other and are often complementary in providing services for vulnerable people including youth in difficult situations.

However, they point out that numerous challenges persist: the lack of diversity in services and their balanced territorial distribution, disparities among professionals in different structures, the pronounced shortage of social workers and psychologists in services for this category, as well as the bureaucratic nature of state structures.

- *“The positive thing is that thanks to these collaborations we successfully manage cases, effectively and quickly, with all the services you need. All the actors of the organizations are cooperative, perhaps also because we have been working in this sector for years and have become familiar with everyone.” (A. V. Head of the CPU, Durrës Municipality)*
- *“Together we manage cases efficiently and help individuals and families in need. At the level of cooperation, we have support among other institutions.” (M. T. Coordinator, Shushicë Multifunctional Centre, Elbasan).*

In many cases, institutional cooperation has been formalized through cooperation agreements with numerous institutions. On the other hand, interviewees report that there are existing working protocols for case management, domestic violence, and child protection, however, specific protocols for working with young people in difficulty are still lacking.

- *“We have a protocol for child protection. We also have an agreement for Intersectoral Technical Group/GTN that we do regularly, but we don’t know if there is an agreement specifically for young people.” (A. V. Head of the CPU, Durrës Municipality)*
- *Yes, for case management, domestic violence and child protection, we also have agreements between organizations.” (E.T. Directorate of Social Service, Kamez)*
- *“There are none protocols focused on young people; there is for children and the elderly. We have programs with young people but not work protocols.” (E. D. A2B Foundation, Elbasan)*

Only in case of experienced NPOs that offer specific services for minors is reported the use of protocols:

- *“We have institutionalized work protocols. We also have protection policies, that is, the Initiative has all its own manuals for the services we offer.” (J. V. ARSIS initiative, Tirana)*

CONCLUSION

The profile of young people who are most at risk of being discriminated against or excluded from society seems easily identifiable from the target groups interviewed. However, the representatives of NPOs/CSOs are presented more informed and aware/familiarized with this profile, based mainly on their experience in the various services or programs they offer.

Although the perception of professionals and young people seem to be low in relation to the type and quantity of services, in fact from the data of the study it appears that they are very numerous and are offered both by the non-profit sector and by the local government.

The services and activities offered in supporting young people in difficulty at the local level include: Community and multifunctional centre, residential day centre,



shelters for victims of domestic violence and trafficking, Child Protection Units, Co-ordinated referral mechanism for cases of domestic violence, etc.

There is a rich offer of programs and activities in targeted areas such as social, cultural and sports activities, various psycho-social programs and psychological services, group and individual therapy for children, youth and their families, parenting programs, support groups, skills for life with young people and children, development of personal and professional skills, economic empowerment and integration programs for young people and their families through the promotion of employment, economic empowerment of families returned from emigration, mediation for employment, multidisciplinary services for young people in need, awareness and information activities, economic assistance for families, free legal service, etc.

The lack of infrastructure and public funding penalizes all young people, not only the ones in difficulty, while it is noted that services for disadvantaged young people are lacking in both large and smaller cities or are difficult to access.

Representatives of local institutions and service providers results to have adequate information and skills to work with young people in difficult situations. They value the knowledge and skills acquired from studies in social sciences, and particularly the social work program. They largely agree that the academic curriculum is given greater emphasis and attention to issues related to child and family services.

Very important is considered also the experience, continuing education, effective communication, and cooperation with other actors in this field that have helped them to be professionals in their daily work.

However, looks like challenges faced by young people are viewed under the perspective of broader social problems rather than directly.


Providing support services for young people in difficulties is not yet among the priorities of professional's work. This is also related to the policy approach and the system through which the protection and social services system is structured - which does not specify young people as a separate category but includes them in the group of children in need up to the age of 18.

There is an overlap for individuals aged 15-18 year and a lack of dedicated services for individuals aged 18-29 old.

The representatives of social services in local units utilize various sources of information to assess the needs of young people. These sources include meetings and activities in schools aimed at promoting their rights, informative sessions that guide them on where ask for help, community centres, NGOs offering services for them and the Child Protection Units.

Local government units should enhance their capacity to be closer to citizens' needs by establishing and strengthening Needs Assessment and Referral Units (NARU), which are currently non-operational in most municipalities.

Qualification trainings have been the main forms where the representatives of the central and local government have been committed to increase their capaci-



ties when working with young people in difficulties. Most of these trainings have been provided by international organizations such as TDH, World Vision, Save the Children, UNICEF, EU, and local NGOs that focus their services on working with this category. Some of the specific issues addressed are related to individual with special needs/individual with disabilities, minority groups, young people returning from emigration, young people in conflict with the law, professional education, etc.

The primary challenge identified by most NGOs is the lack of program sustainability due to unstable and limited funding. They propose several to improve services to help young people in difficulty, such: institutionalizing the social services sector for this category, increasing financial support, expanding the range of services and qualified human resources, offering services through multidisciplinary teams, providing qualification training and continuous education for professionals in this sector and exchange of experiences, strengthening cooperation with NGOs and various donors who support in this direction, unifying work protocols, and improving logistics and infrastructure.

Regarding the experiences of cooperation with other actors, the list of institutions in local level is long including structures of social services, employment offices and vocational training centres, local and regional offices of educational, while Police departments and health centres are mentioned in a few instances.

All actors considered as very important and very efficient the role of international organizations supporting development of programs and local NPOs as well that offer services for this category. Both, representatives of the municipalities and NPO/CSO emphasize the importance of cooperation between various stakeholders in their communities, effective coordination improving over the years.

In many cases, institutional cooperation has been formalized through cooperation agreements with numerous institutions. There are existing working protocols in place for case management, domestic violence, and child protection, however, specific protocols for working with young people in difficulty are still lacking.

Main challenges pointed out persist in the lack of diversity of services and their balanced territorial distribution, disparities among professionals in different structures, the pronounced shortage of social workers and psychologists in services for this category, as well as the bureaucratic nature of state structures.

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VI

**SOCIAL POLICY,
SOCIAL WELFARE
AND HUMAN
RIGHTS**





SOCIAL WORK, HUMAN RIGHTS, AND ARMED CONFLICT

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Abstract

The self-identification of social work as a „human rights profession“ put forward by the big international organisations of social work has been immensely influential in the global professional debate. It carried with it the promise to provide clear guidelines for action and a solid foundation for social work practice. Moreover, it was to self-empower the profession by giving it a „relative professional autonomy“, (Staub-Bernasconi) vis-a-vis the state institutions or NGOs into which social work is embedded. Urgent questions as to the relation between social work, human rights, and the legal provisions of welfare states as well as questions regarding the concrete translation of human rights into professional practice still have not been clarified. These issues become even more pressing when relating to the position of social work in armed conflicts. Human rights violations are at the core of armed conflicts. International Humanitarian Law, the aim of which is to regulate armed conflicts, tries to mitigate these violations but basically accepts a right to kill and do harm to others – including civilians. Human Rights on the other hand do not incorporate a right to kill and cause pain and suffering to others. This raises issues as to the legal, political, and ethical conflicts that result for a profession that puts the defence of human rights as its principal objective and nolens volens becomes involved in armed conflict.

Keywords: social work, human rights, armed conflict

INTRODUCTION

The development of armed conflicts during the past years have raised the issue of the positioning of social work in political and armed conflicts which has been a question in the past for a relatively small social work community only. Indeed, in 2008, Ramon already pointed out that „because of the intractable nature of many political conflicts and the dangers associated with practice at times of violence, social workers often have to make judgements about how to position themselves between the state and civil society“ (Ramon cit in Duffy 2019, 18). Duffy confirmed in 2019 that „the struggle for positioning highlights the dilemma which social work faces but has been replicated in other contexts“ of political conflict (Duffy 2019, 18).




1. POSITIONING SOCIAL WORK IN ARMED CONFLICT

Looking at papers dealing with the issue of social work and armed conflict we can observe that they generally refer to the situation in Israel/Palestine, Northern Ireland, the Western Balkans and occasionally Africa and South America and, since 2014, the Ukraine. A summary of relevant English language publications undertaken by Maglajilic in 2022 found 34 studies referring to social work and armed conflict. Later, Ioakimidis added work on social work and the Cyprus conflict (cf. Ioakimidis/Maglajilic 2022; Basic 2022; Maglajilic 2022).

The problems dealt with in these papers address clients' needs in situations of armed conflict, the special issues arising for social workers in their professional work as well as their personal coping strategies. Trauma is a central topic in all studies referring to the traumatisation of clients as well as that of social workers themselves – a situation which Nuttman-Shwartz and Dekel have called a „shared traumatisation“ (2009, 522ff.). As deplored recently times by Ioakimidis and Maglajilic (e.g., 2022) and others before them (e.g., Campbell 2018; 2021), the question of the political positioning of social work addressed by Duffy is generally neglected. Indeed, the majority of authors dealing with the issue insist on social work having to be „political“ in armed conflicts, however, what this means in actual practice is hardly ever discussed in detail. Many studies emphasize the social workers frequently feel pushed to a breaking point when having to position themselves or take sides in situations of violent conflict: Do they identify with the group they themselves belong to or the group they are ascribed to or do they position themselves with those who suffer irrespective of identity and belonging? How do they deal with perceived loyalty problems which have been described in detail for Northern Ireland and Israel/Palestine (cf. Yochay 2015; Nuttman-Shwartz 2009, Duffy et al. 2020; Campbell 2021)? In these two scenarios, social workers experienced feelings of aggressiveness and hostility towards clients, but also fear, anxiety and distrust. Empirical studies undertaken by Baum in Israel (2006) revealed notorious conflicts between what has been called a professional identity and the identification with „one's own“ group as well as conflicts regarding a political positioning (also Yochay 2015, S. 1737). Similar issues have been described in Northern Ireland, where social workers also expressed feelings of resentments and hostility (Duffy et al. 2019) and Cyprus, where Ioakimidis (2021) investigated the position of social workers on the Greek and the Turkish side and described remarkable discourses of „othering“ particularly on the Greek side.

Summarizing empirical research, we find that there are two possibilities of solving the loyalty problem and positioning social work: Social workers either take resort to a professional identification and try to distance themselves as far as possible from the ongoing conflict attempting to adopt a neutral stance towards clients. This stance of neutrality can also be interpreted as „a way of insulating and protecting themselves from conflict“ (Maglajilic/Basic 2019, 70). On the other hand, social workers identify with their „own“ group and engage in discourses of „othering“.



On a theoretical level, it is claimed that the definition as a human rights profession also holds for social work in armed conflicts. Ghaderi and Sonnenberg state: „A profession that sees itself as a human rights profession is asked to politicize the suffering of individuals on the basis of its professional standards“ (Ghaderi/Sonnenberg 2021, 5) and that this also holds for times of armed conflict. In the same vein, Basic, sees the obligation to honour human rights includes an obligation to work towards „changing structures and institutions that prevent the realization of citizens’ rights and the promotion of emancipation and social justice“ in peace and war time (Basic 2022, 71).

On the other hand, there is the claim that in armed conflicts, social work should follow the principles of International Humanitarian Law (IHL). For Ogden Rogers International Humanitarian Law is the only viable basis for social work practice under conditions of collective and armed violence (cf. Rogers 2008).

Both positions brush over the rift between IHL and human rights law. Bridging this rift and reconciling the two approaches is a difficult legal and practical endeavour which has not been resolved in a satisfactory manner in either legal discourse or debates on humanitarian help (cf. von Pilar 2006; Droege 2008; Oberleitner 2015; Clapham 2019). In the following, these rifts will be briefly outlined and the consequences for humanitarian help and social work practice discussed.

The term IHL basically refers to the Geneva Convention of 1949 and the additional protocols of 1977. The objective of IHL is to mitigate the horrors of war. It is applicable whenever there is armed, military conflict ongoing. IHL is binding for all parties to a military conflict and is primarily addressed to combatants. Its objectives are twofold: First, to prevent the suffering of people who are not active parties to the conflict. Second, it restricts the weapons that can be used in armed conflict: Weapons must only target combatants and must not cause superfluous suffering or environmental destruction. What this means in actual practice is subject of intensive and ongoing legal and technical debates (cf. Oberleitner 2015; König 2017).

IHL is governed by the principles of charity and humanity not those of rights.

The International Committee of the Red Cross, the most important institution dealing with IHL and the guardian of IHL insists on the following principles:

- Neutrality
- Impartiality
- Independence
- Proportionality
- the humanitarian imperative

Neutrality means that aid organisations do not favour one of the parties to the conflict and do not take a political stance. This is to guarantee that parties to the conflict do not consider aid organisations as dangerous and that they provide access to those in need which is the absolute priority of the ICRC.



Impartiality means that any person in need receives help and nobody is discriminated against on the basis of ethnic, political or other belongings. Aid workers are not considered to be qualified to make a decision about who is innocent or guilty or more deserving of help.

Independence means that humanitarian aid is independent of states or political organisations and that help is not tied to certain conditions.


Humanitarian imperative meaning that providing those in need with help is of overriding importance and takes precedence over all other considerations (cf. von Pilar 2006).

IHL assumes that killing and harming people in armed conflict is legal and legitimate. IHL does not aim at preventing the horrors of war but at mitigating the harm that is done (cf. Oberleitner 2015). If certain weapons are outlawed, this is not about preventing death but rather about reducing the intensity and duration of suffering people have to endure before death occurs (vgl. Scarry, 1992, 99). IHL assumes that there is a right to kill and does not protect every life, but certain categories of people, in particular civilians and non-combatants. What is also essential in IHL are concepts such as:

- Military necessity
- Proportionality and
- Admissible collateral damage

While principally, IHL protects civilians, they can nevertheless be lawfully killed if considerable military advantage results from that and if the killing is consistent with the principle of proportionality (in detail Tumbull 2023). In other words: If there is a military necessity to kill civilians and if the moral weight of a military victory can be considered more important than the right to life of civilians, IHL basically allows killing civilians. The political and military leadership has to assess the harm done and weigh it up against the military advantage (Slim 2008, 22). In IHL, protection and charity are a grace, not a right, based on „inter arma caritas“, the mercifulness that should be extended in wars (Art. 3 of the Statutes of the ICRC).

The applicability of human rights law in times of armed conflict has been a matter of controversy for some time. For a long time, IHL and Human Rights were considered incompatible, since their legal matters were assumed to be too different. There are differences regarding the context of origin, the legal procedures and the objectives. Human rights law has been „claiming rights rather than asking for grace“ (Partsch cit in Oberleitner 2015, 79) as IHL does. As distinct from IHL, the legal matter of human rights aims at the protection of life in general. The human rights approach does not know a right to kill unless in an immediate situation of self-defence or if there is imminent danger that cannot be averted other than by using force, i.e. „when strictly unavoidable in order to protect life“ (UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials). If armed conflict or certain situations in armed conflict can be considered a situation of „immediate self-de-




fence“ is object of legal debates that have produced various interpretations of this issue. Despite a history of continual rapprochement of the two bodies of law, according to the ICRC, fundamental differences remain, the main one being different perspectives on the right to life and physical integrity. Human rights law demands the protection of any life and individual and changes of social and political conditions. IHL aims exclusively at changes in the conduct of war (Oberleitner 2015, 78; 131). In consequence, difficulties in communication between proponents of IHL and human rights law may result. In Lubell's words: „A military officer schooled in the rules of determining whom he has licence to target might find discussion of a 'right to life' slightly vexing. A human rights professional is often equally baffled by the definition of a military objective. Communication breakdown in these situations can be rapid“ (Lubell 2005, 745). At present, prevailing legal opinion says that the two bodies of law are „somehow“ compatible and can be applied in a complementary manner. A majority position assumes that both bodies of law have „an effect“ on each other and a relationship of interpretation. The complete reconciliation, the convergence thesis, is a minority view in international debates (Droege 2008; Oberleitner 2015, 83f.).

The commitment to human rights poses more basic questions for social work in armed conflict. Armed conflict, after all, is by definition one gigantic human rights violation. The dynamics that have been described for so-called „new wars“ (cf. Kaldor 1999; Münkler 2004) include large-scale involvement of civilians. Civilians have become vital for the organisation and conduct of war; they have to support it ideologically, they have to engage in war production, they have to actively accept hardships and suffering (cf. MacMillan 2021; also, Scarry 1992). As a result, they become a target even if they are not actively involved in fighting. This may be a partial explanation for the fact that during the 20th century the number of killed civilians has continually risen. While in WW I about 90% of those killed were soldiers, this number turned around at the end of the 20th century when many of the victims were civilians. This was also a topic at the UN World Conference on Human Rights in Teheran in 1968 and resulted in the passing of the resolution „Human Rights in Armed Conflicts“. This resolution was to cast light on the fact that IHL has not been able to protect civilians effectively. At the same time an attempt was made to introduce human rights into IHL. This text was heavily criticised and the attempt to reconcile IHL and human rights was declared as failed, since the resolution ignored that war was in essence a human rights violation and that some kind of protection could ultimately only be assumed by IHL – that is protection of some individuals under certain circumstances and not in the same vein as human rights (Suter cit. in Oberleitner 2015, 54f.). As Hugo Slim has claimed, war is only possible on the basis of a fundamentally dual thinking which divides humans in that worth protecting – the own group – and those who have to be harmed and annihilated – the enemy (Slim 2008, 217f.). The main purpose of war is to break and destroy, to harm human beings, to wound and kill bodies and destroy living space (cf. Clausewitz 1973, 219). The rationale of war is to inflict more damage and harm on the enemy than is inflicted on the own group. Analyses that deal with what we could call the interior of wars are in agreement that war and war crimes



cannot be separated. For Verschelden that means that if social work wants to uphold its values, only a pacifist position is admissible (cf. Verschelden 1993, 765). What this short overview shows is that for social work to find a position in this field there are still a few acute issues that have to be addressed and resolved.

The unclarified relation between IHL and human rights plays out in the practice of humanitarian help and is characterized by the catch-word of new and old humanitarianism. Roughly speaking, old humanitarianism is based on IHL while new humanitarianism tries to incorporate human rights (vgl. Chandler 2001, 678 ff.). Old humanitarianism meant that „... relief aid was avowedly non-political – there were no strings attached. Relief NGOs did not seek to link aid to specific Western states or to dictate economic or social policy. Humanitarian relief was assumed to be given free of political conditions or association with foreign or defence policy, delivered purely on the basis of need“ (Chandler 2001, 681). Representatives of new humanitarianism on the other hand argue that the principle of neutrality – i.e., handing out aid on the basis of need without asking who receives that aid - can make humanitarian aid an accomplice of war criminals and relinquish solidarity with the victims. Humanitarian aid, it was claimed, should differentiate between those who are more deserving of help than others and favour the innocent in the armed conflict. While old humanitarianism defined innocence as vulnerability and neediness, new humanitarianism moves away from a needs-based approach originating from the idea of charity and looks at the political and ethical position of those in need. If a group or an individual is on the side of those who fight for a better and just world, they are considered more deserving than others (cf. Ticktin 2020, 190; cf also Chandler 2001; Fox 2002; Gordon & Donini 2016; Ticktin 2020). That means that help also must take into consideration the anticipated consequences of this help and has to withhold help if it appears that it is not promoting emancipation and social justice. Thus it has been stated in a paper of Caritas Europe: „It is important to point out that a human rights-based humanitarianism will mean withholding aid in some cases“ (cit. in Chandler 2006, 44) – in some cases with undesired consequences. Thus, some analyses show that the ban on contacts with organisations designated as „terrorist“ has undermined the opportunities for humanitarian helpers to get aid to civilians which was formerly possibly in a „neutral“ humanitarian space (cf. Voutira 2014, 14). The move away from „old“ humanitarian principles has the potential to impede access to victims, to compromise the perception of neutrality, to put staff at risk, and thus in the end to save fewer lives (ibid., 15). Yet another issue humanitarian helpers are confronted with is the question how in a given situation an ethical decision can be made that is not politically compromised. Rights-based NGOs which reject traditional humanitarianism and put the strategic aims of a rights-based strategy first, generally claim to be impartial and apolitical, i.e., not to take sides. Instead of following a political agenda, they claim to follow an ethical objective. However, if we look at actual practice again, the difference between an ethical and political stance becomes blurred and, most likely, cannot be maintained and is often a pretext for following a political agenda. In Chandler’s words: „Once humanitarian intervention



is conflated with rights-based strategic ends, these political ends are redefined as ethical and used to justify the denial of humanitarian principles“ (Chandler 2001, 698). This is not to say that it is not possible to identify a victim side and that there is always equal responsibility for a conflict. Thus, on the basis of the evidence accumulated, the Bosnian Muslims and Kosovars in the former Yugoslavia or the Tutsi in Rwanda can quite rightly be called the victims in the respective conflicts. What is at issue here is whether humanitarian helpers can be sure in an each situation that they are not being instrumentalized politically and are acting on purely moral and ethical grounds. In armed conflicts, humanitarian help is moving in uncharted waters, which are more often than not politically hard to categorize, ethically unclear and militarily explosive. By claiming to have an ethical and not a political position, a sound political analysis can be circumvented– which, indeed, will often be difficult to carry out on short notice at a given moment. Nevertheless, instead of caring for all those in need without considering their political affiliation, there is a turn towards an identification with the proclaimed victims for ethical reasons. That, however, presupposes the capability of humanitarian workers to ascertain in the turmoil of conflict who are the „real“ victims as well as what the consequences of withholding help will be and to act accordingly.

It seems that the suggestion that social work in armed conflict should be based on either IHL or a rights-based approach is more complicated and intricate than assumed. In particular, given the self-definition as a human rights profession a number of issues still have to be addressed. If at this stage we take again a look at some of the scenarios where social workers had to self-position themselves on their own accord and without outside guidance, we find the following: Reports from Northern Ireland shows that there, social workers often acted roughly according the ideas of IHL. They did not put their own ethical or political position first, but made working with clients irrespective of their political affiliation a priority. That is, they cooperated with paramilitaries, whose actions they did not approve of, in order to have access to clients; in some cases, they changed their names so that it was not obvious which group – Catholic or Protestant – they belonged to themselves in order not to alienate clients (cf. Duffy et al. 2020, 45 ff). At least implicitly, Campbell seems to suggest that an orientation along the lines of IHL would work best for social work practice. Working for clients irrespective of their political position and irrespective of what they have done, so Campbell, is most compatible with social work values. However, so Campbell, this should not be done in an unreflected and reductionist manner – what that means in actual practice remains again vague (Campbell 2021, 1324).

Ioakimidis, too, sticks to the demand that social work should take a political stance. As a logical consequence, he requires that social workers employed in armed conflicts must have in-depth knowledge of the political and historical context and the nature of that conflict. What is needed, so Ioakimidis, is a theory and practice of social work that is capable of deconstructing given realities, analysing the interests in a conflict, understanding how that conflict relates to the construction of a



neo-liberal and exploitative international order and how the emancipation of those suffering on both sides can be supported (Ioakimidis 2018, 3). While one can only agree with Ioakimidis that in-depth knowledge seems to be a necessary precondition for a politicization of social work in armed conflict, the intricacies of the situation might be underestimated. In order to take a rights-based stance in everyday practice in situations of armed political conflict, social workers would have to be political scientists, historians, ethnologists, and military analysts or at least spend a lot of time in order to gain enough knowledge to make a sound assessment of a given conflict (cf. Slim 1995).

Scherr sharpens the argument regarding a political positioning of social work with regards to armed conflicts. In the wake of Russia's attack on the Ukraine, he notices a fundamental discursive shift in political as well as academic discourse which has been going on for some time and is escalating presently: In political discourses, but also in civil society, to wage war is increasingly accepted as an inevitable means to deal with power conflicts. Anti-militarism and pacifism, which for decades were strong and politically and socially accepted positions, now are considered naive and untimely (Scherr 2022). Also, one has to consider that in these new discourses framings in international law are frequently displaced by ethical and/or moral arguments. The value – or rather cynicism – of „ethical military intervention“ can be exemplified by events in Afghanistan. The military intervention in 2001 „was couched in the ethical language of caring for others rather than merely the narrow pursuit of the interests of the state“ (Chandler 2003, 296) In particular, the situation of women was addressed. The Bush administration stated that the war on terror waged in Afghanistan was „also a fight for the rights and dignity of women“ (Berry 2003, 127). More than twenty years later and after a chaotic withdrawal from Afghanistan, the situation of the population, in particular that of women, is of little interest to the international community.

CONCLUSION

However, if we accept the kind of argument put forward in positions that accept a proximity of social work to „the nation's wars“ and if we accept arguments that imply that we can know without doubt who is on the „right side“, and that the use of force and violence against people is ethically justified and necessary, then the logical consequence is, so Scherr, that in the future we invite the military to our social work departments for presenting themselves and recruiting personnel. Whoever opens social work to military purposes has to furnish an ethical and political justification for doing so and has to consent to the consequences that result from that. If social work does not want to do that, this position also must be justified (cf. Scherr, *ibid*). Moving in a theoretical void and meandering between human rights profession and IHL and opening social work for the military seems of little help for finding a meaningful positioning of the social work profession.




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INCOME, POVERTY, AND INEQUALITY IN A SMALL MARKET ECONOMY

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Abstract

In times of crisis, incomes decrease and poverty increases. This leads to serious social inequality and confrontations. The incomes of a very small part of the population are growing, while the majority of citizens do not have enough means for subsistence. The middle class is shrinking and impoverishing.

The aim of the paper is to show the relationship and impact on income and poverty in a small market economy. It is being investigated to what level of impoverishment the population can move in a country with a market system.

The appearance of enormous salary growth in the Macedonian elite, in contrast to minimal salary and pension growth, creates polarization and possible social conflicts. The growth of incomes and pensions does not cover the rate of inflation, which has the role of an imposed tax on the incomes of the population.


The low GDP growth rate does not allow dynamism of social changes. Double-digit inflation is not reduced by the mix of monetary and fiscal policy influences alone. A stabilization macroeconomic policy is necessary to prevent pauperization and mass emigration. Therefore, specific measures and policies must be taken by the welfare state, which has the obligation to maintain growth and stability, but also social peace and development.

Keywords: income, poverty, inequality, social changes.

INTRODUCTION

The market economy as an economic system in which fundamental problems are solved through the market is found in various models and has its own advantages and disadvantages. Freedom of entrepreneurial activity, freedom of choice, private property, competition, efficient market, and limited role of the state are expressed in the market model. A society based on a market economy must take care to limit market forces especially for vulnerable groups and empower the government to carry out some redistribution of the resources.

According to the criteria of the European Union, each candidate country should develop a functional market economy, which is also an obligation for the Macedo-



nian small and open economy. It assumes macroeconomic stability, free entry and exit from the market, orderly legal system, solid financial sector, and other elements that make up the market's economy. Coping with the market forces and competition requires mechanisms and institutions for economic and market management of the processes.

These criteria must be met in each country, and for that purpose social preparations are needed for them. For the small Macedonian market economy, the maintenance of competitive relations and efficient institutions of the executive and judicial authorities are a prerequisite for broad entrepreneurial engagement of the population, and thus higher incomes and living standards.

The paper deals with several aspects that are related to the realization of income among various categories of users and the impact of the lack of income on poverty, as well as the inequalities that encourage social dissatisfaction. The aim of the paper is to show the relationship and impact of income, opportunity, and poverty in a small market economy. The crisis multiplies unemployment, loss of income, and widens the gap between the rich and the poor. It is being investigated to what level of impoverishment the population can move in a country with a market system.

1. INCOME

In the conditions of a market economy, the state has the task of creating an economic environment in which market conditions for growth and development prevail on the one hand, but also corrective mechanisms of market forces and income redistribution on the other hand. The success of macroeconomic policy, as well as economic, tax and social policy, depends on the corrective role of the state.

The characteristics of the Macedonian economy are based on limited resource potentials and are expressed by the combination of negative processes that are a serious threat to future development performance. The high cost of living, low wages and pensions impoverish the majority of the population who are dissatisfied with the economic and social policy. In addition to inflation, high interest rates, over-indebtedness, balance of payments deficit and inefficient fiscal and monetary policy are worrisome indicators.

The Macedonian economy is faced with post-recession performances that result in mass protests and strikes and high unnecessary costs of institutions that do not deliver services that are needed by citizens and the economy. That is why there are demands for subsidizing the prices of products for food and life of the population and subsidies for energy. Only with a strong dynamic economy that delivers high GDP growth rates the development and advancement of citizens' standard are possible.

The economic situation in Macedonia in conditions of high inflation continues to impoverish the citizens and devalue their incomes and diminish their savings. Disrupted market relations also affect companies' revenues, which decrease, and the



illiquidity of numerous companies that close due to bad market opportunities increases. In the conditions of several years of reduced GDP growth in the country, such situations become complicated and the predictability of the economic environment at the state level is not ensured.

According to the data from the statistics, the needs of an average Macedonian family are much higher than the average salary, (or the needs are about 49,000 denars against the average salary which is about 36,500 denars). It shows that incomes are insufficient (they need to increase by an average of 35%), given that the majority of the people live in poverty and do not meet basic life needs.


Although, according to the State Statistics Office, the average net salary in June this year increased by 14.6% compared to the same month last year, the salary does not compare with the total inflation, which in 2022 is 14.2%. The nominal increase does not give the real picture, considering that the purchasing power of the majority of citizens in the country has decreased.

Due to inability to satisfy the elementary needs, citizens borrow money from banks and money merchants for which they pay high interest rates. According to the monetary authority, as of July 2023, citizens owe the banks an amount of 3.6 billion euros, while the companies owe 3.4 billion euros. The high debt of 7 billion euros is 63% of the total assets of the copper sector. Only the banks have huge profit on the expense of citizens and companies. The state must regulate this segment, given that the spill over of income from debtors to banks in the long term reduces the possibilities for growth and development.

In contrast, the low competitiveness of the domestic private sector is noticeable as a result of non-execution of contracts and the outdated structure of the economy, which has less finalization of products and services. The low level of productivity and innovation does not make them competitive in foreign markets.

The informal economy that does not show a decrease but the opposite. About 35-40% of GDP is formed in the informal economy. It limits tax revenues and reduces the development component of the state as well as the satisfaction of budgetary needs and social benefits. The tolerance for the existence of the informal economy rounds off the spiral of poverty that moves to a higher level and instead of legalization and putting these economic activities into formal streams, they deepen. Several strategies and measures have been taken to reduce the informal economy, but there is no success, considering that these phenomena affect the poorest strata in the state, which sees them as a social valve and maintenance of social peace. The Gray economy is a consequence of the weakness of the economic and social policy system.

In the area of public revenues, budget transparency is absent, given that budget and statistical information on revenues and spending of public finances are not available publicly and in a timely manner. All this limits the perception of the development and investment opportunities from the budget that are created, that is, it reduces the democratic approach for clear and understandable information to the citizens about the implementation of public finances and policies.



In the absence of sufficient tax revenues, the state rapidly borrowed for various needs and created a financial deficit and public debt that has an unclear purpose, and should be maintained at the level of 60% of GDP. That is why fiscal consolidation is necessary, which would harmonize the fiscal expansion, that must be transparent and for determined purposes.

Low salaries and pensions, as well as allocations for social transfers, are a big liability that is serviced by public finances, and in conditions of lower GDP growth, they change the picture of the fiscal situation in the country. Social discontents that are mass express impose the need to conduct an economic policy that will balance real incomes and expenditures for payment to the users of assets. Related to that is the need for structural reforms as well as economic and fiscal changes that are realistically possible. It is also necessary to define a real level or threshold of poverty as an obligation of the state and local government to act in determining an adequate minimum income in order to avoid social inequality and confrontations.

The incomes of a very small part of the population are growing, while the majority of citizens do not have enough means of subsistence. The middle class is shrinking and impoverishing. The market is not interested in producing products for the poorer strata of the population because it simply does not bring the expected income which makes this stratum even more vulnerable to market forces and the influence of the market economy. In addition, it leads to the social stratification of people and the emergence of a greater economic gap between rich and poor citizens.

2. POVERTY

The poverty is a lack of material needs, that is, a lack of financial means. Individuals, families, and groups can be said to be poor if they do not have the resources to have food, participate in activities and provide living conditions and needs that are customary or at least widely approved and accepted in the society to which they belong.

Resources are unevenly distributed both in the world and here. The fact is that there is no single optimal model for solving poverty. Each country builds its own strategy and approach that corresponds to the material possibilities and policies to tackle poverty.

Poverty can be analysed through its absolute occurrence and in a relative sense. Absolute poverty is considered to be detected when incomes are below a certain threshold, whereby individuals or families cannot access even the most basic goods and services necessary for life, such as food, water and shelter, while relative poverty is when incomes earned by a household is less than a given average or a given median in society.

One of the biggest causes of poverty is considered to be unemployment. The basis of poverty is poor education as well as the health system, which, if it is not



organized, can lead to limiting productivity, and thus to limiting the earning opportunities of individuals. The combination of poor education and poor health are the biggest pitfalls that lead to serious levels of poverty.

Differences in wages in a country, or in a city can have an impact on poverty, especially relative poverty. Family income also affects the proportion of poor individuals who are born into poor families. There is also a spiral of poverty in families where people have less chances to enter the market economy.


According to the proponents of the neoliberal theory, the poor are a burden on society for which significant non-refundable funds should be allocated. That is why they are advocating for reducing the role of the state, which is contrary to the constitutional postulates in our country for the welfare state. The caring for the poor in the welfare state is an important instrument that the ruling class must respect in order to maintain social peace and order in the state.

In a small market economy like the Macedonian one, the market generates high poverty, because growth is non-inclusive. As many as 15% of employees are poor, and 15.4% of the population lives in long-term poverty. In addition to saving on food, also the save is on electricity and heating bills. Energy poverty is pronounced, and the state must have responsibility for this system and for overall social protection. Low wages, which are present among the majority of employees, produce poverty and deepen it, and encourage migration.

In addition to inflation and the energy crisis, the poorest and low-income households are the most affected by the rising cost of living. Households with the lowest incomes concentrate the consumption of basic food products and energy, which leads to the deterioration of the standard of living of many households. Due to the crisis and inflation, the number of poor households increased in Macedonian. With such trends, the gap between the rich and the poor deepens, considering that the richest households are not affected by the consequences of market influences and the crisis.

According to the State Statistics Office, there is an increase in the rate of the poor as a percentage of the population by 0.2 percentage points, that is, from 21.6% to 21.8% (Laeken indicators). This means that in 2020, 454,000 citizens lived below the poverty line. The index of inequality in income distribution (Gini coefficient) grew by 0.7% and amounted to 31.4%. The analysed by household type, the poverty rate of households consisting of two adults with two dependent children in 2020 is 20.7%.

The Macedonian poverty reduction strategy adopted in 2013 is not being implemented in the way it was intended. Instead, the emigration of the population due to poverty increased. Thus, a small market economy with open borders is experiencing its exodus with an unclear future and outlook. Even though in Europe the European dream is far from reality and the Russian-Ukrainian war is changing it, it seems that there are no prospects for its realization in the coming decades. It sounds pessimistic but it is realistic considering the constellations that exist in wider geopolitical frameworks.



It reduces the motivational force of companies and citizens towards this attractive idea which has existed for decades but is not realized. Citizens are more and more looking for the present real economic moment and means of subsistence rather than a distant prospect that they are not sure they will see. It fuels Euroscepticism and spreads dissatisfaction among certain social categories of citizens. On the contrary, the incompatible interests of the EU member states and their antagonisms impose the need to redefine the Union itself and for its reorganization, which distances the European vision, and thus the reality of a better standard for citizens.

Some people believe that in rich regions like the EU, no one can be poor unless it is the result of some personal shortcomings or problems. Of course, it's far from reality. The persistently high rate of poverty in the EU indicates that poverty is a primary consequence of the way society is organized. It depends on how goods are distributed, regardless of work, whether it is financial or other goods, such as housing, health, and social services, education, and other economic, social and cultural services. The fact that poverty rates are different in individual member states clearly shows the existence of different approaches to the distribution of goods and opportunities that lead to different outcomes.

States in Europe with more harmonized policies in their societies usually have the lowest poverty rates and are less affected by the crisis. This is primarily because their governments have decided to prioritize the provision of adequate minimum income levels and quality access to services through the social protection system and through the provision of guaranteed wage levels. They are usually most effective in redistributing wealth through tax and other systems. This means that the decision about how to eradicate poverty is also a political decision about how society decides to arrange relations.

There are several key factors that are at greater risk of poverty, such as: unemployment and/or inadequate income, low level of education, size and type of family, disability, or ill health, belonging to minority ethnic groups such as the Roma, living in remote or severely poor communities where services are worse and regions with reduced development opportunities.

All these factors create additional obstacles and difficulties, but they have to be respected within the general structural context of the way a country decides how to distribute and redistribute wealth and face inequalities in hard times and crises.

3. SOCIAL INEQUALITIES

Inequality is a multidimensional problem. Although it can be viewed in different dimensions, it is commonly divided into the following three types: income inequality, wealth inequality, and opportunity inequality.

It is a fact that the structural characteristics of most modern societies cause inequalities in the sphere of political, ethnic, and cultural rights, and above all in the



sphere of economic opportunities. Structural inequalities result in massive feelings of deprivation among people, increasing insecurity and fear of losing opportunities and life chances, as well as social marginalization.

Economic conditions have a strong influence on the social atmosphere. Namely, the increase in poverty and unemployment increases competitive relations between people, decreases solidarity, destroys social cohesion and the legal system. Social disorganization breaks down the informal system of values and obligations and weakens the formal system creating more disorganization in society.

The theoretical views that social classes have disappeared does not change the real fact of the existence of economic inequality and differences in the incomes and expenditures of citizens, of the existence of rich and poor strata in society. Bad and unfair economic policy increases the number of social cases and people who barely survive on minimum wages and pensions.

The majority of citizens do not have enough means for subsistence. The level of impoverishment of the population in a country with a market system has no limit. Thus, there is no limit to how far the state can penetrate the pockets of its citizens through taxes, para fiscal expenses, inflation, and other mechanisms. That's why minimum incomes, salaries or other incomes demotivate workers and citizens, thereby derogating the supply and demand of the labour market, as well as consumption.

For example, the appearance of an enormous increase in salaries, especially among the Macedonian political elite of 78%, against a minimal increase in salaries and pensions creates polarization and becomes a source of possible social conflicts. The minimal growth of incomes and pensions does not cover the rate of inflation, which is an imposed tax on the incomes of the population.

There are also inequalities in the use of health care, where private health care, which is expensive, offers better services, which means that only those who have money can receive quality treatment. The state allocates modest funds for health services and medicines, which emphasizes the differences in access to these services, especially for poor citizens and pensioners with low incomes.

It is noteworthy that the pensioners faced the cruelty and inappropriate policy of the government regarding their requests for pension increase. Impoverished, insulted, and humiliated pensioners persistently and rightly insist on their demands which are justified in realizing their existential needs and pensions. Out of the total number of 332,000 pensioners in Macedonia, over 170,000 have a monthly pension of 10 to 15,000 denars (162 to 244 Euros) and barely survive. With a pension of 15 to 22,000 denars (244 to 358 Euros), are approximately 70,000 pensioners. In fact, 240,000 pensioners or 72.3% are poor and are therefore revolted. The pensioners remember that 8% of their pensions were stolen and their growth model was changed over a period of 4.5 years causing pensions to lag and devalue. Because of high inflation, the government was forced to return the old model for calculating pension growth, which it called the "Swiss model". The demands of pensioners should be negotiated because



inflation, especially the rise in prices of food products and energy, brings pensioners without a livelihood, without a life perspective and threatens their survival.

The pensioners have been witnessed the unjust criminal transition and privatization, when the entire social capital was seized by a few members and supporters of the government. The citizens, and especially the pensioners, are aware that their destinies and their lives are decided by the transition rich and newly enriched tycoons who persistently impoverish the citizens for personal enrichment. The survival of the oldest citizens is destroyed by the small pensions and bringing them to a bare existence.

If earlier it was considered that the payment of pensions had the effect of reducing poverty, the current low level of pensions actually increases the level of poverty and inequality among citizens, some of whom do not have the opportunity to survive. The welfare state must offer solutions especially for the large number of poor pensioners whose pension is below the minimum wage.

In the field of education, part of the costs that should be borne by the state have been transferred to families. In the conditions of inflation and reduced material opportunities, they do not have the power to cover the costs of education materials, books, textbooks, technical and other means. All of this creates inequalities and a decrease in interest in higher education, which in turn is to the detriment of the entire society.

Evidence suggests that income inequality creates opportunity inequality. Financial poverty among citizens with low incomes in the family limits their access to education, to health, to jobs and to the completion of procedures before the competent executive and judicial authorities. Discrimination in the economic sense exists, certain categories of citizens who have the same abilities, education, seniority, and experience are exposed to worse conditions in terms of employment, availability of occupations, promotions, or salaries.

4. EMIGRATION

The permanent emigration that is happening to the state reduces the number of inhabitants, and in some places and especially in rural regions this is seen intensively and dramatically. Houses, villages, cities are being emptied, fewer and fewer children are being born, schools and institutions, companies are being closed. Migration intentions are expressed especially among young and educated personnel, which further impoverishes the personnel base of the state. Those who have emigrated are less and less thinking about returning, which is confirmed by various surveys conducted in many countries.

The International Organization for Migration, presenting the profile of the country, states that 24,000 citizens emigrated from Macedonia abroad in 2018 and 26,700 in 2019.



According to the OECD report on Labour Migration in the Western Balkans, about 700,000 Macedonians or about $\frac{1}{4}$ of the population live outside the country's borders. Migration from Macedonia in the last decade has increased by 5 times in the EU and about a quarter of the working population leaves, which directly affects productivity in the country. More than 150,000 young people have emigrated from Macedonia in the last two decades. The share of young people in the population has fallen from 28% in 1970 to only 16% in 2021. These data show that the eviction situation is becoming dramatic and that urgent measures and strategy are necessary to achieve change. Macedonia belongs to the first 20 countries in the world with the largest emigration abroad.

The reasons for emigration are social and economic, but also the presence of the impossibility of building a career, the existence of nepotism, corruption, numerous affairs, disturbed relations in society, high prices, inflation, and others. The organization of Macedonian society is not at an enviable level and there is uncertainty about the future, especially for children, and the way in which the country is governed. The state is aging and shrinking, and demography has no solution for all the problems that are under the authority of the central government and the municipalities.


Institutions in the country do not take measures to reduce migration, and the activities to attract the emigrants to return to their country of origin are even smaller. Developed environments, especially in the Western countries, are challenging and attractive with moderate socio-cultural contents, moderate financial and other services, public transport, job offers and standard of living, as well as numerous opportunities that are constantly being created and advertised.

The state, and even less the local self-government, i.e., the municipalities, do not offer opportunities for people who move out and who leave with whole families. The lack of mechanisms to deal with migration, which impoverishes the country with personnel and the absence of birth-rates, have serious consequences that stop development opportunities in the long run. The strongly expressed dissatisfaction with the systemic measures together with the pronounced corruption in all mediums are limiting development factors, and at the same time encouragers and catalysts for migration.

Citizens know what is happening in the country, they follow the media and social networks and form their own attitudes and judgments about the future that awaits them and their children. People leave who do not have a job, but also people who have a good job, but are not satisfied due to the listed phenomena. Actions are taken without measures and strategy, and the country is demographically declining and collapsing.

With such a strong emigration from Macedonia, the possibilities for building a functional market economy are reduced, and thus the hopes for European integration become less realistic.

Attracting foreigners as cheap labour required in our country is not a solution, given that migrants quickly find out that there are better working conditions in the



immediate region and neighbouring countries and leave for higher wages. In fact, the bosses and businessmen in Macedonia later say that they cannot find workers who will work for the minimum wage and be exploited to the maximum. Their consciousness must change because greed and stinginess will lead them to close down their businesses. They do not think about partnerships with employees but only about exploitative relations and minimum wages.

The state tried several population strategies to encourage the birth rate, but without investing funds. And those small encouraging measures were changed with the change of government and thus an anti-population policy was conducted instead of a population policy. Experience from other environments, in the immediate neighbourhood and in Europe, shows that significant funds and incentive measures are needed to shape a prenatal policy. The absence of such encouraging measures and funds cannot produce results and the state shrinks, ages and diminishes its development tendencies in the long run.

CONCLUSION: POSSIBILITIES AND SOLUTIONS

The realization of incomes among various categories of users and the reflection of the lack of incomes, the existence of poverty, as well as the inequalities that encourage social dissatisfaction affect the shaping of the model of a functional market economy. For these complex phenomena, it is necessary to combine the mix of influence from monetary and fiscal policy in order to stabilize the economic flows, thereby reducing inflation and increasing incomes.

When development is limited and with a low GDP growth rate, dynamism of social changes is not possible and dissatisfaction among citizens grows. Therefore, a stabilization macroeconomic policy is necessary to prevent pauperization and mass emigration. The government that fails to stabilize the economic flows and produce conditions for more dynamic growth and development in the conditions of a small market economy should urgently adopt concrete measures and policies that can produce the effects of the welfare state.

Maintaining growth and stability, justice, but also social peace and development and a higher standard of the citizens means fulfilling the criteria for membership in the EU, and thus establishing the dynamism of growth and development as characteristics of a functional market economy.

Transformation of the Macedonian economy into a functional market economy presupposes the provision of material resources, knowledge, and commitment for a better material basis and for realizing the expectations of the citizens. In an organized economic system with respect for social justice and a clearly defined role of the state, conditions for fair competition for all participants and development performance to increase the standard of citizens can be ensured.



Macroeconomic and monetary stability in a small market economy presupposes a reduction in unemployment, which is partially realized and is the result of the outflow of labour and the reduced birth rate. The rule of law is necessary and the eradication of corruption and the Gray economy as direct needs for which all relevant factors must be determined consensually in the state and to work intensively to achieve those goals.

Every government institution that will propose a measure, regardless of the area and departmental affiliation, must make a statement about the anticipated employment (or layoffs) as fiscal implications and the connection of the measures with the procedures for reducing poverty and social exclusion. At the state and municipal level, it will increase the level of valuation of human resources and for the implementation of social policy measures.

It is necessary for the Macedonian political elite to build and apply a legislative framework that will best suit its historical, social, cultural, and economic situation and opportunities. The state must establish a stable legal framework, organize social infrastructure and, in cooperation with citizens, to establish the rule of law. The absence of a clear strategy and legislation makes the poor and socially excluded to suffer the most. With a commitment to reducing poverty and social inclusion, as well as with aspirations and measures to achieve a dignified life for all citizens, a society can be created in which people live in prosperity, peace, freedom, and security. All the mentioned parameters should be a lesson for the bearers of the economic and social policy, in which direction and in which priorities the state will direct the resources and activities.

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HARM REDUCTION AS AN ESSENTIAL COMPONENT OF INCREASING HUMAN CAPITAL PRODUCTIVITY

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Abstract

The need to develop measures for harm control and prevention is increasingly capturing the attention of the scientific and expert public. According to the most recent research on social acceptance of the concept of harm reduction (for things like non-communicable diseases, cardiovascular and cancerous diseases, smoking, a lack of physical activity, alcohol use, and so on), encouraging innovation and making harm reduction policies help improve all parts of society.

The significance of investing in people is an integral part of economic development, with a focus on quality education, a universally accessible high-quality health system, and a long-term social protection system. In the world's economic literature, most people agree that human capital productivity is one of the critical factors that determine the degree of economic development of countries, encourage economic growth and development, and lead to an increase in the population's standard of living and well-being. In order to move the Republic of North Macedonia toward more sustainable and inclusive economic growth and development, it is crucial to improve the quality of human capital and, in doing so, to recognize the concept of harm reduction.

Numerous relevant analyses from domestic and international sources are available in the RNM, indicating the country's extremely low human capital productivity. Therefore, the purpose of this paper is to conduct a more in-depth examination of the country's human capital productivity conditions and their relationship to harm reduction. As a result of the work, the current state of productivity and the identified problems and causes of low productivity would be revealed. Within the framework of the conclusions, recommendations will be made for the use of a scientific approach to encourage innovation in the development of policies to reduce harm and increase human capital productivity in the country.

Keywords: Harm reduction, non-communicable diseases, NCDs, human capital productivity, HCI.



INTRODUCTION


Human capital consists of the knowledge, skills, and health that people accumulate throughout their lives, enabling them to realize their potential as productive members of society (World Bank 2021). Hence, human capital is central driver of sustainable growth and poverty reduction. More human capital is associated with higher productivity, higher earnings for people, higher income for countries, and stronger cohesion in societies.

The challenge now facing humanity is to find ways to harness all available forms of capital in a manner that promotes human welfare, well-being, and sustainable development for all. A broader conception of capital can be traced back to Adam Smith, who defined four types of fixed capital—land, buildings, machinery, and human abilities. Human capital includes a wide range of human capabilities: productive resources such as skills and tools; social or organizational resources for governance, commerce, production, and education; mental-intellectual resources such as ideas, knowledge, science, technology, and information; cultural and psychological resources including values, customs, ways of life, character formation, personality development and individuality (Girarini, 1980).

Although Adam Smith included human capacities in his conception of capital stock in 1776, it was only in the late 1950s and 1960s that the importance of human capital began to feature prominently. Becker, Minzer, and Schultz argued that investment in education and training builds up a stock of skills and abilities (a capital) in the population that can benefit national economies and fuel economic growth (Becker, 1967; Laroche et al., 1999). According to Becker (1964), human capital increases worker's productivity in all tasks and he views human capital as one-dimensional point in the production function. Shultz views human capital as the capacity to adopt.

Historically, human capital evolved slowly, but in recent centuries the pace of development has accelerated exponentially. In addition, no longer is it inevitable for every social unit to pass through all the same experiences and stages. Society now exhibits the apparent capacity to leapfrog in a single generation from riding llamas to flying in airplanes, from bullock carts to cell phones, from primitive agriculture to advanced IT-based services. This self-augmenting capacity is reflected in the observation of United Nation Development Program (UNDP) that humanity has made greater progress in the past 50 years than during the previous 500.

Number of papers analysis and calculate the correlation between human capital, the level of productivity and the level of economic development. As productivity increase, the economy can produce more goods and services within the same time framework and same resources. Therefore, countries become richer as they invest more in human capital. This view is reflected by the World Bank Human Capital Index (HCI), according to which the most developed economies have the highest human



capital index, i.e., they invest the most in people and have the highest level of usage of the potential labour productivity.

The paper will review and will analyse the human capital index, brief aspects of the country's education, health, and social protection systems, as well as the negative impact of risk factors, based on the premise that human capital is essential for achieving sustainable growth and inclusive development. Non-communicable diseases are responsible for an increasing number of premature deaths and loss of productive years, which have a negative effect on human capital. Understanding and accepting the idea of harm reduction is a positive strategic approach that can contribute to the reform momentum in the country. In this regard, the paper provides a definition of the concept, a summary of risk factors, and a strategic approach to the control and prevention of non-communicable diseases. At the end, concluding observations and recommendations are given for the creators of national legislation and public policy documents.

1. HUMAN CAPITAL INDEX

One of the worldwide most frequently used measure for human capital accumulation is the Human Capital Index (HCI) calculated by the World Bank. The HCI measures the human capital that a child born today can expect to attain by her 18th birthday given the risk of poor health and poor education prevailing in her country (World Bank, 2021, p. 5). The Human Capital Index links selected human capital outcomes with productivity and income levels. It is a forward-looking measure of how current health and education outcomes (including a new measure of learning-adjusted years of school) will shape productivity for the next generation of workers. The index incorporates measures of different dimensions of human capital: health (child survival, stunting, and adult survival rates) and the quantity and quality of schooling (expected years of school, learning-adjusted years of school and international test scores). Human capital has intrinsic value that is undeniably important but difficult to quantify, making it a challenge to combine the different components of human capital into a single measure. The HCI uses global estimates of the economic returns to education and health to create an integrated index that captures the expected productivity of a child born today as a future worker, relative to a benchmark—the same for all countries—of complete education and full health. In the last edition of HCI 2020 are reported scores for 174 countries.

Beside education system and health care system, the other pillar on which human capital is based on is the social care and inclusion.

Investing in human capital from early childhood yields the most favourable results and impose intergenerational and lifelong benefits. Such an investment not only increase the future income, but also positively affects the continuous accumulation of human capital. According to the research' results an additional year of schooling



on average increases the annual earnings by 9%, and this growth rate remains stable later in the life (Psacharopoulos and Patrinos, 2018).

Education is an important component in strengthening human capital. Investing in people through quality education is a key factor for ending poverty and creating inclusive societies. People who went through quality education system accelerate the economic growth as a productive worker and at same time they create a range of positive social impacts as better health, lower criminal rate, higher level of society trust, enhance the civic awareness and increase the socio-political engagement (Lochner, 2011). Access to quality education is important, especially for children form the vulnerable groups. It is not important for them to be only a part form the formal education system but to acquire the relevant skills and knowledge that are required on the labour market. The quality of the higher education system is also of crucial importance. Thus, if the quality of the education system of a particular university is low, then the students would earn more if they did not attend at the particular university but immediately have started working after high school graduation (Gonzalez-Velosa at al., 2015).

The good *health outcomes* in childhood, youth and adulthood are essential factor for healthy ageing, enabling people to live better and work longer. The investments in health are the most effective when they are made over the widest span of lifecycles, especially in countries with aging population, as it is the case in the Republic of North Macedonia (Fabbi and Gatti, 2018).

Social protection is also a key component for the promotion and accumulation of human capital. One of the ways in which this type of support can be implemented is through the direct cash transfers to the low-income households. Numerous social assistance programs beside the cash transfers include the accompanying measures that could enhance the human capital formation. Those types of measures aim to help the most vulnerable categories of citizens, mainly: to have access to the basic services, such as education and health care; to support parents in identifying learning difficulties of their children at a very early stage; to provide services for children with disabilities; as well as to protect women and children from gender-based violence (Galasso and Wagstaff, 2019).

When it comes to investing in human capital, it is of crucial importance to be mentioned that investing in human capital does not by itself imply an increase of financial resources intended for this purpose. The funds if are not used properly will not lead to improvement in education system, healthcare system or social protection system i.e., to increase the human capital in general. Additionally, building human capital is a time and resource consuming process and in return this process yields results with higher income and volume of productivity. The quality and investment in human capital in North Macedonia is analysed in more detail in the next part of the paper through the comparative analysis of HCI and its key components for North Macedonia and selected countries from the Region.

1.1. The Human Capital Index analysis

According to HCI calculation, worldwide a child born in 2020 can expect, on average, to be 56 percent as productive as she could be when she grows up (World Bank, 2021).

North Macedonia's human capital index (HCI) value edged up to 0.56 from 0.54 in the period between 2010 and 2020, remaining lower than the average for Europe & Central Asia region and upper middle-income countries (0.63), much lower than the EU average (0.74) i.e., remain on the level of the world average (0.56).

Table 1. Human Capital Index for North Macedonia and selected countries, 2020

Country Name	Probability of Survival to Age 5	Expected Years of School	Harmonized Test Scores	Learning-Adjusted Years of School	Fraction of Children Under 5 Not Stunted	Adult Survival Rate	HUMAN CAPITAL INDEX 2020
Albania	0,99	12,9	434	9,0	0,89	0,93	0,63
Bosnia and Herzegovina	0,99	11,7	416	7,8	0,91	0,91	0,58
Bulgaria	0,99	12,3	441	8,7	0,93	0,87	0,61
Croatia	1,00	13,4	488	10,4	-	0,92	0,71
Kosovo	0,99	13,2	374	7,9	-	0,91	0,57
North Macedonia	0,99	11,0	414	7,3	0,95	0,91	0,56
Montenegro	1,00	12,8	436	8,9	0,91	0,91	0,63
Romania	0,99	11,8	442	8,4	-	0,88	0,58
Serbia	0,99	13,3	457	9,8	0,94	0,89	0,68
Slovenia	1,00	13,6	521	11,4	-	0,93	0,77

Source: World Bank 2022.

North Macedonia has the lowest value of the HCI 2020 (0,56), compared to the selected countries from the Region (Table 1). This means that a child born in North Macedonia today will be 56 percentas productive when she grows up as she could be if she enjoyed complete education and full health. For comparison, a child born in Slovenia today will be 77 percentas productive as she could be relative to the benchmark of full health and complete education.

Further in the paper an analysis for the six components of HCI for the selected countries from the Region is made (Table 1).

According to the *child survival component*, 99 out of 100 children born in North Macedonia survive to age 5. This component has the same value in Albania, Bosnia and Herzegovina, Bulgaria, Kosovo, Romania, and Serbia, as countries included in the



analysis. 100 out of 100 children born in Slovenia, Montenegro and Croatia survive to age 5.

Expected years of school and Learning-adjusted Years of School. In North Macedonia, a child who starts school at age 4 can expect to complete 11 years of school by her 18th birthday. In Slovenia 13.6 years of school, in Croatia 13.4 years of school, in Serbia 13.3 years of school etc. Factoring in what children actually learn, expected years of school in North Macedonia are only 7.3 years, in Slovenia 11.4 years, in Croatia 10.4, in Serbia 9.8 etc. When the years of schooling are adjusted for the quality of learning, it is equivalent to only 7.3 years, which means that 3.7 years of learning losses occur in the case of North Macedonia. This means that the gap between how much time children spend at school and what they actually learn is an acute problem of the country. For instance, in the case of Slovenia occurs 2.2 years of learning losses, in Croatia 3 years of learning losses and in Serbia 3.5 years of learning losses.

Harmonized Test Scores component shows that students in North Macedonia score 414 on a scale where 625 represents advanced attainment and 300 represents minimum attainment. This score for the students in Slovenia is 521 and for the students in Croatia 488 on the same scale.

Adult Survival Rate component shows that across North Macedonia, 91 percent of 15-year-olds will survive until age 60. This statistic is a proxy for the range of health risks that a child born today would experience as an adult under current conditions. For comparison, in Slovenia and Albania 93 percent of 15-year-olds will survive until age 60 and in Bulgaria 87 percent of 15-year-olds will survive until age 60.

Healthy growth (Not stunted rate) component shows that 95 out of 100 children in North Macedonia are not stunted. 5 out of 100 children are stunted, and so are at risk of cognitive and physical limitations that can last a lifetime. For example, in Serbia 94 out of 100 children are not stunted and in Bulgaria 93 out of 100 children are not stunted. Actually, this is the component where North Macedonia performs at the highest level within the HCI, among the analysed countries.

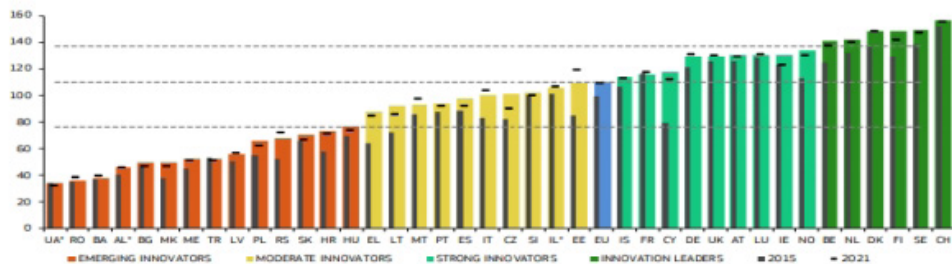
As for most countries, the poor educational outcomes are the most important reason for loss of productivity and loss of human capital in the country. As stated in the Systematic Country Diagnostics prepared by the World Bank (2018) human capital deficiencies in North Macedonia, start in the early phase and increase over time: from preschool education, through compulsory education, till the transition from school to employment. The disappointing results in learning may be a result of a traditional emphasis on investing in school infrastructure rather than on other factors that are important to improve the educational outcomes, as it is the quality of the educational process. The greatest potential lies in improving the quality of education process not just simply increasing the length of schooling. Increased quality of human capital is crucial for reaching sustainable and inclusive growth in Republic of North Macedonia, as well as overcoming the new challenges related to productivity and aging of population.

2. HUMAN CAPITAL INADEQUACY AND LOW R&D&I HINDER PRODUCTIVITY

In North Macedonia, R&D&I allocations in 2020 amount to only 0.37% of GDP, even though the Republic of Macedonia’s Strategy for Innovations for 2012-2020 anticipates that their participation will reach 1.8% of GDP in 2020. The fact that North Macedonia has seen a decline in R&D investments since 2015 (when 0.44% of GDP was set aside) is overwhelming. Another issue for the country is the unfavourable structure of R&D investment from a sectorial standpoint.

Among the main reasons for such situations are inappropriately targeted social protection measures, a lack of healthy life habits, and a lack of a comprehensive approach to harm reduction in human capital, among others; and a lack of awareness among policymakers and management teams in enterprises about the importance of research and development and innovation in encouraging the dynamism and quality of growth. For example, in 2020, the higher education sector contributed with the highest investments for R&D (63.6%), while the business sector contributed only with 25.7%, or roughly one-quarter of all R&D investments. In the EU, the business sector invested in R&D at a rate of approximately 66% in 2020. According to the most recent EU report on innovation (European Innovation Scoreboard, 2023), North Macedonia is ranked in the last group - the group of rising innovators - in terms of innovation performance.

Figure 1. Performance of the innovation system of the EU and the countries of the region



Coloured columns show countries' performance in 2022, using the most recent data for 32 indicators, relative to that of the EU in 2015. The horizontal hyphens show performance in 2021, using the next most recent data, relative to that of the EU in 2015. Grey columns show countries' performance in 2015 relative to that of the EU in 2015. The dashed lines show the threshold values between the performance groups, where the threshold values of 70%, 100%, and 125% have been adjusted upward to reflect the performance increase of the EU between 2015 and 2022.

Source: European Innovation Scoreboard, 2023, pp.34.

As a result, public policies will need to recognize the challenges posed by the fast pace of life, and the state should do everything in its power to reduce risk factors for non-communicable diseases, as well as improve management and provision of health services, in order to maintain the population’s healthy and active aging. In this regard, regardless of political changes, the Republic of North Macedonia should achieve faster, more inclusive, and sustainable growth and provide its citizens with greater opportunities for a better life through an understanding of what needs to be done in terms of human capital.



There is an urgent need in the country to improve the quality and quantity of human capital to make it more productive and adaptable, through the establishment of new approaches to harm reduction, as an essential component of increasing human capital.


3.HARM REDUCTION AS A GLOBAL RESPONSE TO CHRONIC NCD CHALLENGES

The concept of harm reduction can be defined as a strategy aimed at individuals or groups with the goal of reducing the harms associated with certain behaviours (Wodak, 1999) and harm reduction policies (in general) have proven to be effective in risk management in many areas of life and are recognized (Blume and Logan 2013) as legitimate strategic instruments in global contemporary health and legislative concepts. Their common platform is respecting fundamental human freedoms and rights to dignified life, health, healthy environment and system of organization of the society by provisioning conditions for exercising such rights (Kambovski, Fiti, Mujoska, Trpevska et al., 2021) The basic assumptions are derived from this basic principle which must be followed by every strategic approach for risk reduction, including objective and scientifically funded approach, which excludes the possibility of misuse, scientism, and manipulations. Strategies for harm reduction are usually approved by the experts or decision makers who comply with the innovative and progressive policy making.

The scientific research of the concept of harm reduction is stimulated by the latest knowledge about the extremely complex problems of control and prevention of the most severe chronic non-communicable diseases (NCDs), which represent the most serious forms of threat to the quality of human life: cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, which are constantly increasing, with a tendency, especially in malignant and cardiovascular diseases, to lower the age limit of those affected.

The primary obstacles to the prevention, elimination, or control of non-communicable diseases (NCDs) stem from their nature as conditions, which are caused by the strong influence of economic and social factors and have become ingrained in contemporary lifestyles. Despite the fact that they appear to be the leading cause of morbidity and mortality in the world, there is a high degree of social tolerance towards them. This is caused on the one hand by their massiveness and, on the other, by the various influences of economic factors, such as the tobacco, alcohol, narcotics, pharmaceutical industry, entertainment, tourism, etc., as well as numerous social factors.

Moreover, these diseases tend to be long-lasting and result from a combination of genetic, physiological, environmental, and lifestyle and behavioural factors. They are often associated with older age groups, but scientific evidence (WHO, Key facts 2023) confirms that more than 17 million of all deaths attributable to non-communicable diseases are “premature” deaths, that is, deaths before the age of 70. Of these, an



estimated 86% occur in low and middle-income countries. The percentage of total mortality from NCDs is 77%. Rapid unplanned urbanization, the globalization of unhealthy lifestyles and the aging of the population have a special influence on their spread, while detection, screening, and treatment of NCDs, as well as palliative care, are key components of the response to NCDs. Children, adults, and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol or air pollution.

Individual behaviours such as tobacco use, physical inactivity, an unhealthy diet, and alcohol abuse appear to be the primary risk factors. In doing so,

- tobacco appears to be the cause of over 8 million deaths every year (including the effects of exposure to second hand smoke), with a tendency for a significant increase in the coming years;
- 1.8 million annual deaths are attributed to excess salt/sodium intake;
- more than half of the 3 million deaths annually attributable to alcohol use are from NCDs, including cancer;
- 830 000 deaths per year can be attributed to insufficient physical activity (WHO, Key facts 2023).

It has been discovered that NCDs are associated with poverty in low-income countries, where socially disadvantaged people become ill and pass away earlier than those in higher social positions, particularly because they are more likely to use harmful products. In addition, health care costs rapidly consume the financial resources of poor households (Kambovski, Fiti, Mujoska Trpevska et al. 2021, 9).

4. HARM REDUCTION MEASURES FOR ADDICTIONS

The application of harm reduction measures (Blume and Logan, 2013) from addictions has a long history, although as a term in the public health and deviant behaviour fields the term “harm reduction” became popular in the eighties of the last century. A special contribution to its acceptance and spread is the pragmatic, researching Anglo-Saxon spirit, which, as in other areas (the emergence of alternative sanctions for the suppression of crime, for example), encouraged significant reforms in the public sphere (Kambovski, Fiti, Mujoska Trpevska, et al., 2021).

In the second half of the 20th century, the United States and Canada implemented the first programs to reduce the harm caused by drug use (Hopwood and Treloar, 2013; Single, 2000) These programs, in addition to treating addiction, aimed to prevent related diseases (HIV/AIDS, hepatitis C and B, haematological, cardiovascular diseases, and others). Harm reduction for drugs, stimulants and other substances adheres to the same fundamental principles. Good harm reduction activities begin by providing social mechanisms which play a significant role in maintaining control over one’s use and mitigating both individual and social harms. Environmental hazards



have a negative impact on the lives of drug users. Consider unemployment, poverty, homelessness, violence, unstable housing, incarceration, adulterants in substances, (lack of) access to high-quality harm reduction services, drug legislation, law enforcement practices, and public policies. Those who use other stimulants are no exception to this rule (Rigoni, Breeksema, and Woods, 2018).


The vast majority of harm reduction literature, however, focuses on the harms of drug use and specific harm reduction strategies, such as syringe exchange, as opposed to the harm reduction philosophy. Given that a harm reduction approach can address other risk behaviours that frequently co-occur with drug use and that harm reduction principles have been applied to sex work, eating disorders, and tobacco use, it is a natural progression of the harm reduction philosophy to apply it to other health risk behaviours and to a broader healthcare audience (Hawk, et al., 2017).

And other areas of health risks that are the result of a particular way of behaviour, habits, or lifestyle are intensively treated as areas where scientific and technological innovations can mitigate their harmful effects. In order to reduce the risk of harmful radiation from the sun's UV rays (sunbathing), the World Health Organization, the United Nations Environment Program, and the International Commission on Protection against Non-Ionizing Radiation have adopted joint recommendations for reducing exposure to the sun and the occurrence of burns, which are followed by a variety of pharmaceutical sun protection products (EPA, 2004).

Measures to reduce refined sugar play an important role in the fight against diabetes and other diseases; their implementation results in companies reducing the amount of sugar in their products and introducing natural sweeteners or scientifically validated substitutes in popular food and beverage products (WHO, 2015).

There are also numerous and diverse harm reduction strategies at music events. They range from providing 'pass outs' or chill out and sanctuary spaces at events to providing water stations and free water bottles. They can also include working with expert organizations that offer harm reduction information and pill testing. The more efforts made to address harm reduction at events, the better the outcomes (ADF, 2023).

Harm reduction caused by tobacco use (which can be found in foreign literature under the definition Tobacco Harm Reduction) by definition is a strategy used to minimize the harm caused to individuals and/or the wider society from dangerous behaviours or practices which cannot be fully avoided or prevented. Recently, the concept of harm reduction caused by tobacco use appeared as third approach which may assist in the reduction of harmful effects from tobacco smoking, in line with the activities for promotion of the public health. According to this approach, undoubtedly the best way to avoid harm caused by smoking is not to start with smoking at all. For active smokers, the complete cessation of smoking cigarettes is the most effective way to reduce the risk of harmful effects and smoking related diseases. The majority of smokers want to quit (Chandler and Rennard, 2010; Pisinger, et al., 2019; Drope, Schluger and Cahn, 2018; Thyrian, et al., 2008) and smokers today smoke few-



er cigarettes daily, are more motivated to quit and report being less tobacco dependent than previously (Feliu, et al., 2019). However, for the other people who simply do not give up this habit, they should be introduced to innovative products which heat, but do not combust tobacco, nicotine patches, e-cigarettes and other. With the tobacco industry developing and test marketing a wide array of modified cigarettes and novel nicotine-delivery products, the era of tobacco harm reduction is upon us (Warner, 2002).

5. A STRATEGIC APPROACH TO NCD CONTROL AND PREVENTION FOCUSED ON IMPROVING HUMAN CAPITAL

NCDs control and prevention are based on risk factor management at the individual, societal, state, and global levels, with activities such as resource allocation, multi-sectorial collaboration, knowledge and information management, and innovation. The most important aspect of this strategic approach is individual lifestyle management and a focus on innovation, which can help society raise awareness of risk factor management and make national health policy decisions.

Globally, the WHO and the UN, in particular, design policies and strategies to reduce the risk of non-communicable diseases by funding research and encouraging collaboration among national and international health agencies and academic institutions.

At the national level, governments are urged to base their policies on economic considerations. In this regard, the Republic of North Macedonia is preparing (draft) an Action Plan for the Prevention and Control of Non-communicable Diseases until 2025, which should overcome weaknesses in strategic planning to reduce the negative effects of the main risk factors for these diseases, primarily tobacco use as the most significant factor.

There are several low-cost, high-impact strategies for preventing and managing non-communicable diseases. For example, encouraging people to participate in sports for physical activity is the most effective factor that can easily affect non-communicable disease prevention while also being time and cost-effective. Furthermore, better budget allocations should be established to contribute to the prevention of non-communicable diseases through the implementation of research projects and programs.

Addiction control and prevention, which have emerged as the most significant risk factors for CHD in recent decades, primarily rely on the eradication of addiction phenomena as an individual and social phenomenon (smoking cessation, cessation of excessive alcohol use, cessation of narcotic drug use, etc.).

In recent years, the concept of reducing harm from addictions has been introduced in national and international systems as a secondary but critical goal that should not be overlooked by control and prevention programs (Kambovski et al.,



2023). The concept is the result of a pragmatic and rational approach, based on the logic that if a phenomenon, such as tobacco addiction, cannot be prevented because individuals are unwilling or unable to give up their use, then innovative solutions that reduce their negative effects, resulting in a weakening of their influence as risk factors for CHD, must be developed.

CONCLUDING REMARKS

Increasing the quality and productivity of human capital will be of a high priority for directing Republic of North Macedonia towards more inclusive and sustainable development, as well as helping the country in dealing with the new challenges related to the decreasing productivity and aging population. Improving the quality of the education system, social protection, health care system with focus on prevention and control of NCDs will help the citizens to be more productive, work longer and age healthier.

There is a serious need of deepening the scientific knowledge in the domain of control and prevention of addictions and reduction of their harmful effect on NCDs. The control of NCDs must focus on neutralizing the risk factors associated with them, with a comprehensive approach that requires all sectors, including health, finance, education, agriculture, planning and other sectors, to work together to reduce the risks associated with NCDs. Interventions to control them are essential to achieve the global goal of a 25% relative reduction in the risk of premature mortality from non-communicable diseases by 2025, and to reduce premature deaths by one third by 2030.

The approach of giving up, and if this is not possible or feasible, alternative ways or means that reduce the harm to the health of users, is accepted and supported by industries in certain areas, which with the support of science develop new alternative technological solutions and products that can be used as a means of giving up addiction or reducing its harmful consequences. There is an urgent need in the country to improve the quality and quantity of human capital to make it more productive and adaptable, through the establishment of new approaches to harm reduction, as an essential component of increasing human capital.


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ELECTRICITY BILL SUBSIDY PROGRAM AS A MEASURE OF ASSISTANCE AND SUPPORT FOR THE MOST VULNERABLE IN MONTENEGRO

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Abstract

Electricity represents the basic human need in modern society and it is necessary for decent living and the preservation of a wide range of basic human rights. It has a great influence on the standard of living of the population because it is of essential importance for meeting basic human needs such as nutrition, health, education, culture, information, lighting, internet, telephony, etc. With the continuous increase in energy prices, more and more households have been faced with problems paying their electricity bills. Poor households face significant challenges in terms of heating costs and paying electricity bills, so they often set a temperature to lower/higher than needed for that particular season, which has an adverse effect to personal hygiene, healthy eating, mental health, education, etc. That is why it is necessary that the state support in the field of supply of electricity to vulnerable groups of the population becomes an integral part of all systemic programs in the field of social protection and poverty alleviation programs. This paper presents the program of subsidizing electricity bills as a measure of assistance and support for the most socially and healthily vulnerable in Montenegro. The average number of beneficiaries of electricity subsidy rights was 18,823 in 2019, 20,645 in 2020, 20,430 in 2021, 20,951 in 2022. For this program, the Government of Montenegro allocated over three million euros annually from the budget in the last four years.

Key words: electricity, vulnerable households, bills, subsidy program, Montenegro


INTRODUCTION

Electricity is one of the key sources of economic growth and development. It is considered as a significant factor for global poverty reduction. Electricity also represents the basic human need in modern society. That is necessary for life and full enjoyment of a wide range of basic human rights. It has a great influence on the standard of living because of its essential importance for meeting basic human needs such as nutrition (food protection and preparation), health (hot water preparation for hygiene; heating and cooling in homes, etc.), education (learning), culture, infor-



mation, entertainment, space lighting, internet, telephony, etc. Access to electricity is a key resource for improving quality of life and meeting the needs of population. Energy poverty as “a specific form of poverty has a direct impact on the households’ economic well-being, health of its members, property security, social and cultural development, conditions for schooling, education and meeting other numerous individual and common needs of household members” (Petovar: 2). Energy poverty most often refers to a situation in which individuals are unable to adequately heat themselves or provide the necessary energy services at an affordable price. Factors that contribute to energy poverty are low-income, high-energy prices and low level of energy efficiency (Pye et al., 2015). In the Recommendations of the European Commission on energy poverty (Commission Recommendations (EU) 2020/1563 on energy poverty, 14th October 2020), energy poverty is defined as “a situation in which households are unable to access essential energy services and products” (Agnieszka, 2022). The negative effects of energy poverty are particularly reflected in vulnerable social groups (households with small children, households with chronically ill members, elderly households, unemployed, households below the poverty line).

Lack of electricity limits human abilities to meet their needs and reach their full potential. Insufficient/absence of electricity for lighting, cooking, washing, and achieving a comfortable temperature at home, as well as financial stress due to inability to pay electricity bill, can have a negative impact on physical and mental health. Various studies showed the connection between inadequately heated homes and cardiovascular disease, respiratory morbidity and mortality, infections, worsening of arthritis and rheumatism, mental health problems such as anxiety, depression, stress and a higher risk of accidents and injuries at home. A study by Oliveras et al. showed a strong connection between energy poverty and poorer health status, more frequent use of health services and medicines (Oliveras et al., 2020). Jassel pointed out that a significant problem is the inability of (adequate) cooling homes in the summer months, which can cause cardiovascular problems, such as heat stroke, hypertension, heart attack, dehydration, diseases of the nervous system, etc. (Jassel et al., 2019). It is known that poor households face significant challenges in terms of heating costs and often make compromises with indoor temperatures, accepting low thermal comfort due to budget constraints. It all affects personal hygiene, healthy eating, mental health, education, etc. (Braubach & Fairburn, 2010). The right to electricity is recognized in international legal documents. Article 25(1) of the Universal Declaration of Human Rights states “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...” (<https://www.un.org/en/about-us/universal-declaration-of-human-rights>). In the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Article 14(2) states that “member states shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure that they, on the basis of the equality of men and women, participate in development villages and that they benefit from it, especially to ensure their right to:... h) adequate living conditions, es-



pecially in terms of housing, hygienic conditions, electricity and water supply, traffic and connections” (UN GS, 1979). In the International Covenant on Economic, Social and Cultural Rights, Article 11, it is stated: “The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions”

(<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>). Here, access to electricity is viewed in the context of the human right to adequate housing.

Hernandez’s research showed that poverty and not paying bills can lead to illness and disadvantages. Individuals in his study experienced extreme stress because of terrifying utility bills, which caused mental health disorders such as anxiety and depression (Hernandez, 2016). With the continuous increase in energy prices, more and more households are faced with problems in paying their electricity bills and they are forced to live in inadequate conditions, especially during the winter months. Electricity supply should be an integral part of all systemic programs in the field of social protection and poverty alleviation programs. The program of subsidizing electricity bills, as an important measure of Montenegrin Government in providing assistance to the socially and healthy most vulnerable, is presented below.

1. ELECTRICITY BILL SUBSIDY PROGRAM IN MONTENEGRO – LEGAL REGULATIONS AND PROCEDURE

Electricity bills are among the biggest costs of living in Montenegrin households and around the world. Many people especially poor individuals and families, experience stress due to monthly financial obligations, trying to pay their bills on time. Respecting the needs of the most socially and healthily vulnerable, the Montenegrin Government has been extending the Direction on the procedure for the electricity bill subsidy program implementation, for years. This Direction, established by the Ministry of Labour and Social Welfare and the Ministry of Finance, stipulates that the right can be exercised by: beneficiaries of material security (MS/social assistance), care and support allowance (CSA), personal disability allowance (PDA), family care placement (FCP) (in accordance with the Social and Child Protection Law), veterans’ material security (VMS) (in accordance with the Law on the Rights of War Veterans and Disabled Persons), unemployed work-disabled person of category II or category III (in accordance with pension and disability insurance regulations, if his personal income does not exceed the lowest amount of temporary compensation); an unemployed person with a developmental disability who is classified into appropriate category, in accordance with a special law, and who finished education in a special school or in a special class of a mainstream school; an unemployed person who completed education according to the educational program, with the provision of additional conditions and aids, the educational program with adapted implementation



and additional professional assistance; special educational program, in accordance with a special law.

Beneficiary/person who meets the requirements for a subsidy on several grounds can obtain a subsidy on one basis only. For beneficiaries of material security, family care placement and veterans' material security, the subsidy for users whose electricity consumption bill is up to 60 euros is determined in the amount of 40% of the bill, and for the bill over 60 euros, the subsidy is 24 euros. The subsidy for other users is determined for electricity consumption bill up to 60 euros in the amount of 30% of the bill, and for the bill over 60 euros the subsidy is 18 euros. The request for subsidizing electricity bill for beneficiaries of material security, personal disability allowance, care and support allowance and family care placement users is submitted to the competent centre for social work. When it comes to the beneficiaries of veterans' material security the request is submitted to the competent local government body for veterans' and disability protection affairs. Unemployed persons with disabilities can submit a request to the competent labour office (Employment Agency of Montenegro).

In 2018, the Government of Montenegro passed the Regulation on the supply of vulnerable electricity customers (implementation from January 1st, 2019), which states that "Vulnerable customers are determined based on the social and health status of the persons living in the household and who use the right to: material security and care and support allowance, i.e., personal disability allowance. A socially vulnerable household that uses the right to material security is also considered as a vulnerable customer." The above mentioned are entitled to a subsidy in the amount of 50% of the monthly electricity consumption bill up to 600 kWh. If a vulnerable customer achieves a monthly consumption of more than 600 kWh, the subsidy amounts to 50% of a bill for monthly consumption in the amount of 600 kWh ("Official Gazette of Montenegro", no. 5/16 and 51/17). Users who exercise their right to a subsidy in accordance with the Regulation on the supply of vulnerable electricity customers cannot obtain a subsidy in accordance with the Direction on the procedure for the electricity bill subsidy program implementation. Article 198 of the Law on Energy states that vulnerable customers are 1) health and socially vulnerable and 2) socially vulnerable households, and that it is prohibited to suspend the supply of electricity and gas to customers from paragraph 1, and to customers from paragraph 2, from the beginning of October until at the end of April, regardless of any outstanding obligations based on consumed electricity or gas ("Official Gazette of Montenegro", no. 005/16 of 20.01.2016, 051/17 of 03.08.2017, 082/20 of 06.08.2020).

Registration of new customers to exercise a right to subsidies for electricity carry out by submitting a request to the centres for social work, competent local government body for veterans' and disability protection affairs and Employment Agency of Montenegro, depending on the user group. When we talk about users of the centre for social work, it is important to point out that the complete procedure for exercising the right to subsidies is a part of the Social Welfare Informational System - SWIS

(Social Card). System contains numerous controls that prevent or reduce the possibility of error or abuse. As a result of CSW work on this procedure in the Social Welfare Information System (Social Card - SWIS), Ministry of Labour and Social Welfare generates monthly report of subsidy beneficiaries.

Picture 1. Layout of the Request for Subsidy Entitlement – SWIS

The mentioned report is combined with the beneficiaries of veterans' material security and certain group of unemployed from Montenegrin Employment Agency and submitted to Montenegrin Electric Enterprise AD Niksic (EPCG) to calculate the subsidies on the bills. It is also possible to enter data in SWIS on the number of subsidies for electricity (import). The Ministry of Labour and Social Welfare allocates funds/covers the costs of subsidies for beneficiaries according to the Instruction on the procedure and method of implementing the program of subsidizing electricity bills and on the other hand, the Ministry of Capital Investments covers the costs for beneficiaries according to the Regulation on the supply of vulnerable electricity customers.

2. STATISTICAL DATA – BENEFICIARIES OF SUBSIDIES AND BUDGET ALLOCATIONS

Funds spent for subsidy beneficiaries according to the Direction on the procedure for the electricity bill subsidy program implementation and the Regulation on the supply of vulnerable electricity customers was 3.049.175,66€ in 2019, 3.177.192,55€ in 2020, 3.073.822,88€ in 2021, and 3.085.260,17€ in 2022 (Table 1). The average number of beneficiaries was 18.823 in 2019, 20.645 in 2020, 20.430 in 2021 and 20.951 in 2022.



Spent funds of the Ministry of Labour and Social Welfare (according to the Direction on the procedure for the electricity bill subsidy program implementation) was 2.941.303,76€ for 2017, 3.003.990,73€ for 2018, 2.926.107,90€ for 2019, 3.066.404,99€ for 2020, 2.981.172,61€ for 2021 and 3.000.013.17€ for 2022 (Table 1). The average number of beneficiaries was 18.215 in 2019, 20.158 in 2020, 20.027 in 2021 and 20.595 beneficiaries in 2022.

Table 1. Budget allocations for electricity subsidies by year

Year	Allocations – MLSW	Total allocations form the budget
2022	3.000.013,17 €	3.085.260,17 €
2021	2.981.172,61 €	3.073.822,88 €
2020	3.066.404,99 €	3.177.192,55 €
2019	2.926.107,90 €	3.049.175,66 €
2018	3.003.990,73 €	3.003.990,73 €
2017	2.941.303.76 €	2.941.303.76€

* The start of the implementation of Regulation was on January 1st, 2019, therefore the total allocations for 2017 and 2018 refer only to beneficiaries according to the Direction on the procedure for the electricity bill subsidy program implementation.

Table 2 shows the number of subsidy beneficiaries according to the Direction on the procedure for the electricity bill subsidy program implementation, considering month December in 2019, 2020, 2021 and 2022.

Table 2. Beneficiaries of the right to electricity subsidies according to the Instructions on the procedure and method of implementation of the Electricity Bill Subsidy Program (MLSW) – December

Beneficiaries of electricity sun sides	Dec. 2022	Dec. 2021	Dec. 2020	Dec. 2019
On the basis of Material Security (MS)	3 742	4 534	4 831	4 727
On the basis of Care and Support Allowance (CSA)	14 545	12 829	12 784	12 128
On the basis of Personal Disability Allowance (PDA)	2 426	2 285	2 113	2 002
On the basis of Family Care Placement (FCP)	171	152	158	149
On the basis of Veterans' Material Security (VMS) in accordance with the regulations on veterans' disability protection.	182	191	210	238
On the basis of unemployment of a person who has been determined to have the status of work disabled person of category II or category III, in accordance with the regulations of pension and disability insurance, if his personal income does not exceed the lowest amount of temporary compensation.	28	116	71	57

On the basis of unemployment of a developmentally disabled person who is classified into a certain category and degree of disability, in accordance with a special law, and has completed education in a special school, i.e., regular education. / / / /

On the basis of unemployment of a person who has completed education, with adapted implementation of the educational program and the provision of additional professional assistance or a special educational or educational program, in accordance with a special law. 31 43 16 15

Table 3 presents the number of subsidy beneficiaries according to the Regulation for month December in 2019., 2020., 2021. and 2022. It is important to point out that electricity, for subsidy beneficiaries in accordance with this Regulation, must not be turned off during the year.

Table 3. Beneficiaries of the right to subsidies under the Regulation – December

Beneficiaries of electricity subsidies	Dec. 2022	De. 2021	Dec. 2020	Dec. 2019
On the basis of MS+PDA ili MS+CSA	330	378	441	573

Table 4 presents the number of beneficiaries who have the right to social and child protection, according to the Law on Social and Child Protection of Montenegro (only rights relevant for obtaining the electricity subsidy: material security, care and support allowance, personal disability allowance and family care placement). Comparing Table 4 with Table 2 and 3 can be noticed that all eligible beneficiaries have not applied for the electricity subsidy. If we take for example beneficiaries of material security (social assistance), it can be concluded that in December 2022. and 2021. the right on subsidy was used by 65%, in December 2020. by 63% and in December 2019 the right was used by 62% beneficiaries of material security.

Table 4. Beneficiaries of social and child protection rights – December

Number of beneficiaries of social and child protection	Dec. 2022	Dec. 2021	Dec. 2020	Dec. 2019
Beneficiaries of Material Security (MS)	6 296	7 586	8 398	8 553
Beneficiaries of Care and Support Allowance (CSA)	22 896	19 379	19 270	18 715
Beneficiaries of Personal Disability Allowance (PDA)	3 251	2 997	2 775	2 673
Beneficiaries of Family Care Placement (FCP)	427	409	431	427



CONCLUDING CONSIDERATIONS

The measure of support through presented subsidy program is important for improving the quality of life of the most socially and healthily vulnerable Montenegrin citizens. At the time of the energy crisis and large electricity bills, the program of the Montenegrin Government, which refers to subsidizing electricity bills, represents a very important measure of help and support. In addition to electricity bills reduction, the Regulation has ensured that the most vulnerable are not allowed to turn off electricity during the year, thereby avoiding many potential problems. The Social Welfare Information System (SWIS) made it possible to exercise this right in a quick and simple way, with numerous controls, which reduce or prevent the occurrence of errors or abuse (the right is exercised only by those who are subject to the subsidy by law). We have seen that a part of the people who have the right to subsidy on electricity, do not exercise that right. However, it should be kept in mind that in some cases, where there are several members in a family who are entitled to the subsidy, and since they live together, only one of them realizes the right to the subsidy. For example, the beneficiary of the personal disability allowance and the beneficiary of the allowance for Care and Support Allowance can exercise the right to one subsidy for electricity because they live in the same household, and if they lived in separate households, they would have the right to two. It is also necessary to encourage all persons who are entitled to a subsidy for electricity to submit a request to the competent institutions in order to achieve it.

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CIVIL PARTNERSHIP IN SOCIAL POLICIES OF NORTH MACEDONIA

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Abstract

Civil partnership as an idea is deeply rooted in the philosophical tradition of the new century. With the development of capitalism, in modern philosophy civil partnership appears primarily in liberal political thought that describes the sphere of social activity separate from the state. This term has a different conceptualization within the liberal thought. The most common and influential is the concept of civil partnership/sector, which refers to the public space between family communities and the state, unrelated to the market, where citizens can join together to achieve common interests within the law guaranteed by the state. Civil partnership affirms the self-organization of citizens, independent of the state.


The role of civil partnership in the development of a democratic society enjoys a growing trend of approval, but there are also many uncertainties regarding the exact meaning of its existence. What defines civil partnership is the fact that it's the space where citizens can freely associate and organize themselves in groups and organizations at different levels in accordance with their interests. However, civil society can't be understood as an opposition to the state and the economy. The participation of civil associations in the processes of creating public policies is subject to interest for a longer period of time. In that context, civil partnership has taken a more significant place in the development and implementation of social policies in our country and worldwide. A growing number of civil associations and organizations are involved in the implementation of social policies, which leads to the creation of productive social policies.

This paper analyses the origin and basic characteristics of functioning of civil partnership, as to the role of this sector in creating and implementing of social policies, on a national scale.

Key words: civil partnership, social policy, welfare state, civil organization, Republic of North Macedonia.

INTRODUCTION

Civil partnership includes the sphere of society in which citizens freely and voluntarily join together for the purpose of articulating and realizing their civil rights and



freedoms and for the satisfaction of numerous human needs. This term enriches a multitude of organized groups, social movements, different communities, informal networks and represents a complex of voluntary organizations, unions, professional associations, groups in which people satisfy their needs because institutions and business are not able to respond to all human desires and challenges. The various forms of civil associations that make a great contribution to solving or mitigating a series of problems are a specific type of social capital, which elevates the individualistic ME in US and thus develops among citizens the sense of common achievement, which is “woven in the process of various social changes that are present in every society” (Trajkovski 1995).

Social change is one of the most important phenomena studied in sociology. In the 19th century, the main sociological analyses in relation to changes related to industrialization and democracy (especially human rights). The first analyses of the phenomenon are associated with the names of August Comte, Herbert Spencer, and Karl Marx. Today, theories of social change encompass a very wide range of phenomena, including short-term and long-term changes, small and large from the level of global society to the micro-level and family. The most famous conceptions of social changes, namely, functionalist, evolutionary and socio-biological, have conservative implications because they advocate maintaining the status quo of events, that is, they are interested in preserving social order and a stable society.

From the independence of the Republic of North Macedonia until today, the social organization of life and relationships between people have undergone profound changes. The changes appeared as surface waves of the social waters under the influence of the two underwater structural currents: the building of the state as an independent nation (with a Euro-Atlantic integration agenda) and the liberalization of economic (privatization of until then national resources) and political (introduction of parliamentary democracy) relations and institutions. These structuring processes created whirlwinds in all spheres of social life – in people’s daily lives, in their family relations, in culture, and in political and inter-ethnic relations. In relation to this issue, it can be said that the mentioned structural processes placed the civil partnership in a new place and gave it a new role in the new national, but, in this period, already strongly globalized liberal-democratic social system of the Republic of North Macedonia. But like any social innovation, this one too caused and is still causing many controversies. They differ both in the environment in which this sector operates and its relations with it, and in its structure (number, type, financial resources) and action (modes of action, degree of influence) on current social processes and changes. The socially expected and desired role of civil partnership as a factor of social change in both periods is different. Under the influence of the globally projected civil partnership policy (which comes from the main global factors), on the one hand, and local political needs regarding nation building, on the other hand, two models of relations between the state and civil partnership were practiced. They have generat-



ed different results regarding the place and role of the civil sector in society and its power related to other sectors of social reproduction.

The role of civil partnership in the development of a democratic society enjoys a growing trend of approval, but there are also many uncertainties regarding the exact meaning of its existence. What defines civil partnership is the fact that it is the space where citizens can freely associate and organize themselves in groups and organizations at different levels in accordance with their interests. However, civil society cannot be understood as an opposition to the state and the economy. The participation of civil associations in the processes of creating public policies is subject to interest for a longer period of time. In that context, civil partnership has taken a more significant place in the development and implementation of social policies both in the world and in our country. A growing number of civil associations and organizations are involved in the implementation of social policies, which leads to the creation of productive social policies. This paper analyses the origin and basic characteristics of functioning of civil partnership, as to the role of this sector in creating and implementing of social policies, on a national scale.


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1. CONTEMPORARY PERSPECTIVES IN THE CONTEXT OF CIVIL PARTNERSHIP

The origin of the term civil partnership is found for the first time in the 17th century (John Locke), and in a more developed form in the 19th century (Hegel). In that way, the difference between society and the state was marked, the need to show that there is an area of autonomous action and human relations, which are not directly influenced by the state, as institutions of power and force over citizens. In the sociological literature, the concept of civil society appeared during the eighties of the last century, as a result of the interaction between people, the conditions respecting civil rights and freedoms in the countries of Latin America and Southeast Asia, and the social crisis that affected the socialist societies.

At the core of the very concept - civil partnership is the man-citizen, his position, role, and influence in society. The man-citizen should maintain a sufficient degree of autonomy, freedom, and independence in relation to the state and forms of governance. The dominance of collective interests and collective psychology, the priority of collective demands and aspirations over the individual, create a social milieu in which civil partnership cannot develop (Castells, 2013).

There are necessary conditions for the development of a civil partnership. The first condition is economic development. Societies with a low level of economic development cannot achieve the basic principles of human freedom, autonomous action, and pluralism of political, social, and cultural needs and interests. Human security and independence in the material and wider economic sense are the basis of



any other independence, freedom, and complete independence. The development of democracy and the constant democratization of social relations (adopting democracy as content and procedure in all areas of communication and action between people and their groups) is the next condition for the development of civil partnership. The autonomy of social institutions (universities, cultural institutions, media) is also one of the important conditions for the establishment of civil partnership (Dzenkins, 2003).

Necessary conditions for the existence of such a society are the development of a large number of social movements and civil initiatives, the existence of civil organizations, a political culture in which there are no conflicts and manipulations, publicity of the work of state institutions and all forms of governance, developed public opinion, freedom of speech and the media. Liberalism in all segments of social life represents a necessary turning point in which civil partnership is born and develops. At the basis of the very concept is a free man, a citizen with his original and autonomous human rights, he participates as such in civil organizations and other forms of association in which the modern civil partnership is manifested.

According to Durkheim, civil society represents an arena of activities in which there is “dualism of human existence, struggle for personal and group interests, but also altruistic-idealistic activity for general interests, motives and goals that lead to common interests (in relation to the micro environment) and social and human good and progress. In essence, civil society has three basic levels: the citizen (individual), associations of citizens and civil institutions and the public as the third level of civil society expansion. From the previous paragraph it can be concluded that the civil sector must correspond and be in constant dialogue with democracy, liberalism, pluralism, and tolerance. If civil partnership is not connected to the previous four elements, then it may have characteristics of statistical tendencies, which lead to social anarchism or an anomaly of society, that is, it may be in the service of various dictatorial and destructive ideologies, attitudes, and movements. Civil partnership is a set of potentials, opportunities, and activities at the previously mentioned three levels (citizens, associations, the public), which can lead to freedom and creativity, but also to crisis, retrograde actions, and the dissolution of society (Harrison, 2014).

2. CIVIL PARTNERSHIP IN THE SOCIAL POLICIES OF NORTH MACEDONIA

The civil partnership in the Republic of North Macedonia has a significant role in the history of the country, especially in the period of national revival at the end of the 19th century. Before the Second World War, a number of charitable associations functioned, while the socialist modernization of Macedonia as part of Yugoslavia (1945-1990) gave rise to the emergence of many cultural, sport, social and vocational organizations, although they were under the control of the Communist Party during the socialist period. The independence that occurred in 1990 and the transition that followed, were important moments for the revival of civil society itself (MCMS, 2010).



In the Republic of North Macedonia, civil society organizations are defined as voluntary, non-profit and private organizations whose mission is change, support or promotion of various social segments. The aim of civil association is to influence social policies, that is, with its own contribution, to form a society based on democratic values. The term “non-governmental organizations” or the abbreviation “NGO” was retained in the first fifteen years of the state’s independence, until the adoption of the new Law on Associations and Foundations (2010) where they are defined as associations and foundations. In the Republic of North Macedonia, the association of citizens to achieve certain goals is not a novelty. But the question today is whether it represents a positive tool for the advancement of society before and after the independence of the state. Citizen activism in the Republic of North Macedonia is guided by current issues and needs in society. However, in some periods of development, the goals and mission of the civil sector, organized in civil associations, changes depending on the dominant political ideology and the conditioned available funds, that is, the priorities of the donors present in the country. With the beginning of the transition process of the state, the change and shaping of civil association have also begun. In the first decade of the independence of North Macedonia, foreign donors were present in large numbers in the country, and thus the sources of financial resources were easily available for civil society organizations. The relationship between the civil society sector and the state government in the first decade of our country’s existence is in its infancy, but not very intense. The state appears as the editor of the legal framework for the functioning of civil society organizations, but, nevertheless, its role in the development of the civil sector intensified in the second decade of the existence of our independent state. During the development process in the sector, civil organizations went through various changes and challenges caused both by the authorities in the country and by the present donors.

In the nineties of the last century, the European Commission financially supported civil society organizations in creating and implementing social policies in Macedonia, however, the establishment of the Instrument for Pre-Accession Assistance (IPA) in 2006 raised the standard for receiving financial support from the European Union. Financial support from IPA represented a challenge for civil society organizations in terms of the conditions that an organization should meet to implement social policies. This meant that the organization should be registered as a legal entity, with full technical equipment and strong human resources in terms of implementing project activities and managing a certain budget. In this regard, state and local institutions have begun to recognize the interest of cooperation with such organizations. In October 2004, the Government of North Macedonia proposed an Initiative to establish a department for cooperation with the civil sector in North Macedonia in order to achieve constructive cooperation with the civil sector in the country to encourage democratization and modernization in all segments of society. For this purpose, in 2006, the Strategy for cooperation between the government and the civil sector 2007-2011 will be adopted. Based on such global-local reconfigurations, the civil sector in political circles, but also in the general public, started to be perceived as



a potential and desired partner in the management of important social processes. It was an announcement of a new - cooperative and partnership - relationship between politics and the civil sector. These strategic initiatives and documents were translated into specific programs and measures aimed at the development of civil association within the so-called policy of multilevel governance (policy of multilevel governance). This policy contributed to the gradual transformation of the general context of action of the civil sector. We find the most significant element of that new social environment in the transition from hostility to partnership relations between the state and civil society. The central government understood and accepted that the politically desired membership in the EU comes at the price of transferring part of its power up to the EU institutions and down to the local authorities (decentralization) and civil organizations (deetatization). The new model imposed a change in the civil sector as well. It is expected to professionalize and increase its capacities for taking responsibility of a competent executor of public activities, and not just a critic of the authorities (Donevska M. Mojanchevska K, Ilievski K, Iloska A., Trajkovski I, Rahić B., 2018).

On the other hand, the social policy in North Macedonia since the independence in 1991 until today has been taking actions to create a modern, stable, and functional system of social protection that aims to respond to the new needs of the users. The system of creation and implementation of social policies inherited from the former Yugoslavia adapted to the new social context and the newly created social problems imposed by the transition period. Namely, during that period, unemployment increased, the standard of living decreased, the gross domestic product decreased and the social vulnerability of a large number of citizens who were directly affected by the transformation of the socio-economic system in the process of privatization of social capital and other social developments increased. This situation imposed the need to implement a series of reform processes in the field of social protection, which is an operational technique of the social policy itself.

These processes are not only specific to the social policy in North Macedonia, but they are also subject to debate and implementation in other social states in Europe. For example, Pallier points out that the current changes in Europe can generally be reflected through reductions in social transfers, privatization, “neoliberalization” and farewell to social democratic ideals. The same author wonders if these common trends impose a uniform way of adapting different social policies to the changed social and macroeconomic conditions (Palier, 2006).


The experiences of other countries with social reforms in this area represent a significant resource in developing normative solutions and strengthening of institutional capacities for realization of social protection activities. The lessons learned from the reforms implemented so far show that a key factor in the processes of knowledge transfer and good practices is adaptation to the local context. Based on this, countries looking for new institutional solutions to restructure social protection systems should consider examples of reform activities that have been implemented in a so-



cio-political framework similar to their own. Basically, three main dimensions have been identified that should be taken into account when implementing administrative changes: the wider social context in which the reform is implemented (history, tradition, influences, strategic goals), the political arrangement (political system, organization of local government, degree of centralization/decentralization) and the existing institutional arrangements that characterize the social security system. From the experiences of other countries that implement institutional reforms of social protection systems, the following solutions that correspond to the local context emerge:

- Normative arrangement of the entire system of social protection in one legal text is not always the best legislative solution, because it creates a complicated legal framework, with many general provisions, which are difficult to follow, especially from the point of view of the beneficiaries.
- The central management of the social security system through one ministry enables a holistic approach and connection between the systems of social protection and social insurance. The division of powers within several ministries leads to frequent overlapping of responsibilities, loss of energy in long and tedious processes of negotiation for certain changes.
- Integrating the administration of cash benefits that are not based on social insurance into a specialized central system with decentralized regional offices and contact points in local units.
- Decentralization of services at the local level by creating a strong central mechanism for regulation, supervision, and financing.
- Creation of clear, simple, and transparent rules for social bargaining with non-state providers of social services, minimum quality standards, work permit (license), price regulation and participation in payment.

In the implementation of the reforms, several key factors that condition the success of the reforms should be taken into account: a clear distribution of competences between the central and local authorities, reliable sources of funding for social services, transparent contractual mechanisms and a system of legal and professional supervision. The quality of public administration, that is, its capacity for articulating goals and implementing political solutions significantly affects the results of policies, especially in the case of complex institutional reforms. Institutional change may be constrained by the historical roots of welfare regimes, which set states on different trajectories that tend to be difficult to change. Differences in the bureaucratic tradition and institutional culture of the institutions/organizations to be changed have also been identified as important barriers to successful institutional reform of social protection. Such rigidity affects the transferability and success of certain institutional arrangements from other countries. This means that the lessons learned from the experiences of specific countries can only be applied with significant adjustments based on a thorough analysis and taking into account all the differences in the local context (Scharle, 2014).



One of the trends that is characteristic to social reform is the trend of pluralization in social policy, which can be interpreted as an effect of the crisis of the welfare state in Europe, which was more strongly felt during the 80s of the 20th centuries. In the countries of Central and Eastern Europe, such practices gained momentum in the mid-90s of the 20th century. Due to reduced economic resources, the public sector, until then the main social provider, begins to limit the range of its services and at the same time provide legislative opportunities and initiatives for greater entry of civil and private actors in social protection. The pluralization of social policy in Europe occurs in several forms: partnerships between the public and private sectors (public-private partnerships), contracting, quasi-markets, etc.

Pluralization in the provision of social protection services in Macedonia was institutionalized for the first time with the amendments to the Law on Social Protection in 2004, but they are treated in much more depth with changes from the Law on Social Protection from 2009 and the Law on Social Protection from 2019. Although, in reality, the emergence of the private and civil sector in social policy in Macedonia begins in the mid-1990s, still such trend is different from that in Western European countries. The reason for this difference is that in Macedonia there was no previous tradition of functioning of these actors as providers of social protection. This particularly refers to the absence of any previous experience of the private sector in social protection in Macedonia's past. In the past, civil partnership in Macedonia was also not formally institutionalized and it can only be recognized in informal family and neighbourhood assistance, as well as in the social activity of church municipalities. The lack of previous experience of these actors in social policy contributed to the feeling of mistrust among users of social services towards these actors as providers of social protection.

Today in North Macedonia there are 14,914 registered citizens' associations that are financed from the central budget, the budget of individual Ministries, funds received through the lottery and other games of chance, as well as through the Secretariat for European Affairs (in the context of activities related to European integration). However, most of the funds of civil society organizations come from international donors/foundations. In the context of civil society organizations from the domain of social policy, at the moment, the Ministry of Labour and Social Policy currently has 4 different registers with over 100 organizations (not all of them civil), which provide services in separate domains of social policy (employment, social protection, social insurance). These registers are composed of organizations that have met the criteria for professionalism, competence, and quality, and only they can apply to the tender calls published by the MTSP. The domains in which civil society organizations are active in the social sector in the Republic of North Macedonia are actually those in which the state has less developed capacities and forms of assistance, such as day care centres for the assistance of socially vulnerable categories, SOS lines, assistance to specific categories such as women, members of different ethnic communities, programs to support informal education, etc.




On the other hand, today in North Macedonia, it can often be observed that the implementation of social policies remains at the level of unfulfilled promises. Although the Government's work plan sets goals and foresees social policy activities, in practice, they are often neither met nor measured according to success or performance. Unlike North Macedonia, in countries with a more developed political culture, government officials are under constant scrutiny of public opinion, which requires effective policy making, information provision, and fact-based policy making in general. In conditions of democratic consolidation and economic transition, it is imperative that North Macedonia institutionalizes the mechanisms and practices through which the holders of power will be called to responsible action and behaviour. In addition, in the context of the negotiations for Macedonia's membership in the European Union, monitoring the implementation of reforms and assessments, the achieved results become especially important because the issue of effective and sustainable implementation of the legislation of the European Union will essentially determine the very dynamics of the negotiations and finally the accession of Macedonia to the Union.

In this context, the question arises: How to achieve results in social policies through the involvement of civil society organizations? - Insufficiently constructive opposition to the political scene in the current circumstances, lack of critical public and interest of citizens to take more active participation in social events, civil society organizations (CSOs) are expected to take responsibility for presenting facts and arguments, developing critical thinking and activating citizens. In addition, the process of European integration and the negotiations for the accession of North Macedonia to the European Union require additional involvement of civil society organizations, providing experts for the areas in which they are specialized, as a corrective mechanism for the work of the Government. At the same time, civil society organizations face financial challenges: foreign donors, which until now represented the largest source of support for civil society organizations, are gradually withdrawing, and therefore it is necessary to think about new models of sustainability.

The improvement of the work of the state in the field of social policies requires a constant review, measurement of the achieved goals in relation to the set ones and evaluation of the results and the achieved success. The governments of today's countries face constant pressure from citizens and are strongly influenced by public opinion to improve their administrative and economic efficiency, due to a large number of complex and technical problems that require expertise and force decision makers to seek help from external actors. These trends do not bypass Macedonia either, where in conditions of democratic consolidation and economic transition and in the context of negotiations for membership in the European Union (EU), mechanisms and practices are gradually being developed to exert pressure on the Government and call for responsible activities and behaviour.

Speaking about the pluralization of social policy and the inclusion of civil associations and the civil sector as a whole in social policies, the knowledge so far about



the ways of their inclusion indicates the trend of building partnerships between public authorities and civil associations and organizations, licensing and fulfilment of certain conditions that lead to the professionalization of associations, encouraging contractualization, which leads to a new public management in the public administration.

CONCLUSION

Civil society has a very significant role and is an influential actor in creating awareness of a wide range of issues related to social development and thus is also an important factor in the creation of public policies. In this direction, the civil society cannot develop without the support of the state, because it must have a basis in a mature democracy and a mature political culture in which there are legitimate demands and civil rights are respected. The different theoretical points of view point to the necessity of a civil association to maintain its specific character, that is, to preserve its independence from the state. In this direction, civil society organizations have an important role in encouraging citizens to follow the work of state institutions and to use the available instruments and mechanisms with the aim of greater accountability and transparency of the institutions. Their activities should not be considered only as a product of the public, but they should be the result of the interaction with the public authorities in discovering numerous social needs. In that way, associations would facilitate the approach of public authorities in communication with citizens, promoting openness to participation in public structures.

The current situation in the civil society sector, as well as its place in the modern Macedonian society, in general, are the result of the influences, but also the adjustments by the found structures and subjects of the civil partnership in relation to the historically shaped structures and subjects in other spheres of social life, and above all, of the state and politics. At the same time, it is particularly important to emphasize that the interactions between the civil society sector and other levels of society, in our country, are not established in a vacuum. They were and still are under the strong influence of Western (Western European and American) globalist political, economic, civil, security and other interests, strategies, structures, and subjects. From the attributed, it can be concluded that there is a change in government institutions towards building a European style of inclusive decision-making and a society based on dialogue and participation of the civil sector. The consistent implementation and constant improvement of cooperation procedures, defining a clear vision and long-term strategy for the development of the civil sector and building a mutually respectful open relationship and partnership meet difficulties and certain remarks, but also contain sufficient potential for the future further development of relations between the civil sector and public authorities, but also political culture and democracy in the Republic of Macedonia. However, the analyses give the conclusion that the changes in the relations between the public authorities and the



civil sector in the past years in the Republic of North Macedonia in the process of creation and development of social policies are characterized by levels of politically motivated mobilization, which should represent an indicator of civil activism. The current practices of relations between the state and the civil sector give the conclusion that the involvement of civil society organizations in the development of social policies is the result of party-political instrumentalization.

We can give the conclusion that social policy is a dependent variable in contemporary sociology, which allows setting up a new platform as a possible answer to contemporary sociological questions. In the context of the previous analysis, it refers to strengthening the role of national states through greater participation of citizens in adopting roles, respecting human rights, cultural and democratic values, reducing interdependence and creating the opportunity for states to create their own policies within their opportunities. Policies that are oriented towards their specific historical, economic, cultural, and institutional development, but above all political context. But still, taking into account global trends and respecting individual differences.

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