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Instituti i Psikologjisë

# Mapping the impact of COVID-19 on the provision of social services for children and families in need



**Institute of Psychology**

Department of Psychology, Faculty of Philosophy  
University of Prishtina "Hasan Prishtina"

**2022**



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The materials, content and views expressed in this report are those of the experts engaged in the mapping and do not necessarily represent the views of UNICEF or the EU. The report has not been edited according to UNICEF's and EU's official publication standards and neither take any responsibility for any spelling errors.

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# Glossary

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<b>BFO</b>	Budget and Finance Officials
<b>COVID-19</b>	Corona Virus Disease 2019
<b>CSW</b>	Center for Social Work
<b>EU</b>	European Union
<b>IP</b>	Institute of Psychology
<b>KAS</b>	Kosovo Agency Statistics
<b>IT</b>	Information Technology
<b>LMIC</b>	Low-and-Middle Income Countries
<b>MFLT</b>	Ministry of Finance, Labor and Transfers
<b>MHPSS</b>	Mental Health and Psychosocial Services
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NGO</b>	Non-Governmental Organizations
<b>OECD</b>	Organization for Economic Co-operation and Development
<b>SSO</b>	Social Service Officials
<b>UNICEF</b>	The United Nations Children's Fund
<b>WHO</b>	World Health Organization

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# Acknowledgements

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A team of experts led by Dr. Natyra Agani-Destani and Ass. Erëblir Kadriu, finalized the report on behalf of the Institute of Psychology, while Mary Bunn, from the University of Illinois Chicago, reviewed the report. Prof. Aliriza Arënliu and project manager Diadora Cërmjani contributed extensively during the process of researching and writing the report. We also thank UNICEF Kosovo staff for their comments and support.

We would like to thank all relevant institutional and civil society representatives that contributed to this study by providing information, distributing the questionnaire to social service providers and organizing focus groups with beneficiaries, children, and their families. In particular, we would like to acknowledge the directors of the Center for Social Work (CSWs), in particular Vebi Mujku, and the representatives of the Ministry of Finance, Labor and Transfers and Department of Social Policy and Family. We also received valuable support from civil society representatives such as OFAP (Organization for children without parental care), SOS’s Children Villages, HandiKos, Terre des Hommes, and Down Syndrome Kosova.

The study focuses on social service providers, children, young people, and their families benefiting from social work services. Specifically, this study aimed to assess the effect that COVID-19 had on the provision of social services to children and their families. The report quantifies the beneficiaries of social services, details their vulnerabilities, categorizes the groups already affected by COVID-19, and assesses their most critical needs.



# Executive Summary

The COVID-19 outbreak was declared a global pandemic by the World Health Organization (WHO) on March 11 2020. Kosovo was forced to respond to this challenging public health emergency. The measures undertaken for infection control included isolation, movement restriction, and closure of businesses, workplaces and schools which had multiple social, economic, health, and mental health impacts. Policy experts, the media and initial research indicated that the COVID-19 pandemic would have serious short and long term impacts on society in general and especially on more vulnerable groups such as those receiving various social services. Centers for Social Work (CSW) were overwhelmed with new applications for financial support offered by the Government of Kosovo as well as difficulties in the provision of regular services. UNICEF Kosovo in collaboration with the Institute of Psychology at the University of Prishtina "Hasan Prishtina" explored the effect of COVID-19 on service delivery within CSWs and the impact of the pandemic on children, adolescents, and parents who are beneficiaries of social services.

The study aimed to explore the experiences of workers delivering social services in CSWs and community-based organizations during the pandemic and to identify their psychosocial training needs. The other aim was to use qualitative data to understand the effect of the pandemic on beneficiaries, both children and families, both in terms of receiving social services and their daily hardships during the COVID-19 pandemic.

A mixed-method approach was used, including both questionnaires and focus groups. The survey included a total sample of 101 CSW workers and NGO social service providers. Additionally, researchers conducted 20 focus groups with 45 children and 80 parents who are beneficiaries of CSW services. The results of the qualitative and quantitative data showed that COVID-19 had a significant negative impact on the well-being and functioning of vulnerable children and families who access the social assistance scheme. The pandemic also negatively affected the well-being of workers, many of whom felt overwhelmed and burnt out by increased work responsibilities. The current assessment also identified what would enhance the skills of social workers, such as training in the field of substance use and abuse, child protection, psychological first aid, suicide prevention, and child delinquency, and violence, including family violence. Children, adolescents, and parents interviewed reported significant financial and mental health strain during the pandemic period, including difficulties with online learning due to lack of equipment and stable internet connections as well as unclear instructions. Both children and parents recognized the importance of social services; some of them suggesting improvements.

Based on findings, the report recommends stronger collaboration between CSWs and other stakeholders in terms of provision of health (including mental health), education, and rehabilitation services; as well as supporting the well-being of social workers, and providing capacity building to improve provision of mental health and psychosocial services. Other recommendations include the need for provision of regular psychological services within CSWs, support for alternative forms of non-formal education for CSW workers, provision of psycho-education sessions for families and caretakers, establishment of self-help groups for parents, and coordination of volunteer work opportunities for beneficiaries of social services. Findings reiterate previous research in Kosovo that vulnerable groups, especially children, need support to access health and educational services. It found that COVID-19 exacerbated the psychosocial needs of both staff and users. Social services and relevant stakeholders need to address mental health needs.



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# Introduction

## Background and context

Kosovo is a post-conflict country undergoing political, social, and cultural transitions. According to the Kosovo Agency of Statistics (2020), 27 per cent of the population is under the age of 14. Around 5 per cent of children are involved in child labor; this rate is 7 per cent for Roma, Ashkali and Egyptian communities. This is concerning as 10 per cent of children involved in child labor don't attend school. In terms of schooling, most children participate in compulsory education (grade 1 to 9); however, there are disparities in attendance among children from Roma, Ashkali, and Egyptian communities (84 per cent attend primary level while 64 per cent allow lower secondary level). The disparity in the upper secondary level is even higher, with 87 per cent of children from the general population attending while only 31 per cent of children from Roma, Ashkali, and Egyptian communities are enrolled (MICS, 2020). A large share of children (72 per cent) has experienced violent discipline including psychological aggression or physical punishment (MICS, 2020).

The COVID-19 pandemic negatively impacted the situation of children in Kosovo. It has interrupted health, mental health, and social services and slowed the economy, which increased the number of families living in poverty. This disrupted schooling and increased the risk of mental health conditions, especially among vulnerable and at-risk groups benefiting from child protection and social services. On a macro scale, Kosovo's economy experienced a contraction of 6.9 per cent (OECD, 2021). This situation worsened unemployment, which was already at 25 per cent before the pandemic (Kosovo Agency of Statistics, 2020), and induced an economic crisis (Gashi, Sopa, & Havolli, 2021).

During April 2020 the private sector temporarily laid off 60-70 per cent of employees (Krasniqi, 2021), heavily impacting the social and economic well-being of families in Kosovo.

According to the OECD (2021), COVID-19 further increased the vulnerability of the most disadvantaged and at-risk communities, families, and children. The crisis has especially impacted those without social protection coverage and therefore increased the number of families and individuals needing social assistance.

To address this, the Kosovo government announced and implemented several stimulus measures, including a stimulus package for citizens and businesses, which accounted for 2.8 per cent of the GDP and an increase in household transfers by 38 per cent (World Bank, 2021). A number of these measures were implemented by social service centers which overwhelmed them. Quarantines meant that social workers were unable to implement their usual support services (KOMF, 2020) and were instead expected to handle the administration of financial stimulus packages. In one CSW in the municipality of Prishtina, one social worker was managing 230 active cases (KOMF, 2020). Only institutions and NGOs providing services in shelters and community-based homes, continued to provide uninterrupted 24-hour services to the most vulnerable populations (foster care for children and support for elderly persons, victims of domestic violence, abuse, and trafficking) (KOMF, 2020).

The pandemic also increased the need for psychological services and treatments. Globally, studies have documented significant increases in mental health problems during the COVID-19 pandemic, including high levels of stress, emotional distress, and substance abuse (Gadernann, 2021).

Increased mental health strain was also observed in Kosovo among university students (Arënliu et al., 2021), health care workers (Gallopini et al., 2021), teachers (Shala et al., 2022) and the general population (Beka et al., 2022). Social workers faced job-related stressors, which negatively affected their mental health. These included social restrictions (Banks et al., 2020); difficulties providing services online; limited resources; challenges prioritizing services and user needs; balancing service user rights with the risk of infection; and handling fatigue while working in stressful circumstances. This all increased the risk of burnout. CSWs could not provide psychological services due to the lack of psychologists (GAP, 2021). CSWs could only provide services in emergency cases such as those of domestic violence. Workers lacked transportation and means of communication necessary to carry out their regular tasks.

Kosovo has experienced four waves of the pandemic since 2020, with a death rate of 1.38 per cent, which is higher than some countries in the region including Serbia (0.8 per cent), Albania (1.27 per cent), but lower than Macedonia at 3 per cent and Montenegro at 1.7 per cent (Statista, 2022).

## Purpose and the scope of the assessment

The assessment's first aim was to review social service workers' experiences during the COVID-19 pandemic and identify the training needs required to strengthen psychosocial services offered by CSWs.

The second aim was to assess the effect of COVID-19 on beneficiaries's access to social services. The report findings are considered relevant to policymakers in social work and social services, organizations working in the delivery of social services, social workers, and experts and institutions working in child protection services.



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# Methodology

## Research Design

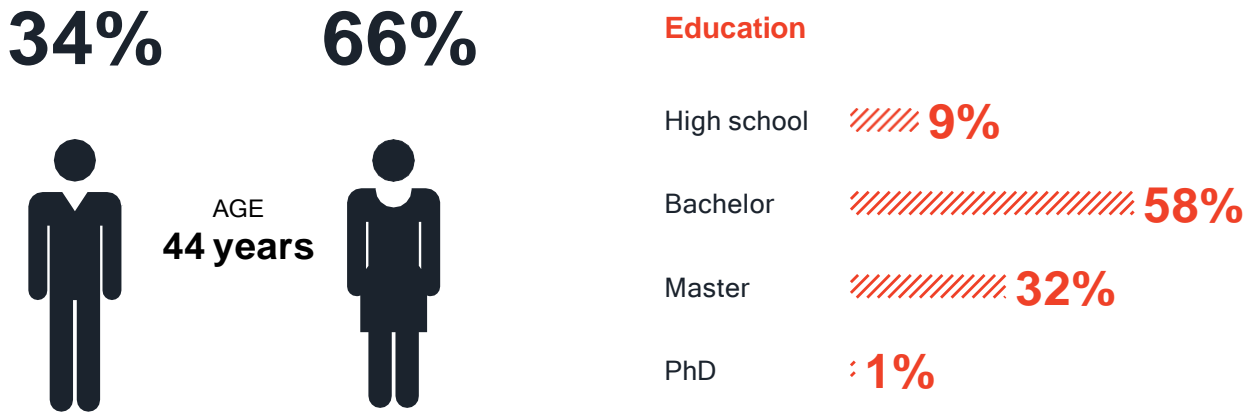
This study employed a mixed-methods design where the data were collected using both qualitative and quantitative methods. Quantitative data was collected via a structured questionnaire designed and piloted for this study, with both closed and open-ended questions about the capacities and needs of social service providers and how COVID-19 affected the provision of services. Qualitative data was collected via focus group discussions with both vulnerable children and adolescents and adults who are beneficiaries of CSWs.

## Sample and Sampling Procedure

For the quantitative study, questionnaires were sent to over 400 social workers, psychologists, and other social service providers included on a database provided by the Ministry of Finance and Labor and Transfers (MFLT). Out of all questionnaires sent, 101 were completed and included for data analysis. For the qualitative study, a list of licensed non-governmental organizations and relevant institutions was provided by the MFLT. The organizations were provided with information about the study's purpose and asked to organize children to participate in focus groups. Focus group discussions with children were conducted at SOS Children's Villages (three groups), Organization for Children without parental care (two groups), Down Syndrome Kosova (one focus group), HandiKos (one group), and Terre des Hommes (two groups). Parent beneficiaries were identified by the CSW in Pristina. Their focus groups were conducted on the center's premises. On average, the focus groups with children lasted 60 minutes, while focus groups with parents lasted 65 minutes.

## Survey with social workers

Overall, 101 professional (out of 400) completed the questionnaire sent online. Survey respondents were social workers (14 per cent), psychologists (21 per cent), sociologists (12 per cent), pedagogists (9 per cent), lawyers (23 per cent) and other professions (21 per cent). The majority of the participants were women (66 per cent). The participants' ages ranged from 23 to 64 years old, with a mean of 43.95 [SD=11.48]. Overall, most participants had an established career within the institutions in which they are employed. Most participants reported working experience with children with disabilities (43 per cent) followed by 41 per cent with children who are victims of domestic violence, 40 per cent with children without parental care. Working experience ranged from one to 44 years, with a mean of 12.28 years (SD = 8.54). Table 1 illustrates the demographic characteristics of the participants.



 **University degree**

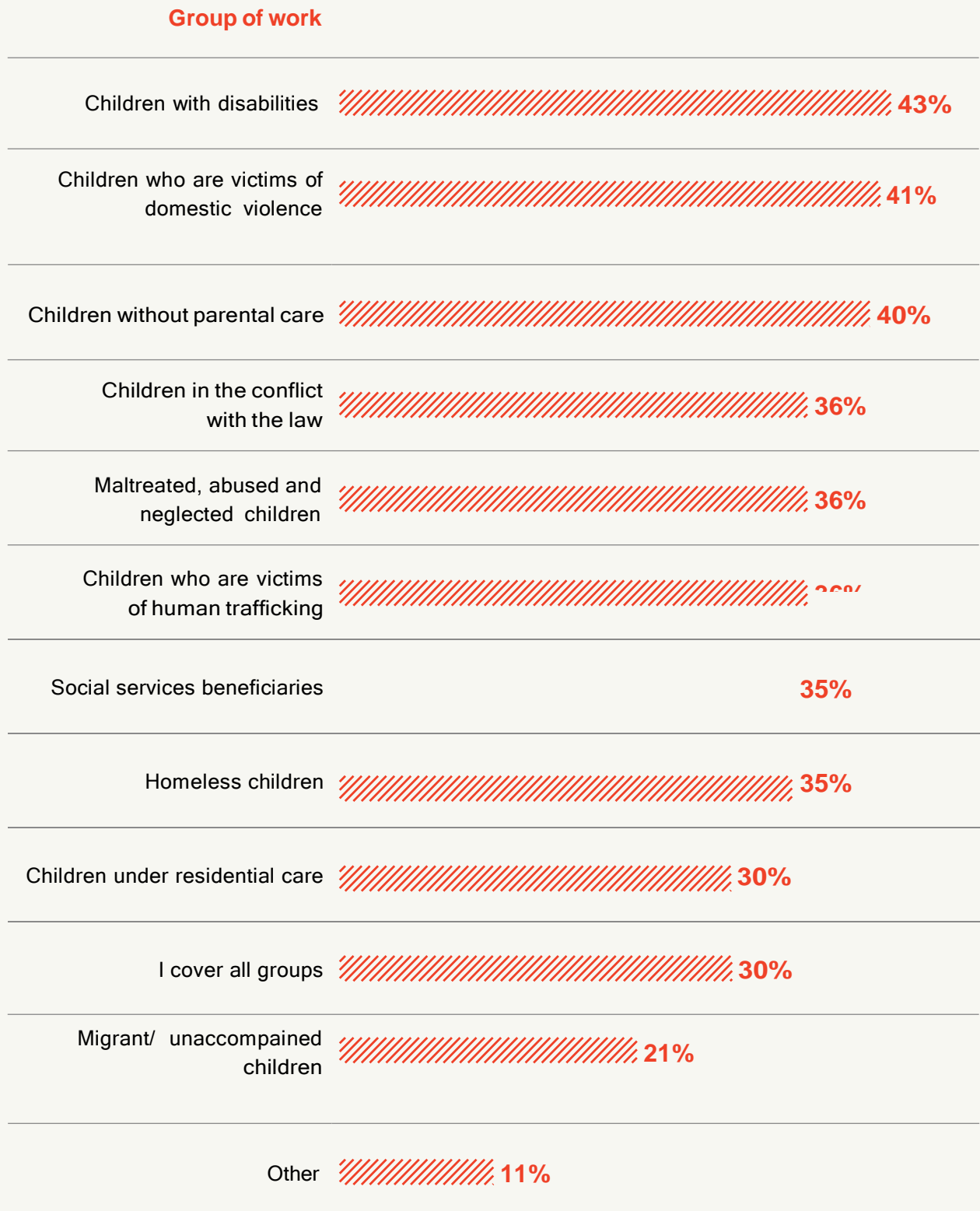


**Table 1.** Demographic characteristics of participants

The majority of participants (42 per cent) said they were social service officials, followed by directors (19 per cent), social service leaders (9 per cent), social assistance leaders (7 per cent), and budget and finance officials (3 per cent) (Annex D).

The geographic distribution of the social workers was as follows: most were from Prishtina (16 per cent), Gjakova (16 per cent), Prizren (13 per cent), Ferizaj (10 per cent), Gjilan (12 per cent), Lipjan (10 per cent), and Peja (8 per cent), followed by Kamenica, Malisheva, Skenderaj, Vushtrri, Artane, Dragash, Kacanik, and Hani i Elezit (Annex D).

● **Figure 1.** Indicate the main group with which you carry out your professional activity



## Focus group documentation and analysis

All focus groups were recorded and transcribed. Thematic analysis was used to analyze data using ATLAS.ti software. Thematic analysis involves evaluating and reporting recurrent patterns in a dataset (Braun & Clarke, 2006). It is a method for describing data, but it also involves interpretation in the selection of codes and the creation of themes. After reading the transcripts, 16 codes were generated from the focus groups with children and seven codes from the focus groups with parents. The primary focus of the analysis was assessing the impact of COVID-19. The focus then expanded to include socio-economic challenges and difficulties with online learning for children.

## Participant's focus groups

Twenty focus groups were conducted with 125 children and parents who benefit from social services; eight with vulnerable/at-risk children and 12 with adults. Child participants ranged in age from six to 16. Between four to nine children participated in each focus group, the majority of whom were girls (60 per cent).

The age range of adults in the focus groups was 29 to 65. Most were parents (95 per cent), with anywhere from one to seven children living with them. Between four and seven adults participated in each focus group, the majority of whom were men (65 per cent).

## Ethical considerations

For the quantitative assessment, participants provided consent to fill out an anonymous questionnaire online. Partner organizations obtained consent for participation in the focus groups from children and their legal guardians. Adult participants provided verbal consent for participating in focus groups. Facilitators verbally explained that audio recordings and reports would be anonymous.

## Measures

Questionnaire [\(Annex A\)](#)

The questionnaire contained open and closed-ended questions, divided into several categories such as demographic, and descriptive personal and professional information about participants, assessment of their professional situation and the impact of COVID-19 in their work, assessment of the mental state of vulnerable groups, and their assessment of needs for training and professional development.

[Topic guides \(children and adults\)](#)  
[\(Annex B & Annex C\)](#)

The focus group discussions were organized around several issues such as the overall impact of COVID-19, with a special focus on participants' psychosocial needs as well as the educational needs and experiences of the children during the pandemic. Focus group leaders used topic guides to orient the discussions.






**Results**

This section of the report presents results in a blended fashion by combining the quantitative data from the survey with social workers and qualitative data from focus groups with adolescents and parents who were beneficiaries of social services. This approach enables the elaboration of the quantitative findings by citing quotes and results from focus groups.

## The impact of COVID-19 and the state of readiness in the provision of social services

The survey shows that the majority of social workers (81 per cent) consider that coordination between

institutions responding to COVID-19 was satisfactory. Similarly, a high percentage of social workers (77 per cent), state that they felt well prepared and had clear instructions on how to respond/adjust practices during COVID-19. Teleworking allowed participants to continue their professional work according to 68 per cent of respondents, even though 61 per cent reported that they didn't have the necessary training and instructions to carry out remote work. A large majority (96 per cent of the participants) said social services were overwhelmed. Half of the participants considered human resources to be insufficient, and 74 per cent said their work duties were significantly altered during this period. The results are presented in Figure 2.

 **Figure 2.** State of readiness in the provision of social services

<b>State of readiness</b>		Disagree	Agree
Coordination between institutions	<b>19%</b>		<b>81%</b>
Clear instructions	<b>25%</b>		<b>75%</b>
Teleworking	<b>33%</b>		<b>67%</b>
Necessary training and instructions	<b>40%</b>		<b>60%</b>
Social services system overload	<b>5%</b>		<b>95%</b>
Human resources	<b>50%</b>		<b>50%</b>
Altered duties	<b>27%</b>		<b>73%</b>

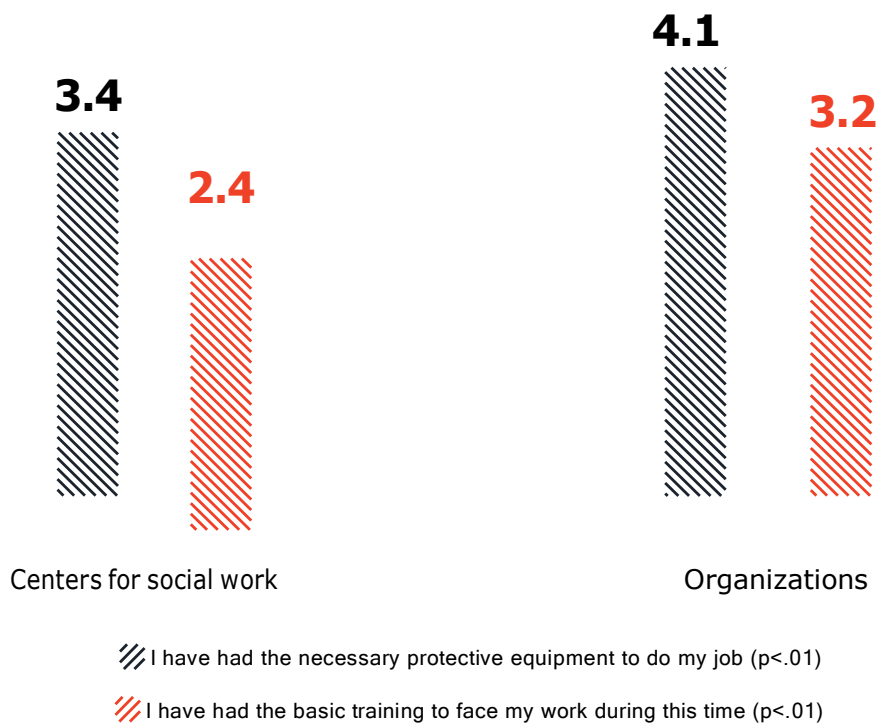
### Comparison of social workers working in social services and other organizations

The majority of social services in Kosovo are provided by public institutions, mainly through CSWs, however, there are also a number of community service organisations that the MFLT licenses to provide social services for children in need and their families. The non-public CSO actors have provided a broad

spectrum of services during the pandemic, including 24-hour shelter care for vulnerable populations. The questionnaire responses suggest that non-public services providers were better equipped with protective equipment. They were also better prepared and trained on carrying out their work during the pandemic compared to social service workers at CSWs.

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**Figure 3.** Average scores for protective equipment and training to complete their work; comparison between social workers working in Centers for Social Work and NGOs



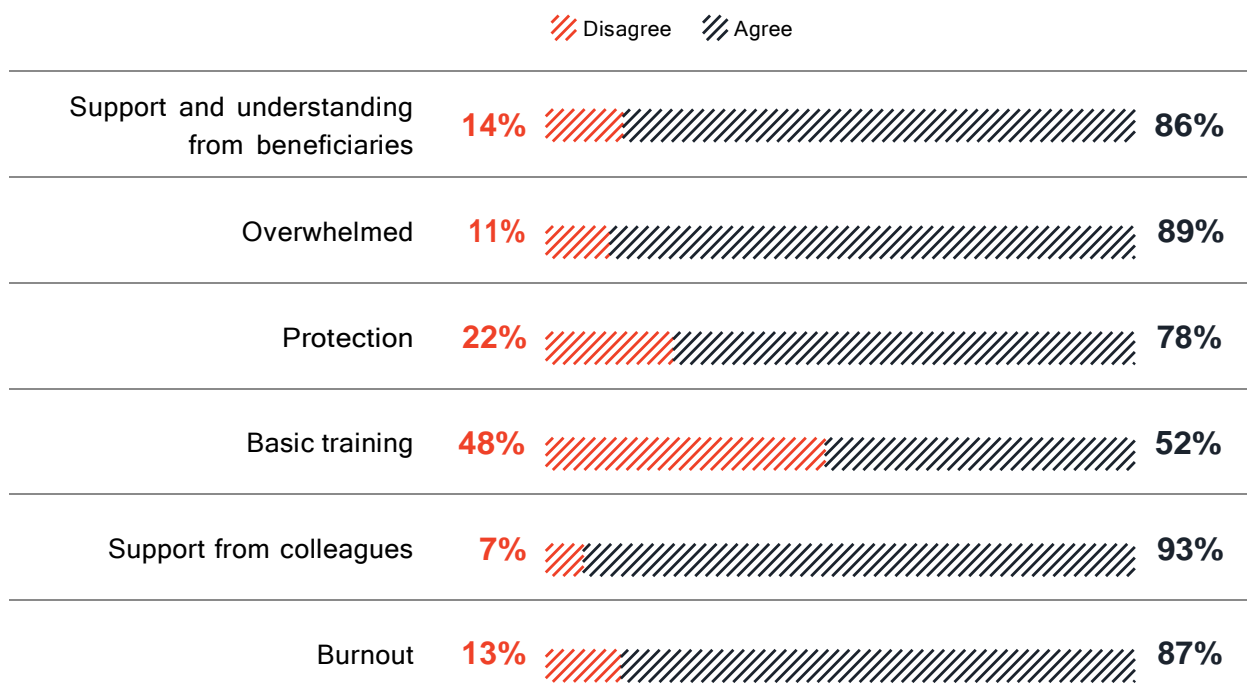
## Impact of COVID-19 on social service providers

COVID-19 impacted social workers' work and well-being. Nearly 90 per cent of respondents felt overwhelmed, and 87 per cent faced burnout during the pandemic. Respondents said they were not trained during the first period of the pandemic, however 93 per cent reported being supported by their colleagues in solving the problems they faced, and 78 per cent agreed that they had necessary protective equipment. Social workers also felt that they had the understanding and support of beneficiaries during this period (87 per cent).

In the focus groups, interviewed parents and adolescents confirmed the high workload in CSWs and recognized the vital role of social assistance

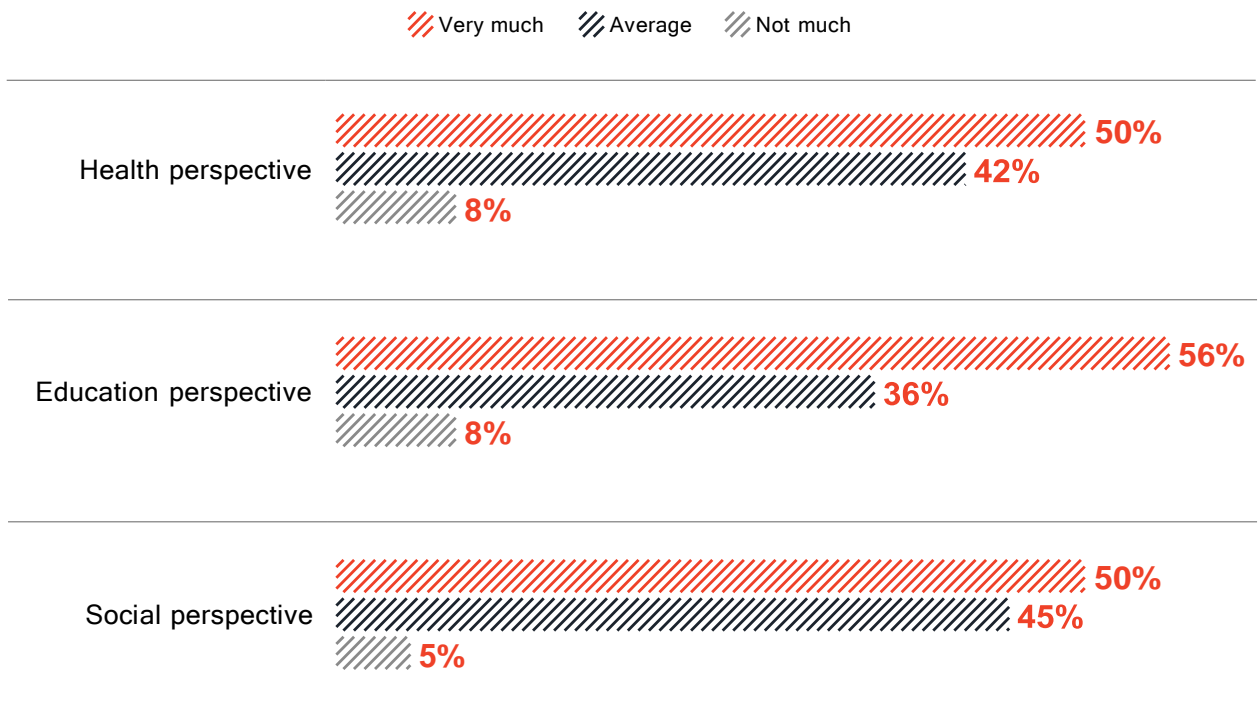
during pandemics. Specifically, they mentioned staff shortages or an inadequate number of staff members to face all the demands caused by the pandemic. Most parent participants said that the social assistance they received during the pandemic doubled and helped them overcome their difficulties. They were able to obtain food and drink, hygiene packs, heating support, coupons, and technological equipment. However, even with all this assistance, some parents reported food deprivation lasting for at least one day until receiving help. Adolescents also expressed their gratitude, especially to nonpublic social service providers, for continuing to provide services during the pandemic or enabling them to receive support online.

**Figure 4.** Impact of COVID-19 on social services providers



● **Figure 5.** Impact of COVID-19 on social services providers

**To what extent did the COVID 19 pandemic impact children and their families benefiting from health, education and social services?**



## Impact of COVID-19 on beneficiaries of social services

### Social protection challenges and changes as result of COVID-19 pandemics

More than 90 per cent of social workers consider that COVID-19 had an impact on beneficiaries' social and health and education needs. (Figure 5).

Parents and adolescents from focus groups provided more insight into their experiences of social isolation, interruption of routines, and change in lifestyle due to the pandemic and associated lockdowns and school closures.. Parents reported being confused by the rapid changes and worried about the welfare of their families and children. Financial stress was particularly common, which negatively impacted parents' social life and daily routines.



We struggled during the pandemic; our only source of income was 120 euros from social welfare. What's worse, grocery shopping was challenging for us as well. The children were in school, but when they started using the internet and didn't have the equipment to teach them online, we ran into many difficulties. As a parent, I can attest that it is disastrous when a youngster begs for something and you cannot fulfill their requests. Other than the 120 euros, sadly, we have no other resources.”  
(Parent)

#### Changes and challenges in education process due to COVID-19 pandemics

Most social service providers report that the pandemic negatively impacted education (56 per cent).

Adolescents in focus groups reported significant challenges with distance and online learning. The vast majority of children reported disliking distance learning and not being able to benefit from it. Most children explained that they did not have the equipment to join distance learning at the beginning of the pandemic. Lessons provided by the public broadcaster RTK were more reachable by most children compared to online lessons.

Both parents and children reported multiple challenges in online learning due to frequent and unexpected power cuts, weak internet connections and lack of tablets, laptops and computers.

Participants reported being faced with difficult situations with uncompromising teachers, who often required proof from their parents that the children could not participate in online classes. In addition, some respondents said they had online classes concurrently with other siblings, which necessitated sharing devices. Many parents reported using their neighbors' internet connections to access distance learning.



I had only one phone and three school-age children. The use of the telephone was done by taking turns. If one of the children attended online classes, the other two had to be absent from class. I was unable to obtain two more devices for them. (Parent)

Adolescents said the need to support their families economically or take care of their siblings also interrupted their attendance at online classes.

#### Health related issues due to COVID-19 pandemics

Parents and adolescents in focus groups reported that health conditions exacerbated concerns during COVID-19 pandemics. Family members with chronic health conditions were of significant concern. Chronic illnesses added a burden to families since they described the medication needed to treat such conditions as very expensive, considering their scarce financial means and limited social assistance. Due to these underlying health conditions, some participants were also not eligible to receive COVID-19 vaccines, further adding to the stress and worry of potentially contracting the virus.

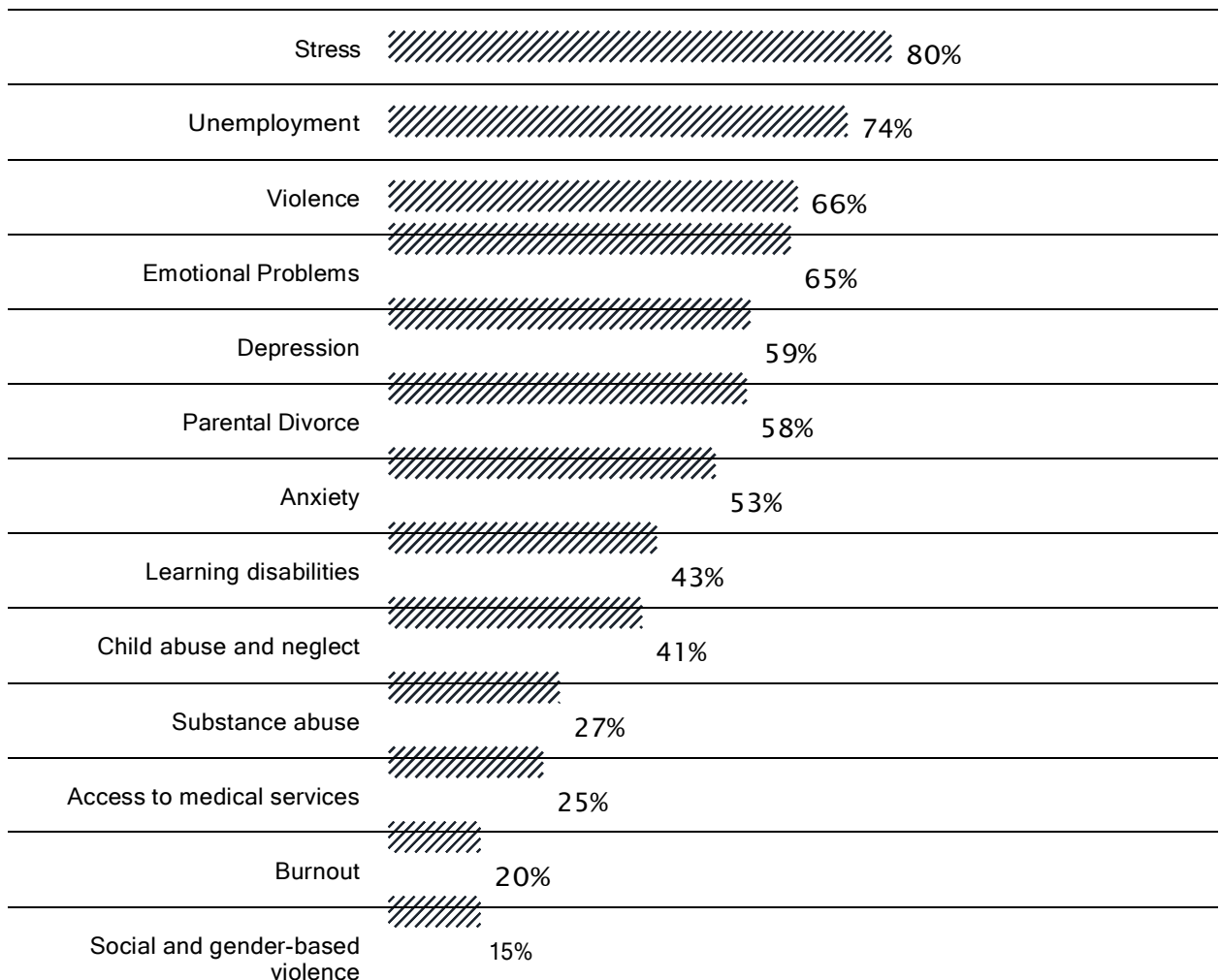
### Mental health issues as a result of COVID-19 pandemics

COVID-19 impacted the mental health of children, adolescents, and their caretakers. Most social workers (80 per cent) consider stress the leading mental health issue for beneficiaries of social services. Other identified unemployment (74 per cent); violence (66 per cent); emotional problems (65 per cent); depression (59 per cent); and anxiety (53 per cent) (Figure 6).

Furthermore, an overwhelming majority of social workers (98 per cent) confirmed that social isolation severely affected people with mental illness and their families. It also increased gender-based violence against women and their children (stated by 97 per cent of social workers). Detailed results from open-ended questions posed to social service providers are presented in *Annex D*.

● **Figure 6.** What are the main mental health issues that your clients (children and caretakers) face or exhibit?

#### Mental health issues of services beneficiaries according to social workers



In the focus groups, parents and adolescents reported experiencing negative mental health symptoms such as stress, anxiety and apprehension during quarantines. Children and adolescents their parents also struggled, making the situation even worse for them. Approximately one-third of focus group participants reported having had COVID-19 or said that one of their close family members had it. Among participants, there were very few death cases caused by COVID-19. Social relations and friendships were negatively affected or strained, especially for those who did not have access to a phone.

Almost all parents in focus groups reported significant mental health difficulties during the COVID-19 pandemic. According to respondents, these issues resulted from constant worrying, stress, anxiety, uncertainty, and the inability to provide necessities to their children and families. Although most participants were open and willing to receive mental health support, almost all thought they did not have sufficient time to do so. Parents also explained how the isolation period negatively impacted their children's mental health. In addition, they could not protect their children from witnessing their parents' financial struggles, as they were at home all day.

Despite the presence of mental health strain, adolescents and parents in focus groups reported avoiding discussing mental health with family members and seeking help for mental health issues. The main reason for avoiding talking about their concerns, especially among adolescents, was not to burden their family members with their problems. Only one participant confirmed asking for professional mental health support; many recognized the presence of stigma surrounding mental health.



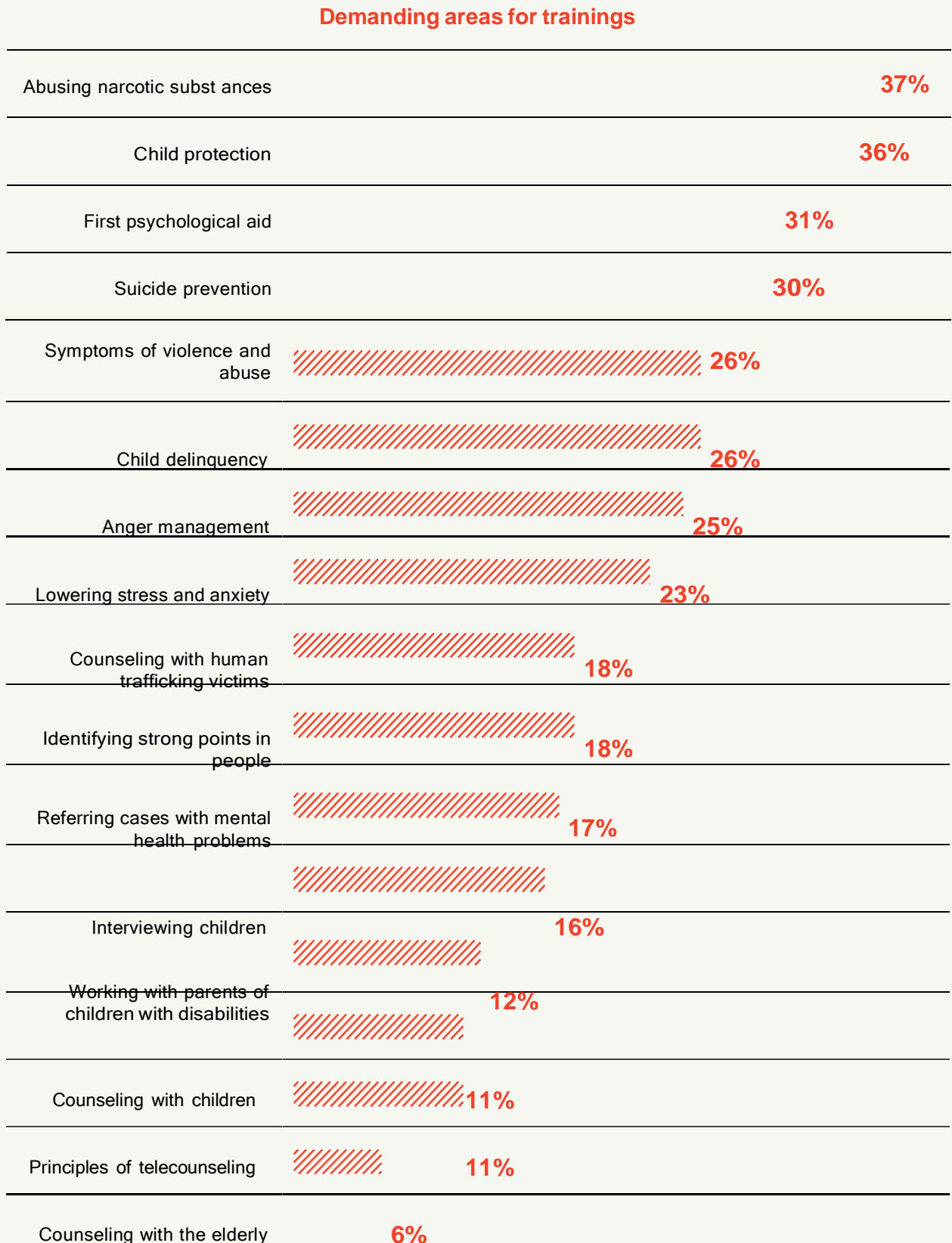
**We don't have the habit of asking for help from psychologists. Not that I don't want to go to therapy, but I lack the information and I am not aware where to get the services". (Parent)**

### Training needs and capacities of social workers

Social workers indicated they needed more training on substance use (37 per cent), child protection issues (36 per cent), psychological support (31%), and suicide prevention (30 per cent). They were also interested in other related areas such as child delinquency, symptoms of violence and abuse, and anger management, as presented in Figure 7.



● **Figure 7.** In what area of psycho-education do you consider you need the most training?



# Summary and discussion of the findings

The overall aim of the study was to explore the experiences of social workers during COVID-19 in Kosovo and how it impacted the provision of social services to children and their families.

## Findings related to the social service providers and beneficiaries:

- The study reiterates the findings from previous studies that most social workers in CSWs lack relevant education and instead have university degrees in law, psychology, sociology or pedagogy. The low percentage of specialized social workers (14 per cent) and limited staff within the CSWs could hinder the quality of services and confirms the need for capacity building in the workforce.
- CSW workers and others working in NGOs felt overwhelmed during the outbreak of the COVID pandemic. The workload increased with the government's introduction of a social package in response to the pandemic, administered by CSWs. CSW staff lacked the capacity to respond to the emergency, which impacted the well-being of staff and feelings of being overwhelmed and burnt out. While many reported that they sought and received support from their colleagues, approximately two thirds of participants reported that they had experienced burnout during the COVID-19 pandemic, which is one of the significant findings of this study.
- Training opportunities for workers in CSWs were significantly lower when compared to those working in NGOs during the emergency phase of COVID-19.
- The social service system, in general, was overwhelmed by the situation and increased requests resulting from the COVID-19 pandemic. The results indicated a lack of available human resources to develop and offer systematic services needed during the public health emergency. This led to CSW workers taking on different roles and shifting the focus of the services offered.
- Social workers saw clients with complex needs and a wide range of problems that require integrated mental and psychosocial support alongside social services.
- Teleworking was viewed as an opportunity to continue to work and offer services by about 2/3 of the interviewed social service providers. However, most did not receive necessary training on effective distance working.
- Half of the interviewed social workers consider that concrete and precise instructions on how to respond to the pandemic were provided, eventually enabling them to complete their work.
- Beneficiaries, despite their needs, were aware of the social services staff's challenges and work overload and showed understanding and support while receiving services, confirmed both in the survey and qualitative study.

- Further, findings show that the COVID-19 pandemic negatively impacted children and families' abilities to access social services.
- Analysis of focus groups with children indicated that a combination of COVID-19 and social distancing measures impacted them negatively in three significant areas, including (1) personal/psychological health and well-being, (2) social/family life dynamics, and (3) educational opportunities. Children experienced high anxiety, stress, and fear levels due to COVID-19 social distancing measures.
- It was a general perception that the COVID-19 pandemic greatly impacted children's social and family lives. The children did not welcome social distancing and isolation from their peers and teachers as it deprived of the opportunities to socialize and interact with each other. Some children were infected with COVID-19 and had difficulties with their physical health, especially those with disabilities and mental health concerns and issues. Others had family members infected with COVID-19 and experienced some health challenges and problems in recovery.

## Findings related to education

Education was significantly impacted by COVID-19. Initially, many children had difficulties in securing proper technology (e.g., notepads, laptops) and internet access for virtual classes. Findings show that some children never attended school online, which is of great concern, since this gap in learning might lead to the perpetuation of poverty within their families. Children's interest in learning, attention levels, and attendance were negatively impacted. This was partly due to the compromised quality of distance education as the instructions for broadcasted lessons during COVID-19 were lacking.

- Many parents reported extreme difficulties in providing appropriate IT technology for their children to access virtual schooling. They also reported difficulties providing space in the home for studying, which led to many children being unable to participate effectively.

## Findings related to health and wellbeing

- A significant challenge, identified by parents, was their lack of resources during lockdowns, which prevented them from working. Parents reported difficulties paying for housing, rent, food, educational supplies and medical bills.
- Parents reported experiencing tension, anxiety, and fear during the COVID-19 pandemic due to potential infection and a lack of opportunities to provide for their families. This was also noted by social service providers in their survey results. Parents' overall well-being was negatively affected due to financial hardship and the unpredictability of the situation.
- The disruption of regular health services during the COVID-19 pandemic directly affected family members with chronic illnesses, who could not access support due to the prioritization of COVID-related health services.
- Parents and children reported that COVID-19 had a significant negative impact on their overall wellbeing, including mental, psychosocial, and physical health.
- All participating parents in the focus group discussions said they were willing to do community service and volunteer work should there be a need and appropriate conditions were provided. This is an avenue for further research and exploration.



# Recommendations

The quantitative study aimed to review the experiences of social workers during the COVID-19 pandemic and identify how to strengthen psychosocial services within CSWs. Based on the main findings the following recommendations are suggested below:

- Ensure that more social service officials in the CSWs have an academic background in social work and training in the provision of basic mental health and psychological support;
- Provide the social support workforce with continuous training and professional development based on their professional needs. The survey identified substance use, child protection, psychological first aid and violence as areas of professional interest to social workers.
- Provide specific training and capacity building so that social workers can recognize various psychosocial issues and respond in accordance with their mandate:
  - On the individual level- psychiatric disorders, neuro-developmental disabilities, substance use, treatment resistance
  - On the family level - dysfunctional family relationships, high expression of emotions, family distress, financial stress, the burden of longterm care
  - On the community level- stigma, social and cultural norms, discrimination, advocacy, community approaches
- Increase capacity of social service officials to create individual development plans, especially in the field of child protection, where complex issues, including learning disabilities and mental health, are unavoidable.
- Recruit community-based organizations providing specialized services such as for autism or other neuro-developmental disorders, mental health services, and specialized education services to provide brief, certified trainings (2 to 3 hours) on specific topics. These organizations can also develop specific online webinars for social services providers and families.
- Lobby the MFLT, municipal authorities and CSWs to prioritise increasing the number of social service employees, as the pandemic showed a significant gap in the provision of social services due to a lack of sufficient social workers;
- Develop an online platform for professional development of social workers, with various training materials on mental health, online training programs and learning resources available.
- Develop Standard Operating Procedures or protocols to ensure that social services are best delivered to beneficiaries, especially during emergencies such as pandemics, natural disasters, or conflict;
- Establish capacities for online modalities/ distance working and their usage in provision of services when possible and appropriate;
- Design and implement strategies and interventions that target the wellbeing of employees by explicitly focusing on preventing, managing, and overcoming professional burnout and overwork. Potential options would be developing and implementing training protocols on self-help groups, peer counseling or/and debriefing group meetings;

- Encourage peer-supervision, mentoring and provision of on-job guidance on a regular basis for the admitted staff and personnel within the CSWs;
- Strengthen the coordination with schools to follow up on cases of vulnerable children who require individual treatment and need to be addressed jointly by the teachers, school personnel and social workers.

The second aim of the study was to use qualitative data to assess the impact of COVID-19 on the beneficiaries of social services, both children and adults, in terms of receiving the services and the hardships they faced. Based on the findings, the following recommendations are suggested below:

- Provide regular psychological and mental health services at CSWs and/or at other organizations licensed to work with vulnerable and at-risk adults and children/adolescents;
- Establish regular communication channels (meetings, workshops) or case management systems for CSWs and community based mental health centers in terms of referral, follow-up, and development of individual plans for individuals with both socio-economic and mental health problems. Additionally, social workers should have the ability to refer cases to both community mental health services, including child psychiatric services, where available.
- Provide special attention on the provision of psychosocial and mental health services for children with disabilities and other vulnerable cases, including female headed households;
- Ensure that individuals with disabilities can access health and educational services either in the public system or through partner organizations that provide specialized services;
- Design and deliver psycho-educational trainings that support positive behavioral change for parents and/or families with various mental health issues, disabilities, caring responsibilities etc. These psycho-educational sessions could be provided by community-based organizations collaborating with CSWs. However, social workers need training in helping to design, implement and evaluate such sessions/interventions.
- Coordinate self-help groups that social workers can use in working with clients, especially by grouping parents and children with similar needs and challenges. The self-help groups can help build support and community around shared life experiences and learn from each other's coping strategies.
- Encourage and provide opportunities to beneficiaries to contribute to community service and volunteer work, with a special focus on experiences that might increase the chances of future employment.

# Limitations

The current study has several limitations. Firstly, is the the representativeness of the social service providers surveyed. From the total of 400 questionnaires sent, only 101 responded. This low number has consequently also limited the geographic coverage of respondents. Even though the questionnaire was also translated into Serbian, there were very few responses from municipalities and centers represented by the Serbian community.

The current study provides a list of training priorities of social workers, however, it provides limited information on the content and how those trainings should be contextualized to social work in Kosovo.

There was also a lack of representativeness of the social service beneficiaries (parents and children) included in focus groups. Furthermore, the selection of respondents was made by NGOs and there may have been room for subjectivity.

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# Annexes

## Annex A – Questionnaire assessment of the impact of COVID-19 on social service providers

Sections of the questionnaire	Included questions
<div style="text-align: center; border: 2px solid red; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">1</div> <p><b>Socio-demographic characteristics and professional situation</b></p>	<ol style="list-style-type: none"> <li>1.1. Sex or gender</li> <li>1.2. Age</li> <li>1.3. Civil status</li> <li>1.4. Educational level (please indicate the highest)</li> <li>1.5. If you have a university degree, please indicate which one</li> <li>1.6. Time in years you have worked in your current entity/organization/service</li> <li>1.7. Type of organization you work for</li> <li>1.8. Indicate the main group with which you carry out your professional activity (social exclusion, people with disabilities, migrants, gender violence, minors, the elderly, etc. or generalist service - it covers all groups).</li> <li>1.9. In which town do you work?</li> <li>1.10. What position do you hold in your workplace?</li> </ol>
<div style="text-align: center; border: 2px solid red; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">2</div> <p><b>Assessment of the impact of COVID-19 and the responsiveness of social services</b></p> <p><i>They score from 1 (strongly disagree) to 5 (strongly agree)</i></p>	<ol style="list-style-type: none"> <li>2.1. The work we carry out as social services has been greatly affected by the appearance of COVID-19 and the state of alarm.</li> <li>2.2. I think that in the service I work in we were sufficiently prepared for a situation like this.</li> <li>2.3. The response offered by the social services as a system has been adequate to the situation created.</li> <li>2.4. Coordination between institutions to organize the response of social services as a system to COVID-19 has been satisfactory.</li> <li>2.5. As professionals, we have had clear and concrete instructions on how to act in this situation.</li> <li>2.6. In my job, teleworking has allowed me to carry out my professional work normally.</li> <li>2.7. I have had the necessary training and instructions to be able to carry out my work remotely.</li> <li>2.8. In general, it can be said that the social services system was overwhelmed by the COVID-19 situation.</li> <li>2.9. The available human resources are sufficient to develop our services during the state of alarm.</li> <li>2.10. My usual duties have been altered during the crisis period.</li> </ol>

3

**Assess your personal professional situation during the alarm state**

*They score from 1 (strongly disagree) to 5 (strongly agree)*

31. I have often felt supported and understood by beneficiaries of social services for the difficulty of the situation.
32. During these weeks, I have worked many more hours beyond my working hours.
33. It can be said that there have been times when I have felt overwhelmed by the situation.
34. I have had the necessary protective equipment to do my job.
35. I have had the basic training to face my work during this time.
36. In general, I have found support from my colleagues in solving the problems I have faced these days.

4

**Assessment of mental health state of vulnerable groups**

*Open questions*

41. To what extent and how did the COVID 19 pandemic impact children and their families benefiting from social, education and health<sup>[1]</sup> services?
42. What are the main mental health issues that your clients (children and caretakers) face or exhibit?
43. Do you believe social isolation has severely affected people with mental health problems and mental illnesses and their families?
  - a) Yes
  - b) No
44. Do you believe social isolation is seriously affecting women victims of gender-based violence and their children?
  - a) Yes
  - b) No
45. Reflecting on the future of the vulnerable population, which cases or profiles will be most affected and why? (open-ended question)
46. Is there a lack of services being provided to the vulnerable group of children that you deal with? On whose mandate does that fall under?

5

**Assess your need for training and professional development**

*Open questions*

51. What psychosocial services do you consider that you have enough skills in?
52. What are the psychosocial needs that you as a professional are not able to cover?
53. In what area of psycho-education do you consider you need most training? (open-ended question)
54. On a scale of 1 to 10 how much you are interested in these trainings?
55. On a scale of 1 to 10 how much would be your colleagues be interested in these trainings?

## **Annex B** - Topic guide for focus group with children benefiting from social services

**Participants:** Children receiving various social services

### **Aims of focus groups:**

1. Discuss the difficulties experienced during the COVID-19 pandemic in areas such-as health, economy, education and social welfare.
2. Discuss the main psychosocial needs of the children.
3. Discuss the potential for better access to social services.

### **Phase 1. Introduction and overview of the impact of the pandemic**

Welcome, introduction of participants

1. What went well and what didn't during the pandemic? (*Focus on economy/education*)
2. How was your health and mental health?
3. What were your needs during the pandemic? Were they addressed? How could they be addressed?
4. Did you have any resources that you could turn to if you had any need or concern?

### **Phase 2. Focusing on psychosocial needs**

5. If you were feeling stressed, sad or fearful during the pandemics who did you ask for help? Were they able to help you? How did they help?
6. Did you get any services from the CSW in your hometown? Were those services useful? How did they help you?
7. Do CSWs cover all the needs you or your family might have?
8. What are some services you would like to have available that haven't been offered to you?
9. Give me some ideas, how do you think you and other children can better benefit from social services? What can be done better?

## **Annex C** - Topic guide for focus group with parents/caregivers benefiting from social services

**Participants:** Parents/caregivers of children receiving various social services

### **Aims of focus groups:**

1. Discuss the difficulties experienced during the COVID-19 pandemic in areas such as health, economy, education and social welfare.
2. Discuss the main psychosocial needs of themselves and those of their children?
3. Discuss the potential for better access to social services?

### **Phase 1. Introduction and overview of impact of pandemics**

Welcome, introduction of participants

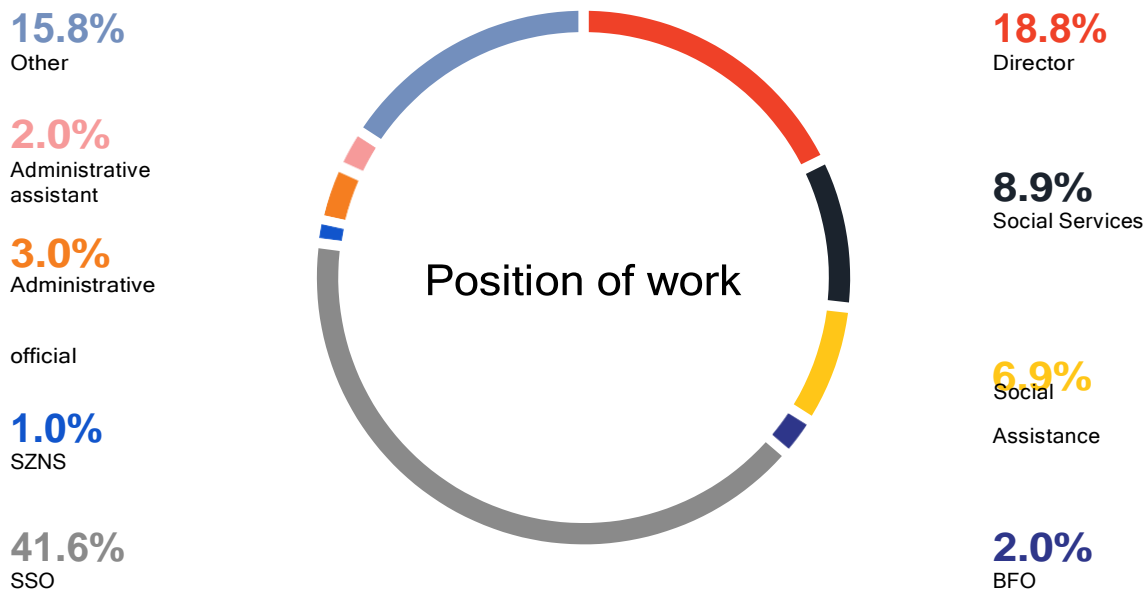
1. What went well and what didn't during the pandemic? (*Focus on economy/education*)
2. How was your health and mental health?
3. What were your needs during the pandemic? Were they addressed? How could they be addressed?
4. Did you have any resource that you could turn to if you had any need or concern?

### **Phase 2. Focusing on psychosocial needs**

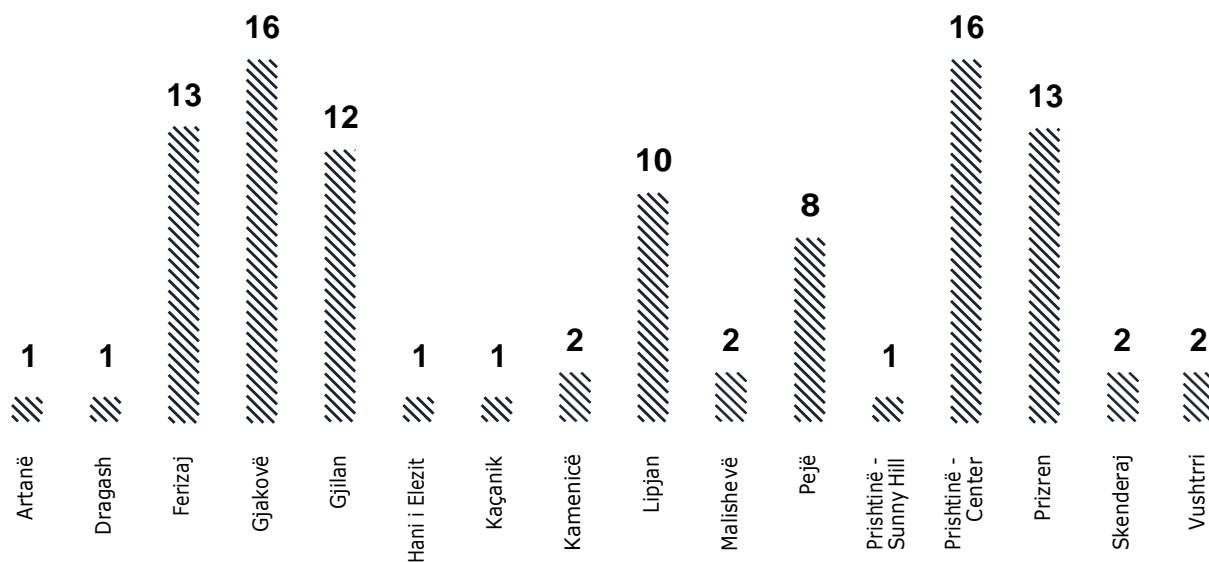
5. If you were feeling stressed, sad or fearful during the pandemics who did you ask for help? Were they able to help you? How did they help?
6. Did you get any services from the CSW in your hometown? Were those services useful? How did they help you?
7. Do CSWs cover all the needs your family might have?
8. What are some services you would like to have available but that haven't been offered to you?
9. Give me some ideas, how do you think you and other families can better benefit from social services? What can be done better?
10. Would you and/or your family members participate in volunteer/community service projects/initiatives?

## Annex D - Additional quantitative findings

**Figure 8.** What position do you hold in your workplace?



**Figure 9.** In which town do you work?



● **Figure 10.** Do you believe social isolation has severely affected people with mental health problems and mental illness and their families?



● **Figure 11.** Do you believe that social isolation is seriously affecting women victims of gender-based violence and their children?



## **Most vulnerable cases**

Through the open-ended questions, respondents were asked to reflect on the future of the vulnerable population and who would be most affected and why. Out of 101 answers, the most common answers were: Children victims of domestic violence; those living in the poorest families; women victims of violence; people with disabilities; children with divorced parents; the elderly; substance abusers; marginalized groups; individuals with mental health problems; individuals with low levels of education; single mothers; and families without income.







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