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EDITORIAL

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Accessibility to Welfare Services and Communities: Enabling Integration and Human Rights

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Abstract

This thematic issue discusses the accessibility of welfare services and communities, emphasising its role in enabling integration and the realization of human rights. Accessibility research is positioned as a vital tool for identifying social problems and inequalities and fostering inclusive services and communities. The thematic issue presents current accessibility research and its results conducted in different contexts. Accessibility is conceptualized as the ease of obtaining services, resources, and participation opportunities, particularly for individuals and groups in marginal societal positions. Accessibility is approached through different dimensions, including institutional, informational, economic, physical, experiential, interactional, and relational dimensions, to highlight how various factors shape access in society. For example, this thematic issue addresses access barriers confronted by adults and families experiencing poverty, marginalisation, harmful drug use, immigration, disabilities, and LGBTQI (lesbian, gay, bisexual, transgender, queer, and intersex). This editorial underscores that accessibility is not a neutral concept but a politically and ethically charged phenomenon, often constrained by exclusionary mechanisms and service system limitations. It calls attention to the importance of trust-based relationships and interactional practices in promoting accessibility. This issue advocates for transformative approaches to reconfiguring welfare systems and communities so that they become inclusive and responsive to individuals' diverse circumstances and needs.

Keywords

accessibility; human rights; integration; interaction; marginalisation; social problems; welfare services

1. Introduction

Accessibility touches many aspects of life by enabling integration to services and communities as well as the realisation of human rights, especially for those in marginal societal positions. Thus, accessibility includes the profound objective of integration and ensuring everyone's right to a dignified life. More precisely, accessibility means that services and resources are easily available to all people who need them, considering their physical environment, transportation, available information, and public facilities and services (United Nations Enable, 2007). Thus, services and other resources should be easy for individuals and groups to find and apply to; this ensures they are treated equally and that their human rights, such as the right to social security and participation, are fulfilled. For instance, criteria that justify the use of services, geographical distances, and service fees should be reconsidered to facilitate accessibility. As seen in the thematic issue, access to cultural and linguistic resources in addition to services and benefits is vital for individuals' realisation of their human rights and integration into communities (Huang & Zhao, 2025).

This thematic issue introduces the results of current accessibility research conducted in different contexts, producing new knowledge about (in)accessibility and how it relates to other social problems. As accessibility research is widely distributed across different research fields (Fargion et al., 2019), this issue brings together studies addressing this important research topic and demonstrates how accessibility can be approached from various perspectives. The consensus drawn from the results of the studies in this thematic issue is that accessibility requires strong agency from all stakeholders as it is dependent on enabling service systems' policies, practices, and interactions.

However, efforts to promote accessibility are complicated by the fact that facilitating access for some often weakens access for others. For example, many services are currently being provided online; for some people, online services are their only opportunity for access because they are unable to engage with physical services due to their complex and possibly illegal situations (Ranta et al., 2024; Thell, 2025). Yet, at the same time some people are excluded from online services due to for instance insufficient IT skills.

Earlier research (e.g., Fauk et al., 2021; McWilliams et al., 2022; Paradis-Gagné et al., 2020), as well as articles in this thematic issue (e.g., Kantsila-Korhonen, 2025; Lammers, 2025; Nowicka et al., 2025; Söderström, 2025; Vanjusov & Saurula, 2025; Zitting et al., 2025) recognise various barriers to accessibility. Conversely, obstacles are often used to determine what promotes accessibility. For example, service users' previous treatment and support experiences play a major role in their intentions to seek help, benefits, and engagement with services. Experiences of poor treatment, losing independence, and useless services cause people to avoid them until the last moment (Maeseele et al., 2013; Nadai et al., 2025; Paradis-Gagné et al., 2020; Ranta et al., 2024; Räsänen, 2025).

In this editorial, we present the various definitions and approaches to accessibility to demonstrate its manifold nature. We then review the contexts in which accessibility is studied in this thematic issue, which highlights the flexibility and versatility of the concept for studying various social issues. Thirdly, we reflect on the ethical considerations and implications of studying and enhancing accessibility. To conclude, we highlight the interconnections between (in)accessibility and (mis)trust in the different societal and interactional contexts explored in this thematic issue.

2. Various Definitions and Approaches

Accessibility has been examined both as an independent phenomenon and by focusing on many parallel and closely related discussions, such as help seeking and service choices (Fargion et al., 2019). The overlap between help seeking, service choices, and accessibility is indicated, for example, when individuals recognise that they need help but decide not to apply for services or support and, as a result, are excluded from services and communities (Zitting et al., 2025). Claims of access are also discussed in relation to human rights, autonomy, participation, exclusion, and inequality (e.g., Jensen et al., 2025). Hence, accessibility has been defined and approached in various ways depending on the focus and objectives of the particular studies (Anderson et al., 2016; Fauk et al., 2021).

Accessibility is affected by many structural, institutional, individual, and situational factors (Nowicka et al., 2025). In many of the Finnish contributions to this thematic issue (Kantsila-Korhonen, 2025; Vanjusov & Saurula, 2025; Zitting et al., 2025), accessibility is perceived as consisting of the following dimensions originally presented in Vanjusov's (2022) Finnish language dissertation: institutional, informational, economic, physical, and experiential. When focusing on the institutional dimension, attention is paid to the guidelines, practices, and policies of institutions that affect individuals' ability to receive services and benefits. When concentrating on the delivery of information and access to the functionality of communications, we are interested in informational (in)accessibility. Financial status and wealth have a major impact on individuals' societal opportunities and ability to use services. Thus, economic factors are essential when individuals' abilities to access and participate in services and communities are at stake. The physical dimension underlines the importance of easily accessible facilities for individuals who experience mobility difficulties. Geographic distances and the ability to travel are also relevant when people consider engaging with services or communities, and the ability to move, change places, and travel increases individuals' opportunities to participate and integrate with communities (e.g., Casas, 2007). Access also includes the right to enter places and locations and to avoid others. As Clarke (2004, p. 218) aptly observed: "Questions of access imply spatial arrangements—in which people are located in places, or demand access to other—more privileged—spaces." Claims of who has access to where make the political dimension of accessibility visible.

Experiential (in)accessibility is a result of interactions and encounters that either meet people where they are, as they are, and invite them in, or impose different demands and distrust on people and exclude them, leading to bad experiences (Lammers, 2025; Ranta & Juhila, 2025; Räsänen, 2025; Vanjusov, 2022). As Fargion et al. (2019) demonstrate, (in)accessibility factors are oriented to and negotiated in actual encounters between service users and practitioners , which makes examining interactions and communication practices important when accessibility is a concern (Ranta & Juhila, 2025; Räsänen, 2025).

Vanjusov and Saurula (2025) recognise the need to add relational accessibility to the dimensions of accessibility, as it emphasises other people's pivotal role in enhancing accessibility. That is, it is often from other people that we learn about the potential opportunities for help and support. Although other people are often valuable in breaking the accessibility obstacles, they are also uncertain and unreliable resources, as perceived by Huang and Zhao (2025), as well as Nowicka et al. (2025). Relational accessibility is based on the willingness and skilfulness of other people to act as intermediaries (Lammers, 2025). Ranta and Juhila (2025) demonstrate how (in)accessibility is not only connected to human relations but also to the places where these relations and encounters take place. Ranta and Juhila (2025) state that the situational and individual meanings attached to places have great importance in outreach work by playing a key role in promoting various dimensions of accessibility. Hence, both making service facilities accessible and supporting subtle multi-placed and place-sensitive work orientation are essential for enhancing accessibility for all.

Accessibility research includes efforts to differentiate various accessibility policies and strategies (e.g., Cortis, 2012; Grymonprez et al., 2017). For example, Lammers (2025, p. 3) uses Clarke's (2004) divisions to discuss "liberal-passive, conservative active-outreach, and transformative forms of access policy" (see also Fargion et al., 2019). These policies vary according to the types of welfare systems they support and who is seen as responsible for making access achievable. Liberal-passive policies place responsibility for active efforts with the individual, whereas conservative active-outreach policies promote active efforts by institutions and professionals to remove barriers and reach people who are assumed to have specific needs (Cortis, 2012). This approach, however, keeps the institutional practices and social norms of inclusion unchanged. Truly transformative policies develop from the premise that welfare services and communities (and not individuals or groups in marginal societal positions) must change to be reachable and inclusive for the heterogeneous "all." Thus, the essential question is who or what needs to change for the welfare services and communities to be accessible, safe, and inclusive for everyone? Claims to provide access should be about social transformation rather than individual adaptation (Clarke, 2004; Urek & Jurček, 2025).

3. Studying Accessibility in Different Contexts

Accessibility research often scrutinises various demographic groups or individuals who are seen as being in marginal societal positions and confront more access problems than comparatively better-off groups or individuals with more power and status (e.g., Casas, 2007). Therefore, accessibility studies often focus on exploring the disadvantages and hardships in individuals' lives and communities in different contexts. For example, articles in this thematic issue address access barriers confronted by adults and families living in poverty (Nadai et al., 2025; Zitting et al., 2025), illicit drug use (Ranta & Juhila, 2025), immigration (Nowicka et al., 2025; Terrefe, 2025), disabilities (Jensen et al., 2025; Lammers, 2025), and LGBTQI$^+$ (Söderström, 2025). Similarly, the articles herein examine accessibility from the perspectives of various stakeholders, such as professionals, interpreters, managers, and service users (Urek & Jurček, 2025).

Difficulties related to accessibility make visible the diversity, intersectionality, and special needs of individuals and groups. As Casas (2007, p. 462) observes: "This holistic perspective allows the use of accessibility as a tool to identify disadvantaged groups." When considering accessibility under certain specific contexts, such as supported housing (Jensen et al., 2025), accessibility is balanced against the conflicting rights and responsibilities of different stakeholders. Access is accepted or denied at the intersection of institutional intake criteria, obligations, and resources, in addition to personal needs, wants, and problem formulations. Access is often negotiated according to the expectations of who should be considered eligible for social support (Casas, 2007; Clarke, 2004; Fargion et al., 2019).

Accessibility research has significant potential for studying various societal issues in global contexts. This thematic issue examines accessibility in China, Denmark, Finland, Germany, Norway, Poland, Romania, Slovenia, Sweden, and Switzerland. The articles use the conceptualisation of accessibility to examine legislation (Vanjusov & Saurula, 2025); the take-up of benefits, grants, and food aid (Nadai et al., 2025; Zitting et al., 2025); social exchanges and trust issues (Huang & Zhao, 2025; Terrefe, 2025); realisation of human rights (Jensen et al., 2025); multi-placed outreach work (Ranta & Juhila, 2025); and non-profit organisations' efforts to bridge service gaps (Rape Žiberna et al., 2025). In addition, peer support and counselling (Lammers, 2025) as well as co-production (Terrefe, 2025) are recognised as important practices in overcoming inaccessibility. Räsänen (2025) also examines accessibility in the context of service integration and multi-professional collaboration, which are seen as ways to reduce the boundaries between different service sectors and thereby prevent service users from being excluded (e.g., Juhila et al., 2021a). The objective of integration is acted out during grassroots-level encounters between service users and different professionals. When integration and collaborative goals fail, these encounters can become a battlefield of power and knowledge (Hall & Dall, 2021; Juhila et al., 2021b; Räsänen, 2025).

4. Ethical Implications and Reflections

Researching and managing accessibility raises various ethical concerns and viewpoints. Accessibility is not a neutral phenomenon but is loaded with values and standpoints. For example, allowing access to support and resources can be justified as the ethical duty and responsibility of social workers and other welfare professionals (Fargion et al., 2019; Kantsila-Korhonen, 2025; Urek & Jurček, 2025). Western states have committed to supporting human rights, including the right to a decent quality of life, in addition to accessible housing and health care. Legislation is a crucial precondition for successful service provision and access to services and other resources. However, legislation does not guarantee that the provided services are accessible at the local level (Kriisk & Minas, 2017; Vanjusov & Saurula, 2025). Accessibility requirements are complicated due to their different exclusion mechanisms, which are often purposely built into service systems to curb and control demand, such as applying selection criteria for service users, setting prerequisites and rules for the use of services.

Accessibility research can be seen as a form of disadvantage study that involves many ethical issues and risks. For example, there is the risk that groups' and individuals' own agency and rationales can be undermined and bypassed in research and welfare work. Furthermore, these groups and individuals can be depicted as activity targets; that is, they are patronised and observed from a distance without achieving their agency, reality, experiences, or reasoning of (in)accessibility. An important ethical question is who has the responsibility for enabling accessibility and in what circumstances? When allocating responsibility to individuals and groups in marginal societal positions, there may be various conflicting consequences, such as (dis)respecting individuals' agency and freedom of choice, neglecting the duty of care, or "blaming the victim" (Jensen et al., 2025).

Terms in accessibility research, such as "hard-to-reach," "care avoiders," and "service refusers," are often used without reflecting on them any further. These terms refer to individuals and groups who are considered (e.g., by professionals or researchers) to be in need of resources, care, and support but are not covered by services, do not seek services, or do not find or want services. Therefore, professionals have a hard time engaging with these individuals or groups, who have also been described as "revolving-door clients" who sporadically use different welfare services without benefiting from them in the long term. Although the above-mentioned concepts are descriptive, they can also be problematic in terms of their ethical implications (Andersson, 2013; Cortis, 2012; Duvnjak & Fraser, 2013; Maeseele et al., 2013; Ranta et al., 2024; Saario et al., 2021). When using these concepts, there is a risk that service users are seen as responsible for both their enduring difficulties in life (such as homelessness) and their failure to access and fit into existing forms of assistance (Maeseele et al., 2013). Given this, Grymonprez et al. (2017) noted the value of shifting the focus from individual characteristics to the rationales used by welfare services and the way workers perceive service users. It is essential to analyse what makes services and communities themselves “hard to reach” for people in marginal societal positions and to work to eliminate these obstacles.

5. Conclusion: Accessibility and Trust-Based Relationships

Finally, access to welfare services, resources, and communities, and thus to integration and human rights, is an outcome of the complex interplay between various stakeholders with different expectations, obligations, and rights, which can be impeded by various obstacles (Kriisk & Minas, 2017). The interactional and human-related aspect of accessibility makes it a context-bound, sensitive, and alternating phenomenon with strong interconnections to societal and institutional factors. Accessibility can be promoted in one moment, situation, and for a specific person, but weakened in other circumstances. At the grassroots level, accessibility is based on trustful communication, interactions, and encounters (Huang & Zhao, 2025; Ranta & Juhila, 2025; Räsänen, 2025).

Different stakeholders can either prevent access or act as mediators or facilitators of accessibility. For instance, McWilliams et al. (2022) stressed the importance of nurses’ interactional skills, such as engendering trust in engaging people experiencing homelessness (see also Urek & Jurček, 2025). When studying and enhancing accessibility, it is important to focus on “relationship-building and trust-building activities between practitioners or employees and clients” (Fargion et al., 2019, p. 632; see also Huang & Zhao, 2025; Ranta & Juhila, 2025; Räsänen, 2025; Terrefe, 2025). Thus, a common thread in the articles in this issue is the theme of (mis)trust towards institutions, professionals, individuals, and groups by those in marginal societal positions and, specifically, (mis)trust-based relationships between these stakeholders. Hence, interactional (in)accessibility and (mis)trust deserve more attention in the future.

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Conflict of Interests

The authors declare no conflict of interests.

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ARTICLE

Open Access Journal

Managers’ Meeting Discussions on Accessibility Problems in Social Services: Decision-Making Through Aligning and Misaligning

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Abstract

The accessibility of health and social services is particularly important for people in vulnerable positions. Knowledge on accessibility from the social service managers’ perspective is still scarce, although they play a key role in creating structures, policies, working practices, and cultures that promote accessibility. This article explores social service managers’ problem talk regarding service accessibility problems and the expressions of alignment or misalignment therein. Based on content analysis and interaction research methods of 19 recorded adult social service manager teams’ meetings, this article provides knowledge on how, amid service system reform, managers’ problem talk and cooperation mould service accessibility. According to the results, during the service system reform’s first year, managers encountered accessibility problems related to (a) structures and resources, (b) information and knowledge, and (c) factors concerning individuals. The results also indicate that managers’ roles and interactions are central to promoting service accessibility. In conclusion, accessibility appears key in producing ethically sustainable adult social services that genuinely promote human rights, social justice, and social integration.

Keywords

accessibility; alignment; institutional interaction; social service management; social services; social work

1. Introduction

Services are accessible when everyone in need has an equal opportunity to seek and get the help they need, regardless of one’s own resources (see, e.g., Grymonprez et al., 2017; Vanjusov, 2022). Despite this goal, many shortcomings, such as insufficient service resourcing, incomplete organisational reforms, or complex service paths, endanger accessibility and thus service user safety and wellbeing (Lähteinen et al., 2022). Easy accessibility to health and social services is particularly important for people in vulnerable positions.

Social services for adults (SSA) in Finland, where this study is located, have an ethical and legal (Constitution of Finland, 1999; Ministry of Social Affairs and Health of Finland, 2014, 2021; Universal Declaration of Human Rights, 1948) responsibility to ensure that every citizen has the necessary livelihood and care, especially to support citizens in vulnerable positions and their easy access to services. Hence, health and social service accessibility is essential in promoting social justice and integration in society (Anderson et al., 2016; Grymonprez et al., 2017; Kriisk & Minas, 2017; Mesiäislehto et al., 2021; Tsui & Cheung, 2009) and is ultimately a part of human rights realisation.

The Finnish government set equal access to services as one of the key objectives of the large-scale service system reform in Finland in 2023, when 308 municipalities and 20 hospital districts where integrated to form 21 centralised wellbeing services counties (*hyvinvointialue* in Finnish) to be responsible for arranging and organising health and social services (including SSA) and rescue services in their own areas (Ministry of Social Affairs and Health of Finland, 2022, 2023). The change extends to, for example, legislation, service system structures, practices, and information systems (Niiranen, 2016; Rautiainen et al., 2020; Taskinen & Hujala, 2020)—this will undoubtedly also impact the accessibility of SSA. Moreover, citizens' unmet service needs have been increasing in Finland even before the reform (Ilmarinen et al., 2019; Mesiäislehto et al., 2021).

Importantly, social service managers (hereafter "managers") have been found to play a key role in promoting accessibility, especially in creating structures, policies, practices, and cultures that enhance social service accessibility (Trnka et al., 2020). However, scientific knowledge of accessibility from the perspective of managers is still scarce. Managers' central role in formulating (accessibility) policies and decisions underlines the importance of studying their meeting interactions and shared decision-making (see also Laapotti & Mikkola, 2019).

This article explores (RQ1) what kinds of accessibility problems can be identified to be discussed in managers' team meeting interactions during the transition to wellbeing services counties, and (RQ2) how managers express alignment or misalignment with expressed accessibility problems and solutions in team meeting interactions. The assumption is that it is not only important how accessibility problems are recognised but also how consistently these problem interpretations are agreed on and shared by the managers. Only those issues on which there is sufficient consensus and an agreed-upon view can be enhanced.

Based on qualitative content analysis (e.g., Drisko & Maschi, 2016) and interaction research methods (e.g., Juhila, Mäkitalo, & Noordegraaf, 2013) of 19 recorded managers' team meetings, this article provides new scientific knowledge on the accessibility of SSA from managers' perspectives. It also sheds light on how managers' problem talk (PT; e.g., Laapotti & Mikkola, 2019) and decision-making affect service accessibility and, through this, the realisation of human rights, social justice, and integration.

2. Key Concepts and Previous Research

2.1. Accessibility in Social Services

Services are described as accessible when everyone's opportunities to access are equal regardless of, for example, individual, financial, physical, or mental limitations (Vanjusov, 2022). Service accessibility is more than the services being available, as it is not automatically that people necessarily seek or can access the services they need. Ultimately, accessibility is about citizens receiving high-quality services that are adequate in relation to their needs (Grymonprez et al., 2017; Vanjusov, 2022) and the question of whether it is actually possible for them to seek and access such services.

In previous research on social services, accessibility problems have been found to be manifold. Inaccessibility is caused, for example, by structural biases in the service system, insufficient financial and personnel resources, long distances, and high service user payments (Anderson et al., 2016; Cortis, 2012; Kriisk & Minas, 2017; Neale et al., 2008; Raitakari, 2023). In addition, informing insufficiently about the services and interruptions in the information flow as well as favouring digital services may create obstacles to service access (Anderson et al., 2016; Mesiäislehto et al., 2021; Raitakari, 2023). Discrimination and bad treatment may also weaken willingness to seek and engage in services (Clarke, 2004; Cortis, 2012; Grymonprez et al., 2017; Maeseele et al., 2013; Neale et al., 2008; Raitakari, 2023). Geographical and demographic heterogeneity can also hamper equal accessibility (Kriisk & Minas, 2017; Li, 2006; Vanjusov, 2022).

It should be noted that even in the middle of change (such as system reform), the task of social services is to promote human rights and equality, as well as inclusion and social justice in society (see also Pohjola, 2019; Pohjola et al., 2019; Satka & Pohjola, 2022). This places an ethical responsibility on social services to support the lives of those in vulnerable positions and to enable their access to services (Anderson et al., 2016; Grymonprez et al., 2017; Kriisk & Minas, 2017; Tsui & Cheung, 2009). Therefore, it is necessary to study the accessibility of SSA, especially from the perspective of people with complex health and social problems (such as poverty and addictions) who do not want or cannot get the services they need.

From the point of view of social inclusion, no changes should be made to the structures or practices of the service system that have a negative impact (temporarily or permanently) on service accessibility. This is particularly crucial for vulnerable adults, whose complex needs, such as homelessness, make it difficult to cope in everyday life (Alho, 2021; Kantsila-Korhonen, 2024; Mesiäislehto et al., 2021; Svenlin et al., 2021). Generally, accessibility is a prerequisite for preventive, effective, and ethically sustainable social services (Kantsila-Korhonen, 2024). Accessibility also supports the realisation of human rights and strengthens social justice and integration (see also Clarke, 2004; Kriisk & Minas, 2017).

2.2. Managers Promoting Accessibility

Research on social service management expanded in the 2000s (Lawler, 2007; Mary, 2005; Peters, 2018; Tafvelin et al., 2014). Yet, research concerning accessibility from the perspective of managers is still almost nonexistent, despite the fact that previous research has shown that managers play a key role in promoting accessibility. Managers' role has been seen as particularly important in creating structures, practices, and work cultures that promote accessibility (Trnka et al., 2020).

Social service managers (hereafter “managers”) often operate under the pressure of conflicting expectations (Hyde, 2012). Society, the organisation and its senior management, employees, and service users have divergent expectations from services and their managers (Trnka et al., 2020; Tsui & Cheung, 2009). An essential task of managers is to create such structures, operating methods, and work cultures that support those working at the frontline to perform as well as possible in the best interests of the service users (Kantsila-Korhonen, 2024). Their aim is also to develop services within the boundaries (e.g., given financial frames) set by the government and upper management while ensuring service quality even in the midst of change. Thus, ensuring and promoting accessibility are the managers’ strategic tasks (see also Niiranen, 2004; Trnka et al., 2020). Therefore, this study adds to the research on the demanding role of managers in promoting social service accessibility—and thus social justice and inclusion.

3. Methods

3.1. Social Managers’ Meetings as Research Material

I utilise naturally occurring data (19 institutional meetings of SSA management) recorded in the research project The Place and Accessibility of Social Workers in Adult Social Work in the Wellbeing Services Counties (AISAPA, 2023–2024) from two medium-sized wellbeing services counties in Finland. Recorded Microsoft Teams meetings from these counties’ launch until the end of the first year (2022–2023) comprise the dataset. Permission to record the managers’ meetings was received by the research project AISAPA from the wellbeing services counties. In the data, SSA includes social work, last resort financial support, supported housing, and social services aimed at increasing integration and employment. Both video and audio (6 meetings) or only audio (13) were recorded. The meeting duration was 67–168 minutes (a total of 2,285 minutes). The study was carried out in accordance with research integrity (see Finnish National Board on Research Integrity, 2024), and it was assessed not to require a statement from an ethics committee (Tampere University, n.d.).

In institutional meeting interactions, participants have the role of performing institutional tasks in encounters between professionals or professionals and service users (Drew & Heritage, 1992; Haakana et al., 2009; Heritage & Clayman, 2010; Juhila, Mäkitalo, & Noordegraaf, 2013). In the data, senior managers described meetings as arenas for peer support and discussion, with the intention of keeping all managers on a “common map.” Managers at various levels (team leaders and their senior managers) attended the meetings and discussed topical themes in their fields of responsibility. In addition, development specialists (without decision-making power) occasionally attended the meetings. The number and composition of the managers varied from one meeting to another (6–19 participants per meeting). The meetings also included presentations on preselected themes, followed by an opportunity for joint discussion. The meetings followed a preset agenda, and talking turns were given by the chair, who was usually a senior manager (on institutional meetings, cf. Asmuß & Svennevig, 2009; Barnes, 2007). A researcher of the research project was a participant observer but did not participate in the meeting discussion. All the participants knew that the recording was taking place.

The meetings took place online in Microsoft Teams (regardless of research purposes), which was common in both wellbeing services counties. In digital video-mediated meetings, the nonverbal reactions (looks and facial expressions) of the co-meeting participants are easily invisible to others or replaced, for example, by emoticons (see also Tidwell & Walther, 2002; Tudini, 2012; Twine & Brown, 2011). Yet, technology-mediated interactions have been shown to correspond to face-to-face interaction in many ways (e.g., Tidwell & Walther, 2002; Twine & Brown, 2011), which is why it is also suitable to examine technology-mediated interaction as a social interaction process.

3.2. The Analysis Process

To answer the RQs of this study, I applied PT as an analytical concept (see also Laapotti & Mikkola, 2019; Leighter & Black, 2010). A "problem" can be defined as "a discrepancy between a current less desirable state and a future more desirable state" (Laughlin, 2011, p. 1). Therefore, in PT, managers talk about circumstances in which the current state of the issue (accessibility in this context) is perceived not to be what it should be. Thus, I understand PT more broadly than directly talking about individual problems (see also Laapotti & Mikkola, 2019). My approach to PT is that it is not always intended to solve problems (see also Leighter & Black, 2010); it can also be used just to bring up issues that require attention—to be discussed and acknowledged by others.

PT as an analytical concept guides me in my qualitative content analysis (see Drisko & Maschi, 2016) to study what problems related to accessibility are discussed in institutional interaction (RQ1) and how they are constructed and negotiated together interactively (RQ2; see Hall et al., 2013). Previously, PT has been used as an analytical tool in studying how a common understanding of problems and possible solutions is created in health service management meetings (Laapotti & Mikkola, 2019). The ways to bring up problems in social services have been studied more generally, focusing on social work service user encounters and interactions among professionals (e.g., Iversen et al., 2022; Juhila et al., 2010; Kalari, 2024; Morriss, 2015; Nilsson et al., 2024). However, in the context of SSA, interaction research focusing on PT has scarcely been conducted.

When answering RQ2, guided by interaction research, I study talk and other expressions produced in institutional meetings as structured activities (Asmuß & Svennevig, 2009; Flinkfeldt et al., 2022; Juhila, Mäkitalo, & Noordegraaf, 2013). Studying this is important to understand what is happening at an organisation's management level and in decision-making processes (e.g., Drew & Heritage, 1992; Haakana et al., 2009; Heritage & Clayman, 2010; Juhila, Mäkitalo, & Noordegraaf, 2013). Meeting interactions always contain interpretations of and reactions to previous turns of talk (Drew, 2013; Heritage, 1984, pp. 241–242; Juhila, Mäkitalo, & Noordegraaf, 2013; Pomerantz & Heritage, 2013). My analysis (RQ2) is based on the idea of discursive interaction research that managers' common understanding of problems in accessibility is formed through a joint discussion, constructed of word and tone choices, and interpretations within the institutional meeting interaction (cf. Asmuß & Svennevig, 2009; Barnes, 2007; Leung & Lam, 2019).

In particular, the analysis of RQ2 is guided by the concepts of alignment and misalignment that are used as analytical tools (see also Günther, 2022; Kykyri et al., 2019; Raitakari et al., 2021) to gain an understanding of how decision-making plays out in meeting interaction. The definition of "alignment" used in this study comprises affiliation and agreement, as it indicates the interactive orientation of cooperation towards a shared goal. Expressions of alignment are acts of interaction by which the listener supports the message conveyed earlier in the meeting and/or continues to discuss the matter from the same perspective in their own turn of talk (see Raitakari et al., 2021; Steensig & Drew, 2008). In contrast, expressions of misalignment momentarily break interactive cooperation that would promote a common goal (Juhila, Caswell, & Raitakari, 2013). Thus, misaligning represents interaction acts in which the speaker's point of view on the matter is in some way inconsistent with the previous turn of talk. Therefore, it can be assumed that aligning or misaligning can advance or hinder cooperation and decision-making in meeting interactions. Similar definitions have previously been utilised, for example, in research studying couples therapy (Kykyri et al., 2019) and in social work research studying multiagency interaction (Raitakari et al., 2021) and interprofessional interaction in adult social work (Günther, 2022).

I utilised the qualitative data analysis program Atlas.ti for coding. An overall picture of the data and the three-step analysis process are illustrated in Figure 1.

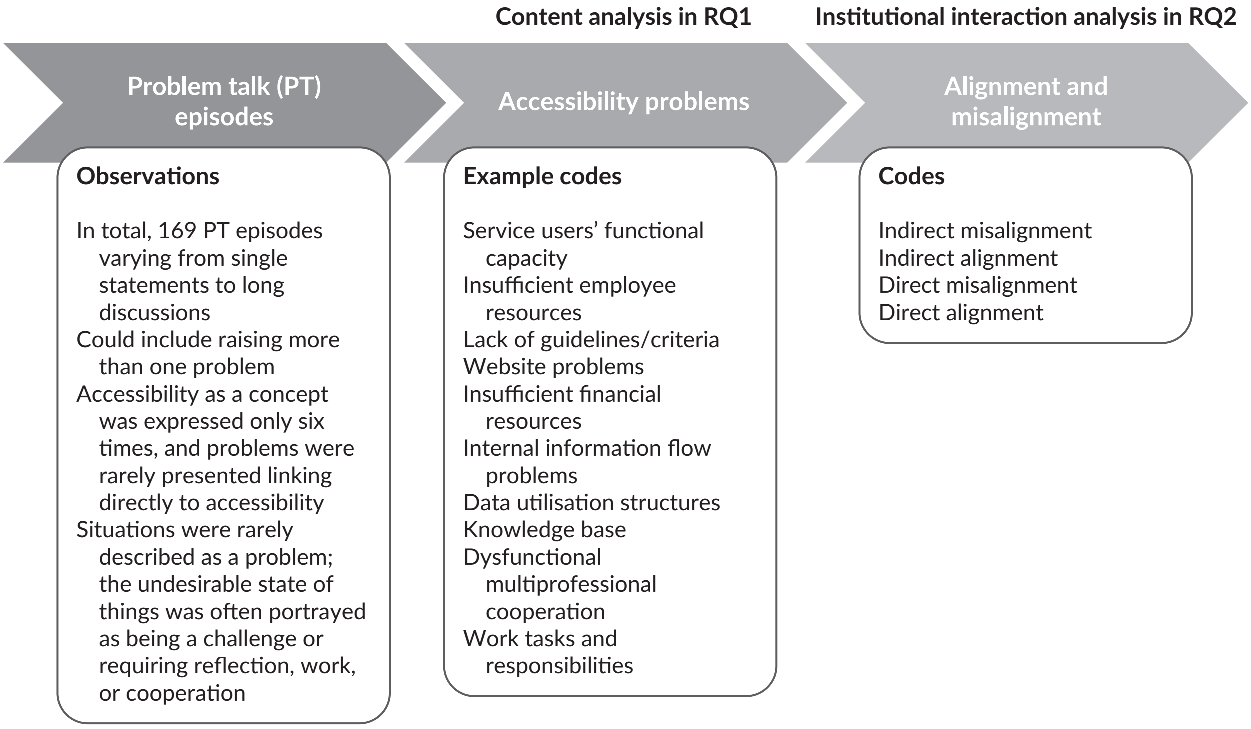

Figure 1. Analysis process and data observations.

First, I coded 169 PT episodes from the data. Discussions in which several accessibility problems were brought up or examined from different perspectives were coded as one PT episode. Next, to answer RQ1, I coded parts of the PT episodes in which such a problem was highlighted (246 codings) that (a) the managers themselves explicitly identified or (b) that, mirrored by the theoretical basis presented earlier in this article, I interpreted as affecting the accessibility of SSA. To answer RQ1, I used qualitative content analysis to create a data-driven outline of the kinds of accessibility problems that were described (see Table 2 in the results section).

Next, to answer RQ2, I coded 522 alignment or misalignment expressions in the PT episodes concerning accessibility problems. I then separated the observed expressions in a data-driven analysis into direct and indirect expressions of alignment or misalignment. Finally, one data extract from the whole dataset was selected for a detailed interactive analysis. This extract illustrates particularly well the problems in SSA accessibility from the managers' point of view and simultaneously shows how managers' interactions (alignment and misalignment) mould cooperation and decision-making in meeting interactions. The transcription symbols described in Table 1 have been used when combining and deepening the results in Section 4.3.

Table 1. Transcription symbols.

Symbol	Explanation
(1)	Pauses in seconds
(.)	An untimed pause (just hearable)
((utters a laugh))	An additional comment from the transcriber
(text)	Text content removed to anonymise
[	Overlapping starts
]	Overlapping ends
becau-	A cut-off of the preceding sound

The de-identification of meeting participants has been safeguarded by removing identification data from the extracts and by referring to speakers according to their general employee role (senior manager, team leader, or development specialist).

4. Results

4.1. Content of Accessibility Problems in Managers' Meeting Talk

In managers' meeting discussions, the accessibility of SSA appears as an intertwining of structural, informational, and individual factors. In Table 2, I have summarised my analysis of the managers' PT about accessibility.

I found that during the transition to the wellbeing services counties, there have mostly been accessibility problems because resources and structures have not supported the accessibility of SSA (155 codings). This has been due to, for example, insufficient financial or human resources or situations in which the structures of the service system or organisation have not supported accessibility. In these problematic situations, it has been difficult to find new staff (mainly social workers), structures of cooperation have not existed, their inoperability has hampered accessibility, or the division of responsibilities and tasks between services and employees has not been clear.

I also identified problems related to the use or flow of information and knowledge (80 codings). In these situations, the organisation did not have enough knowledge of regional service needs; if it did, it did not know how to utilise it because of a lack of structures. There were also problems in the information flow between authorities or towards those in need of services. In particular, the constant state of change in websites was often brought up in managers' PT. It was described as causing deficiencies and inaccuracy in information.

I also found accessibility problems related to service users' individual factors (11 codings), with which I described a certain specificity in the clientele of SSA and its impact on accessibility. In those situations, the individual financial, physical, mental, or social resources of those in need of services were very limited, and their situations were difficult. As a result, it was difficult to guarantee accessibility even if the resources and structures of the service system supported accessibility and the organisation knew how to collect, utilise, and transport information.

Table 2. Analysis of accessibility problems raised in managers' meeting talk (RQ1).

	Examples of accessibility problems	Data examples
Resources and structures	When insufficient finance and human resources impair accessibility When a shortage of social workers is an ongoing problem When financial resources are insufficient and cost-effectiveness requirements weigh heavily When service tasks are transferred arbitrarily from healthcare to SSA without financial resources	It's the same old whining that it's really hard to get social workers. It's just that we've had vacancies unfilled (in municipality A), well…today after this, we're interviewing a qualified social worker, but we should also get another one. (meeting 2) If health care has suddenly just decided that they will no longer grant (the service), but have granted it before, in which case they must have spent some money on it, now we would be interested in this money, so that we can then organise the service on the basis of the Social Welfare Act, but it would be nice to have some money for it. (meeting 14)
	When the service system's or organisation's structures don't support accessibility When service access criteria are not outlined, or increased bureaucracy delays decision-making When dysfunctional or missing structures hinder cooperation, and the division of responsibilities and tasks between services and employees is not clear When the geographical and demographic heterogeneity within the wellbeing services counties complicates harmonising services and practices	We probably need a group of people to start condensing this a bit and defining and creating the criteria and common rules. (meeting 6) It feels like it's really unclear to the employees and to myself, what belongs to whom, good that those job descriptions are done for you and hopefully at some point they will also be done for us, because it's unclear to us as well. (meeting 3) A big thing in general is…how we can harmonise our working methods in adult social work as a whole (in the wellbeing services county) so that we do all the things with the same template. (meeting 4)
Information and knowledge	When there is not enough information/knowledge, or the organisation does not know how to utilise it When a larger knowledge base is needed to develop services When structures for utilising the collected data are missing	You can possibly get that kind of information through social reporting, reach the people we wouldn't otherwise be able to reach, and so get information about the service needs and phenomena that are going on in the streets. (meeting 3) If and when this reporting happens and information is gathered.…We should consider how the information is…reported at the municipal level and at the regional government level…so that the knowledge increases there, so that the people who decide on our services…like they have no contact with our customer base and their experiences. (meeting 4)

Table 2. (Cont.) Analysis of accessibility problems raised in managers' meeting talk (RQ1).

	Examples of accessibility problems	Data examples
Information and knowledge	When the flow of information to service users or between authorities is not smooth When communication between different authorities breaks down When websites are constantly changing, the contact information on the pages is inaccurate, or information is lacking	There's completely wrong information on the website. It still says we are reachable by phone from eight to four o'clock…yesterday I sent the latest message that it should be changed…now that the phone is only answered for a few hours a day, there's still information everywhere that the phone is answered all hours. (meeting 3) And it's true that there are still a lot of shortcomings there (in the website). And at the same time, the intranet is being built. And we've also wished for a contact information chart so that we, the employees would also be able to contact the right people. (meeting 1)
Individual factors	When the individual resources of those in need of services are scarce and their situations difficult When limited financial, social, mental, or physical resources make it difficult to seek or commit to services When a person in need of services doesn't have IT skills/equipment to operate in a digital service-oriented world	And we have the idea that…the aspiration is for normal citizenship, that an adult is a tax-paying, working person, but that we have that respect for diversity and the understanding that not everyone is capable. But how do we keep them included in society? That's kind of the other side of the coin. (meeting 8) There must be digital possibilities, but there must also be opportunities for live encounters. Not everyone has the opportunity to call, let alone operate through an app. (meeting 1)

Altogether, the analysis shows SSA accessibility problems to be manifold and include intertwined structural, informational, and individual factors. Next, I will analyse managers' meeting interactions focusing on the expressions of alignment and misalignment in the PT episodes regarding SSA accessibility (RQ2). The results demonstrate how PT is either strengthened or weakened by subtle linguistic actions that imply joint or disjoint interpretation of the situation.

4.2. Alignment and Misalignment in Interactions Related to Accessibility Problems

In meeting discussions, managers expressed alignment or misalignment directly and indirectly; there were considerably more expressions of alignment (387) than expressions of misalignment (135). Alignment was most often expressed directly, while misalignment was mostly expressed indirectly. The analysis indicated that managers' various ways of expressing alignment and misalignment direct the common understanding of accessibility problems and the (dis)cooperation in solving them.

Direct expressions of alignment (366) were classified into three groups: (a) expressing strong alignment without justification, (b) strengthening the alignment by repeating or rewording what was said earlier, and (c) supplementing the previous turn of talk with additional justifications or proposals for action. Strong unjustified expressions of alignment ranged from short and concise statements (e.g., “Yes,” “Exactly,” or “This is the case”) to longer turns of talk in which alignment was expressed in several words, but no justification was offered for it. The video‐mediated meeting format also made it possible to express alignment by displaying the “thumbs up” emoticon. Direct alignment was also expressed by supplementing a short statement in a straightforward manner by repeating or rewording a previously discussed matter (e.g., “Yes, yes I’m seeing eye to eye with (employee’s name) that it’s…”). The alignment could also be supplemented by providing additional justifications for the direct alignment or by making suggestions on how to proceed with the issue (e.g., “We have the same need to think about the service user process between (services) and everything related to it, so I guess it would be a good idea to set up some workshops, we could make use of each other and our know‐how”).

Indirect alignment (21) was expressed by highlighting a situational example or point of view that was in line with the previous turn of talk. In these cases, the turn usually began with a word or phrase directly expressing alignment, and it was supplemented by justifying the alignment by means of a situational example or point of view (e.g., “Yes, just that I’ve come across the same thing lately…”). At times, indirect alignment was expressed by supplementing an earlier turn of talk without there being a direct, even brief, expression of alignment at the beginning of the turn.

Misalignment was expressed less frequently and mainly indirectly. Direct expressions of misalignment (25) were classified into two groups: (a) unjustified and (b) justified. Direct unjustified misalignment was most often expressed in subtle terms (e.g., “I really wouldn’t warm up to that thought now”). Unjustified misalignment was also expressed by not reacting in the video‐mediated Teams meeting (by taking the floor by starting to talk or using emoticons) when agreement was inquired. In directly expressed justified misalignment, turns of talk mainly began with a sensitive but clearly worded statement of misalignment supplemented by justification (e.g., “I’d like to protest a little that where do we get the money from, that…”).

Expressions of indirect misalignment (110) were classified into two groups: (a) misalignment by challenging the previous view with a situational example or by presenting a different point of view, and (b) misalignment presented as a question or suggesting alternative courses of action. Indirect misalignment was expressed by giving a situational example that showed that the speaker was not aligning with the previous view or by presenting a different perspective on the matter at hand (e.g., “And then we have this interesting thing here (name of municipality)…”). Indirect misalignment was also expressed entirely in the question form (e.g., “But we have encryption here in our own email, can’t you…?”). Indirect misalignment was sometimes presented hesitantly, beginning with a statement and then adding a short question word at the end (e.g., “Right?”), which also includes the question of whether other managers are aligned with the speaker. Indirect misalignment was also expressed by proposing a different course of action to the situation at hand (e.g., “I would start with teaching that now, when you have this service user, you put these things here and you write this way”).

Altogether, the analysis of accessibility problems in SSA (Section 4.1) and the various expressions of alignment and misalignment (Section 4.2) indicate that it is meaningful how managers talk about and negotiate SSA accessibility problems and thus create a common understanding. Next, I will deepen the RQ‐specific analyses presented earlier by examining in detail one PT episode.

4.3. Combining and Deepening Results: Managers' PT in Action

The selected extract below shows accessibility problems to be, in real life, complex and contradicting, as intertwining many structural, informational, and individual factors from the managers' point of view. The extract also shows tension between policies and social work ethics (National Association of Social Workers, n.d.), which emphasise helping those in the most vulnerable position.

In the chosen conversation extract from a meeting, managers specifically discuss the accessibility of adult social work, which is part of the public SSA in Finland. For this reason, I use the concept of adult social work in this analysis. The extract was preceded by a presentation by a development specialist on how information is technically entered into the wellbeing services county's website. The presentation led to a discussion on which contact information should be posted on the website for sending social assistance applications or related advice. During the transition to the wellbeing services counties, the granting of financial support was centralised in a separate unit. The intention was that service users would apply for social assistance directly from the service unit granting financial support, either by submitting an electronic application or by sending the application to the unit by post. The plan was not to give service users the opportunity to bring their paper applications directly to the local unit. In the extract, conversation turns are numbered, sections interpreted as accessibility problems bolded, expressions of alignment underlined, and expressions of misalignment italicised. Development specialist 2 starts the conversation with a question:

> 1 DEVELOPMENT SPECIALIST 2: **What about the (supplementary and preventive social assistance) applications that, (1) for example, (municipality F) (.) submits?** Then they're just centrally sent there, (.) or I mean are they scanned there? So that if someone, for example, submits
>
> 2 SENIOR MANAGER: [Well if, for example, some old 99-yea-…
>
> 3 DEVELOPMENT SPECIALIST 2: (to municipality F's) social services?
>
> 4 SENIOR MANAGER: Yes.] If a 99-year-old grandma takes it there ((in person)), then it's of course [scanned.
>
> 5 DEVELOPMENT SPECIALIST 2: <u>Right. Right.]</u>
>
> 6 SENIOR MANAGER: But I mean, (.) this will sound awful, but the idea is (.) that the service users would send it themselves by post. (.) So post is delivered and you [send them forward by post.
>
> 7 DEVELOPMENT SPECIALIST 2: <u>Yes.]</u>

At the beginning of the extract (turns 1 and 3), development specialist 2 asks how social assistance applications submitted to local units of adult social work services are forwarded to a separate service unit granting financial support. This situational example, presented as a question, highlights a potential accessibility problem related to structures (i.e., the structures and organisational policies created for reaching services or, in this case, financial support). Development specialist 2 continues by presenting an alternative operating method for forwarding applications submitted on-site (central mail or scanning).

The statement turns into a more uncertain question towards the end, looking for the alignment of the other meeting participants. They also begin to justify the view with a situational example.

A senior manager responds (turns 2 and 4) by providing an example of a service user (a 99-year-old grandmother who has brought an application to a local adult social work unit), for whom it would be justified to deviate from the decided wellbeing services countywide policy. This displays a categorisation of a service user deserving exceptional procedures to access services. Development specialist 2 supports this by expressing direct alignment briefly (turn 5). Next (turn 6), the senior manager puts into words the county-level policy: Service users should mail their applications straight to a separate service unit granting financial support. The "this will sound awful" statement at the beginning of the turn displays the contradiction between policy and social work ethics. Despite this ethical contradiction, they orient the discussion to the binding nature of the policy by repeating it again, this time using a more descriptive expression. Development specialist 2 supports this by briefly expressing direct alignment (turn 7). A team leader joins the discussion:

> 8 TEAM LEADER: Right, that's how I have [instructed my employees that
>
> 9 SENIOR MANAGER: <u>Yes exactly.]</u>
>
> 10 TEAM LEADER: just post it. ***But actually just about half an hour ago, a social worker came to tell me that (.) someone who can't, who doesn't have electricity and doesn't have ((utters a laugh)) the ability to make an online application, intends to bring a paper version, so…***I just told them that well, you can of course accept it, it was their client, but (.) apparently the client will bring it here soon. But that's how we've instructed people, just post it.
>
> 11 SENIOR MANAGER: <u>Yes, just post it.</u>
>
> 12 DEVELOPMENT SPECIALIST 2: <u>Yes.</u>
>
> 13 TEAM LEADER: Right. **So also in that sense it's good or I think it's important that we just remove the (.) addresses from under the heading of (service unit granting financial support) because otherwise it sends the message that you can also [leave something here.**
>
> 14 SENIOR MANAGER: <u>Yes, you can bring it here. Yes.</u>
>
> 15 TEAM LEADER: <u>Right.]</u>
>
> 16 SENIOR MANAGER: <u>That's true. This is also a good perspective on this.</u>

The team leader, who joins the discussion (turn 8), states that they have acted in accordance with the policy (i.e., instructed their own employees to follow the policy). The senior manager supports this by aligning strongly (turn 9). To this, the team leader (turn 10) expresses misalignment indirectly—giving a concrete situational example (a service user without electricity or the ability to submit an electronic social assistance application). This situational example indicates that there are service users in adult social work clientele who are unable to submit their applications in accordance with the policy. This highlights the individual factors related to accessibility problems: The limited individual resources of those in vulnerable situations can impair or hinder service access. The team leader emphasises that, in this case, it is an employee's own service user, not just some occasional person in need of financial support, displaying the discrepancy between the functional capacity of some service users (individual factors) and the policy on submitting social assistance applications. Although the team leader's turn of talk can be interpreted as misaligning, it concludes by repeating the policy decided, which shows commitment to jointly created decisions and operating practices, despite the perceived need to make an exception. The senior manager responds (turn 11) by expressing direct alignment to the last sentence of the team leader's turn of talk by repeating the end of it and so orients the discussion to the binding nature of the policy made. Development specialist 2 (turn 12) supports this by briefly expressing direct alignment.

Next, the team leader brings up an accessibility problem related to information and knowledge (turn 13)—a resident of the wellbeing services county in need of financial support (or another party assisting in applying for it) can interpret from the information on the website that social assistance applications can also be brought to the local adult social work unit, even though this cannot actually be done according to the policy. The team leader states that it is important that the contact information on the website is not misunderstood. The senior manager (turn 14) shows their support for the team leader's view by expressing direct alignment regarding the accessibility problem raised and the solution suggested for it, repeating what has been said concisely. They continue (turn 16) by expressing direct alignment without justification in a stronger and more verbose way, which strengthens the common understanding of the identified accessibility problem. Development specialist 2's following turn is interrupted by development specialist 1:

> 17 DEVELOPMENT SPECIALIST 2: <u>Yes.</u> Well [I can sho-
>
> 18 DEVELOPMENT SPECIALIST 1: But then of course people....Right.]
>
> 19 DEVELOPMENT SPECIALIST 2: [Go ahead.
>
> 20 DEVELOPMENT SPECIALIST 1: *Of course then] I think that if there's an urgent need for social assistance, (.) then of course, you may sometimes have to make (.) an assessment.*
>
> 21 SENIOR MANAGER: <u>Yes, always use common sense and in a sense that if some 90-year-old grandma drags herself there from the backwoods of (name of location) with a taxi, we won't tell them to take it to the post office, that the nearest post office is in (name of location). Go back there. Of course not.</u>
>
> 22 TEAM LEADER: <u>Yes (.) and</u> **<u>this (municipality F) ((utters a laugh)) seems to be full of people who drag themselves with their last strength to the office here.</u>**
>
> 23 SENIOR MANAGER: <u>Yes.</u>

Development specialist 1 (turns 18 and 20) does not seem to define the problem only as the offered channels to submitting applications, and misaligns indirectly by arguing that a simple application submitted electronically or by post may not serve its purpose if there is an urgent need for social assistance that may require assessing the service user's situation. The expression is indirect, polite, and careful. The senior manager responds (turn 21), first aligning directly, after which they express indirect alignment by referring again to the service user (grandma in her 90s, who lives "in the backwoods") for whom it would be allowed to deviate from the policy. "Common sense" as a justification allows discretion to be exercised on a case-by-case basis. However, it remains unclear why the senior manager considers it justified to provide exceptionally accessible services in this situation. "Common sense" as a means of argumentation may also protect against the need to justify a view that otherwise satisfies the co-participants of the meeting. The senior manager concludes by emphasising permission to deviate from the general policy in the described case.

The team leader (turn 22) supports the senior manager's view and begins their turn with a direct alignment. They continue expressing alignment indirectly by presenting their area of responsibility as an example where plenty of service users need such exceptionally accessible services. This highlights that accessibility problems may also occur due to the lack of the service user's individual resources. The senior manager's direct alignment (turn 23) displays the recognition of the accessibility problem described by the team leader in that the clientele may include many people in need of help and support who may not be able to submit their social assistance applications either electronically or by post in accordance with the policy decided. The team leader continues the discussion by presenting a situational example:

> 24 TEAM LEADER: **I don't know how, (municipality G) for example has the same thing, but there's no one there to accept anything.**
>
> 25 SENIOR MANAGER: Yes.
>
> 26 DEVELOPMENT SPECIALIST 2: Yes.
>
> 27 SENIOR MANAGER: *This is also a learning experience for the (.) service users, because it has to be so that in the whole (wellbeing services county), everyone has the same systems.* (2) This is what I've been saying for the past three weeks ((utters a laugh))
>
> 28 DEVELOPMENT SPECIALIST 2 ((laughs))
>
> 29 SENIOR MANAGER: that everyone has the same systems. And that means that for some, the service will deteriorate, that you can't go see a social worker right away. But (.) yes.

The team leader further points out (turn 24) that similar problems in the accessibility of financial support services may arise in other areas of the wellbeing services county; according to their knowledge, "There is no one to accept anything" in another municipality. This highlights an accessibility problem either in structures (there is no local unit to which the application can be submitted) or resources (the local unit does not have staff to receive the application). The senior manager (turn 25) and development specialist 2 (turn 26) both support the team leader's view of the accessibility problem, expressing direct alignment shortly, which indicates a common understanding of the identified accessibility problem.

Next, the senior manager (turn 27) shifts the direction of the discussion by misaligning indirectly, stating that the entire wellbeing services county must have the same systems for everyone, despite the difficulty of following the policy for all people in need of help and support. They present this as a learning experience for service users—with the organisational policy, service users are "taught" to follow new wellbeing services countywide operating practices that may ignore individual situations. In this case, the responsibility for service accessibility is shifted to people in need of help and support from SSA, who possibly have few resources and are in difficult life situations, away from service providers' responsibilities. The senior manager (turn 29) emphasises their view by reiterating the objective of harmonising services and operating practices in the wellbeing services county and says that for some of those in need of help and support, the service will deteriorate, and they will no longer be able to see a social worker immediately. This reflects an acknowledgement that the common policies of the wellbeing services county do not always promote accessibility. For some people, harmonising services and operating practices may mean a weakening of services and/or their accessibility. Development specialist 1 takes the floor:

> 30 DEVELOPMENT SPECIALIST 1: *Just (.) one thing (.) then that if…(.) Right. In principle, by post (.) if you send those applications by post, so (.) umm* ***is there a possibility that there would be some postal envelopes somewhere that state the postage has been paid so that it doesn't prevent people from (.) [applying?***
>
> 31 DEVELOPMENT SPECIALIST 2: <u>Right or can you use] the (wellbeing services county) envelopes, the postage has been paid on those. So could you, for example, (.) send or give those to service users or?</u>
>
> 32 SENIOR MANAGER: *I don't think we can send them (.) to service users.* I don't know if that would be possible. (.) [I don't know
>
> 33 DEVELOPMENT SPECIALIST 1: *Well, I've] sometimes done it in a way that if it's not possible for a person to (.) deliver something (.) or something like that, then I've like sent (.) in a way sent some kind of a…(.) I can't remember now in what case I've done this, but I've sent a cover letter and attached a postal envelope so that is like a return (.) postal (.) envelope to send to us.*
>
> 34 DEVELOPMENT SPECIALIST 2: <u>We've also done that. Yeah yeah. Because we don't</u>
>
> 35 SENIOR MANAGER: <u>Yes, definitely do it like that because if that grandma from (name of location), or not from (name of location) but a grandma from the backwoods of (name of location) brings it and she cannot send it and it's a terrible situation, then (.) just put it in our envelope. Because I don't think we have internal mail in the whole (wellbeing services county) yet. So then just put it in our own envelopes and send them.</u> *But like, somehow we should get to a point where service users send it themselves. This sounds absolutely terrible coming out of a social worker's mouth, but that's how it is (.) and that's what other people have decided.*

Development specialist 1 does not support the senior manager's view and responds (turn 30) with delay, sensitivity, and cautious choice of words. They express misalignment indirectly by stating that some people may not apply for financial support if social assistance applications can only be submitted by post in accordance with the policy. Here, they describe a structural accessibility problem—due to the limited number of organisationally structured channels for applying for financial support, some of those in need of it may not apply at all and thus not receive it. They orient the discussion away from the confining objective of harmonisation by expressing misalignment indirectly in question form and proposing that people could apply for financial support with a prepaid envelope if necessary. Development specialist 2 (turn 31) supports this by expressing direct alignment briefly and further developing the action proposal presented by the previous speaker. They suggest that in such situations, it would be possible to send or give people prepaid envelopes. Their turn of talk ends with a question presented with uncertainty, looking for alignment from co-participants in the meeting.

To this, the senior manager (turn 32) expresses a direct unjustified misalignment, stating that prepaid envelopes probably cannot be sent to service users. However, the misalignment is mitigated by the rather uncertain wording and subsequent reflection, in which they are left verbally pondering the idea of whether it could be possible after all. This shows that the senior manager does not completely reject the proposal. Development specialist 1 (turn 33) does not support the senior manager's view that it is not possible to use prepaid envelopes by expressing misalignment indirectly with a situational example, stating that they have used the previously proposed course of action in similar situations and sent the service user a prepaid return envelope. To this, development specialist 2 (turn 34) expresses alignment directly by stating that they have also done the same. They are also about to start justifying their words, but the argument is interrupted.

The senior manager (turn 35) expresses strong alignment directly and complements it by referring again to the same categorisation of a service user deserving exceptionally accessible services ("backwoods," "grandma") they mentioned earlier (turns 2, 4, and 21). With this, the senior manager again describes a situation in which it would be justified to deviate from the policy. However, they end with an implicit expression of misalignment that underlines the binding nature of the policy and states that the goal is still to reach a situation in which (all) people send their applications themselves, in accordance with the policy. They offer an interesting argument for misaligning: "This sounds absolutely terrible coming out of a social worker's mouth, but that's how it is (.) and that's what other people have decided." This wording displays the recognition of a conflict between general policy and social work ethics. They position themselves as a conveyor of the message rather than a decision-maker and so shift responsibility to "others." It remains unclear whether the policy has come from a higher or parallel level of management, whether the senior manager was involved in the decision-making process, and what opportunities they have to influence the decisions. Development specialist 2 concludes the conversation:

> 36 DEVELOPMENT SPECIALIST 2: Yes and probably we will advise people more [to apply online
>
> 37 SENIOR MANAGER: Exactly.]
>
> 38 DEVELOPMENT SPECIALIST 2: who are actually able to do it, so there are also a lot of people who actually know how to do it there ((on the website)).

Development specialist 2 (turn 36) briefly expresses direct alignment with the senior manager's turn and supplements it with a proposal to guide service users in applying for financial support electronically. To this, the senior manager (turn 37) expresses alignment strongly and directly. Development specialist 2 (turn 38) supports the view by pointing out that there are also many people in the clientele who are actually able to apply for financial support electronically. By aligning with each other, the senior manager and the development specialist 2 orient the common understanding towards the policy being suitable for a lot of the people who are in need of financial support from SSA.

Overall, the extract thoroughly examined above produces a detailed description of specific accessibility problems of SSA during the transition to the wellbeing services counties, which appear to be underpinned by many structural, informational, and individual factors. In addition, a detailed interactive examination of the expressions of alignment and misalignment sheds light on the ways in which social service management, through joint negotiations, produces a common or divergent understanding of accessibility problems, the solutions proposed to them, and the role of managers in moulding the accessibility of SSA by setting common policies.

5. Conclusion

In this study, I examined managers' PT (e.g., Laapotti & Mikkola, 2019) in meeting interactions concerning the accessibility (e.g., Anderson et al., 2016) of SSA during a service system reform. I analysed this PT by its content (RQ1) and the expressions of alignment and misalignment (RQ2). By combining these viewpoints, it becomes visible, in a rich manner, how SSA managers (who play a key role in promoting accessibility; see also Trnka et al., 2020) build a common understanding of accessibility problems and ways to solve them. Discussion in managers' meetings plays a key role in the formation of policies and decisions in the county, in which case meetings are also forums for exercising power. That is why it is important to study interactions and shared decision-making at the management level (see also Laapotti & Mikkola, 2019).

My findings show that during the first year of service system reform, managers encounter various problems that directly or indirectly affect SSA accessibility. I categorised these problems into three groups: accessibility problems related to (a) structures and resources, (b) information and knowledge, and (c) individual factors. The identified accessibility problems were most often due to under-resourced services, the service system structures, and organisational structures not supporting accessibility, an inadequate knowledge base (or capabilities to use knowledge), or insufficient information flows. The relationship between system-based accessibility factors and the heterogeneous resources, situations, and experiences of individuals appears to be tense (see also Anderson et al., 2016), creating challenges particularly for the creation of accessible structures. The scarcity of individual resources and the difficulty of the situations of those in need of services may prevent access, even if structures, resources, knowledge base, and information flow support accessibility.

Indeed, my analysis shows that during the wellbeing services counties' first year, SSA managers were in a difficult position; they were expected to make countywide decisions and policies while challenged by the complexity of everyday practice when doing so. Their task is, on the one hand, to ensure service accessibility, and, on the other, to harmonise services in their area of responsibility. According to my observations, the problem is that harmonised "one fit for all" policies and practices can (even substantially) reduce accessibility in individual situations. This is because the clientele of SSA appears so heterogeneous in terms of individuals' functional capacities, resources, situations, and service needs that, in many cases, deviating from the policies is required in day-to-day practice. This creates a need to consider when a person in need of support is in a situation in which deviations from the general policy can or should be made. If this tailoring is not done, harmonised policies will easily hinder rather than promote accessibility—especially for people in vulnerable positions. The question also arises as to who has the power to decide when tailoring can be done to promote accessibility, contrary to the policy guidelines made at the management level (see also Lipsky, 2010). There is a risk that the insensitivity of the service system, organisations, or their employees to the scarcity of resources and the difficulty of situations of those in need of help and support from SSA prevents social services from fulfilling their statutory and ethical responsibility of supporting the wellbeing of vulnerable people and their service access. Thus, harmonising policies and practices in the wellbeing services counties can, in some cases, impair social service accessibility, and so ultimately weaken human rights and social justice and hinder social integration and inclusion, contrary to social services' purpose.

The data show that managers have observed that not all wellbeing-services-county-level policies are even intended to improve service accessibility but rather to shift responsibility onto the adults in need of SSA and curb service demand. This creates ethical conflict and pressure for SSA managers (see also Hyde, 2012; Trnka et al., 2020) to deviate from the guidelines to ensure service accessibility. Ethical conflict is also caused by managers' cross-pressured position as implementers of orders and policies coming from higher up in the organisation and as decision-makers of concrete operating practices implemented in day-to-day service user encounters. This places managers in a difficult position between "two realities" with conflicting objectives.

My thorough examination of managers' expressions of alignment and misalignment revealed that, in most cases, meeting discussions in which accessibility problems or ways of solving them were aligned progressed into concrete action. For example, a separate working group was formed, or decisions and policies were made during the same meeting. When managers were mostly misaligned, a consensus on the matter was not usually reached during the ongoing meeting. It was usually agreed that the matter would remain for further consideration or be revisited at future meetings. In other words, nothing concrete was often decided upon or acted on when there were differing views on accessibility problems, their causes, or solutions.

With this study, I am filling the knowledge gap associated with the combination of accessibility, SSA, and their management. However, further research into SSA accessibility is needed. This need is underlined by my findings that indicate that accessibility should be a key guideline of the provision of social services, enabling the production of ethically sustainable SSA that genuinely promote human rights, social justice, and social integration.

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Conflict of Interests

The author declares no conflict of interests.

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SHORT NOTE

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Do Challenges in the Accessibility of Welfare Services Explain the Need for Food Aid?

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Abstract

The accessibility of welfare services is important for vulnerable groups. Reliance on charitable food aid has increased markedly across Europe in recent years, largely due to austerity policies and gaps in the welfare state. One such gap is the non-take-up of benefits and services, which undermines the social policies' effectiveness. This short note presents findings from a Finnish survey of food aid recipients ($N = 942$). The results indicate that many recipients never received the services they needed, such as social assistance, healthcare, or social worker support. Moreover, a substantial number reported needing a service but never applied for it. The findings are discussed in relation to the five dimensions of accessibility and existing research literature, suggesting that accessibility issues may be present across all five dimensions. These preliminary observations should be further examined in future studies to provide stronger evidence for improving the accessibility of welfare services. The public social security and welfare service system should be sufficiently accessible so that the need for food aid would not arise.

Keywords

accessibility; disadvantage; food aid; welfare services

1. Introduction

Charitable food aid has spread and become established in the institutions of Europe's welfare states (Hermans et al., 2024). This holds true in Finland, where approximately 200,000 people annually, or about 3.6% of Finland's population, rely on charity-based food aid (Zitting & Kainulainen, 2023). Reliance on food aid offers deeper insight into hidden health and social problems and reflects poor performance and gaps in the welfare state (Loopstra, 2018; Ohisalo et al., 2015).

It is generally assumed that people facing difficulties seek help and support for their challenges. While the public sector offers various benefits and services, these may not be sufficient or may never be sought. For example, the non-take-up of social security benefits undermines the effectiveness and fairness of social policies, but the extent of non-take-up is considerable across countries (Bennett, 2024; Hermans et al., 2024). This is one factor leading to reliance on food aid.

While the non-take-up of social security benefits has been actively studied (e.g., Bennett, 2024), different services are also an important part of the welfare state. This speculative short note examines the use of public services among food aid recipients. The presented survey data provide an overview of the services food aid recipients felt they needed but did not seek. Based on this overview and other studies, service accessibility is discussed by structuring it through five accessibility dimensions: physical, economic, institutional, informational, and experiential (Vanjusov, 2022). This short note aims to explore service accessibility through the lens of one vulnerable group and presents hypotheses for future studies aimed at enhancing the accessibility of welfare services.

2. Rising Reliance on Charitable Food Aid

Charitable food aid has established its position in helping the most disadvantaged in Europe. The reasons for this include gaps in social security and service systems and a lack of political will to address poverty-producing gaps (Ghys, 2018; Hermans et al., 2024; Salonen & Silvasti, 2019). In high-income countries, a growing need for food aid has warned of economic downturn and gaps in social security systems and is linked to welfare reforms and austerity policies (Lambie-Mumford & Silvasti, 2020; Loopstra, 2018).

Austerity policies refer to the increasing role of the third sector and charitable organizations in welfare states (Hermans et al., 2024; Lambie-Mumford & Silvasti, 2020). This is also seen in Finland, where food aid is mainly charity-based, done by the Evangelical Lutheran Church of Finland and various religious or non-governmental organizations (Salonen et al., 2018; Salonen & Silvasti, 2019). In recent years, the Ministry of Social Affairs and Health has allocated funds to develop the food aid system, and this funding has now been institutionalized. This increase in the state's role as a funder reflects the gradual acceptance of charitable food aid as part of the Finnish welfare state.

At least 200,000 people in Finland rely on food aid annually, and the need for food aid continues to grow (Zitting & Kainulainen, 2023). The group of food aid recipients is diverse, among them individuals experiencing temporary financial difficulties, as well as those who have relied on food aid for several years. A large number are either unemployed or retirees, living alone in rental apartments, and earning very low incomes. Many recipients experience accumulated financial, health, and social difficulties (Ohisalo et al., 2015; Salonen et al., 2018). The problems of the welfare state are reflected in the fact that this group does not receive enough support from the public service system and must rely on charity.

3. Use of Services Among Food Aid Recipients

This short note utilizes survey data collected from Finnish food aid recipients in late 2021. The survey questionnaire explored the recipients' well-being, their reasons for seeking food aid, and their use of benefits and services. In total, 942 responses were collected from various locations across Finland.

The respondents' average age was 60 years. Most were women and recipients of disability or old-age pensions, but young people, unemployed individuals, and families with children also participated.

Table 1 presents the response distributions to the question about the use of services. A clear majority of respondents had received healthcare services. Nearly half had received services from the Social Insurance Institution of Finland (Kela). The frequent use of church services is attributable to the fact that many food aid points are maintained by church organizations. One-third of the respondents had received basic income support, the last-resort financial benefit of the social security system. Nearly 30% of respondents had received social work and employment services.

Table 1. Response distributions to the question "Which of the following services have you needed, applied for, or used in 2021?" from the KoMa project's food aid survey (*N* = 942).

	Received the service (%)	Applied for but did not receive the service (%)	Would have needed but did not apply for the service (%)	Did not need the service (%)
Health services	74.1	5.7	6.4	13.8
Services of the Social Insurance Institution of Finland	47.7	9.1	7.6	35.7
Services of church social work	42.5	2.8	10.4	44.3
Basic income support	32.1	12.1	10.8	45.0
Services of social work	29.5	6.4	11.8	52.3
Employment services	28.7	4.5	3.3	63.6
Housing services	17.7	6.5	6.6	69.5
Mental health services	13.6	5.5	9.2	71.7
Financial and debt counseling	10.3	4.7	13.1	71.9
Services for substance abusers	5.9	1.8	6.8	85.4
Informal care support	5.5	1.3	3.9	89.3

The option "applied for but did not receive the service" reflects the difficulties experienced in applying for services. For example, over 10% of respondents had applied for but did not receive basic income support, highlighting its means-tested nature. Nearly 10% had applied for but did not receive customer guidance and counseling services from the Social Insurance Institution of Finland. This may reflect the timing of the survey during the Covid-19 period when counseling services shifted to digital formats. However, in 2021, the Covid-19 situation was significantly calmer than in 2020, and face-to-face transactions were easier compared to the previous year.

An interesting response option is "would have needed but did not apply for the service." Of respondents, 13% indicated they would have needed financial and debt counseling, likely due to poor awareness of these services; 12% reported needing social work services. This may stem from Finnish discussions about social and health services that focus predominantly on health services, leaving social services less visible and less known.

Nearly 11% of respondents felt they needed basic income support but did not apply for it, reflecting the non-take-up of social security benefits (Bennett, 2024). Regarding church diaconal services, it is noteworthy that slightly over 10% of respondents felt they needed these services but did not apply. This may be due to misconceptions that one must be a church member to access these services.

It is important to note that the respondents were able to complete a four-page paper form questionnaire. However, the questionnaire was available only in Finnish, leaving the situation of non-Finnish-speaking food aid recipients unaddressed. Based on other studies, non-Finnish-speaking food aid recipients face greater difficulties in applying for services compared to Finnish speakers (e.g., Zitting et al., 2024). Thus, the non-application for services is likely far more common than the survey results indicate. Future studies should address these issues with more inclusive data collection.

4. Problems With Service Accessibility

The food aid survey did not explore the reasons behind these results. However, other studies may offer insights into factors affecting the accessibility of services. In the following, the five dimensions of accessibility—physical, economic, institutional, informational, and experiential (Vanjusov, 2022)—are examined and considered in terms of how they may manifest among food aid recipients.

4.1. Physical Accessibility

The physical accessibility of services refers to the accessibility of facilities, the usability of digital services, and the distances one must travel to receive the service (Vanjusov, 2022). For food aid recipients, it appears that distances to services influence whether services are sought. The results of the food aid survey have been analyzed elsewhere in more detail (Zitting & Kainulainen, 2024a), and one explanatory factor for not applying for services was the rural nature of the municipality.

This highlights the poor availability and accessibility of services in rural areas compared to cities. Individuals in poor economic situations and living in rural areas have reported challenges in traveling to social and health services (Aalto et al., 2022, p. 237). Face-to-face customer service has been reduced in rural municipalities, often requiring reliance on digital services.

Digitalization of services also affects physical accessibility. In Finland, official advice and transactions in public administration, including social and health services, are becoming increasingly digitalized. The digitalization of services and benefits is one reason why those in the weakest positions often find social and health services inadequate (Jokela & Kivipelto, 2021; Vehko et al., 2022).

Digitalization creates challenges for older people who lack skills in using digital services (Kemppainen et al., 2023). The average age of the food aid survey respondents was 60, which may help explain their not applying for services. Digitalization is also challenging for individuals who do not speak Finnish fluently. Poor Finnish language skills, lack of online banking credentials, and the complexity of the service system can prevent the use of digital public services, even when individuals are otherwise capable of using the internet (Kemppainen et al., 2023).

4.2. Economic Accessibility

Physical accessibility of services is closely linked to economic accessibility. Economic accessibility refers to the costs associated with accessing services, such as customer fees, travel expenses, and devices required for digital services (Vanjusov, 2022). For example, food aid recipients may lack the financial means for digital devices needed to apply for services or pay for travel expenses required to visit a face-to-face service.

4.3. Informational Accessibility

Informational accessibility of services—how clearly and through which channels information is communicated (Vanjusov, 2022)—is closely related to the non-application of services. Difficulty understanding the information provided about available services is a key reason for not applying (Cortis, 2012). Lack of information is also usually the starting point in analyzing the reasons for non-take-up of benefits (Bennett, 2024). For example, in the case of retirees, the lack of information about basic income support is one reason for not applying for it (Laihiala, 2019).

The service system cannot assume that everyone has the opportunity or energy to search through various channels for information on how to apply for different benefits and services. For example, immigrants may lack familiarity with the service system (e.g., Zitting et al., 2024). Attention to informational accessibility is crucial, as studies show that poverty and economic scarcity impair cognitive processing abilities. When individuals are preoccupied with acute financial difficulties and struggle to cover essential expenses, they have fewer resources to manage other matters. Economic scarcity weakens problem-solving abilities, information acquisition and assimilation skills, and future planning capabilities (Mani et al., 2013; Zhao & Tomm, 2018).

From this perspective, a complex support and service system can exacerbate challenges. People may recognize their need for a service but perceive the application process as overly difficult, or they may not even be aware of the service. Navigating the complexities of the system requires energy that many lack, and relying primarily on digital communication channels excludes some individuals. There is a need for clearer communication about the purposes and application processes of different benefits and services, as well as about individuals' rights to them.

4.4. Experiential Accessibility

Informational accessibility is partly linked to experiential accessibility, which refers to the reputation of services and individuals' previous negative experiences with them (Vanjusov, 2022). Individuals may avoid seeking services due to prior bad experiences or preconceived notions based on others' accounts (Salonen, 2023). Additionally, a service may have a poor reputation overall, leading individuals to avoid it out of fear that their use of the service will become known to others (Cortis, 2012; Vanjusov, 2022).

Experiential accessibility is likely a significant factor in the underuse of social services and income support. For example, retirees may find applying for basic income support more stigmatizing than seeking food aid, which can lead to non-take-up of the benefit and increased reliance on charity instead (Laihiala, 2019). In small towns, many individuals may feel ashamed to seek help from a social worker. By contrast, food aid often allows individuals to act anonymously without having to justify their need for assistance, which lowers the threshold for seeking help. However, in small towns, even seeking food aid may carry a stigma, as it can be more conspicuous than in larger cities, where blending into large food queues is easier (e.g., Caplan, 2016).

4.5. Institutional Accessibility

Institutional accessibility refers to aspects related to the organization of services, such as the adequacy of staff, financial resources, and the structural organization of services (Vanjusov, 2022). For food aid recipients, how services are organized is particularly significant, raising questions about the cooperation between social and health services and other service providers. In a fragmented service system with many different actors, the specific needs of certain groups and the importance of multi-actor cooperation may go unrecognized (e.g., Cortis, 2012).

This issue cannot be left to the responsibility of those in need of services. As mentioned earlier, individuals may lack awareness of available social services or the energy to navigate the complexities of the system. If different services, such as health and social services, operate in silos, individuals are not guided from one service to another, and critical information about their challenges does not flow between providers.

Disadvantaged groups often require support from multiple sectors. Among food aid recipients, there is a high prevalence of multidimensional disadvantage, creating a need for diverse services (Ohisalo et al., 2015). An analysis of the food aid survey highlights that health services, rather than social services, are often crucial in the survival strategies of food aid recipients (Zitting & Kainulainen, 2024b). This finding underscores the importance of cross-sector collaboration.

5. Conclusion

Interestingly, food aid is more accessible form of assistance than public services in certain aspects. It is distributed in almost all municipalities in Finland (Zitting & Kainulainen, 2022) without a complex application process or identification (e.g., Salonen & Silvasti, 2019). Additionally, the times and locations for food aid distribution are widely communicated through local media, store, and community bulletin boards, social media, and various websites. Food aid users also feel their encounters with food aid organizations are respectful and humane, unlike their experiences with faceless, remote public services (Salonen, 2023).

Food aid provides a simple and quick way to address acute crises. However, it does not permanently improve the situation. Conversely, the public service system has the potential to increase its accessibility by reaching out to food aid points. Outreach social work has been suggested as one way to connect with hard-to-reach groups who do not utilize available services (Cortis, 2012; Grymonprez et al., 2017). In some places, social workers and benefit advisors have been at food aid points offering information and help. Also, volunteers at food aid points can offer guidance for services and assist with complex paperwork (Caplan, 2016; Ghys, 2018; Hermans et al., 2024).

Still, it is crucial to promote the accessibility of the service system so that the need for charity-based food aid does not arise in the first place. Mapping the needs and reasons for food aid use can give valuable information for enhancing the accessibility of the service system. This means that the considerations presented here should be tested empirically in further research combining both qualitative and quantitative methods.

Service use—and the potential reasons for not applying for services—should be more thoroughly examined through interviews with food aid recipients and others facing challenging life situations. These interviews could also help refine the questions used in future surveys, offering more detailed information about the prevalence of non-application and the background factors related to various aspects of accessibility. Future surveys should also consider different language groups and respondents with reduced physical ability to complete paper-based questionnaires. Not only services but research surveys as well should be as accessible as possible.

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Conflict of Interests

The authors declare no conflicts of interest.

Data Availability

The research data are available from the authors upon reasonable request.

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ARTICLE

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Accessibility and Capabilities: (Non-)Take-Up of Benefits in the Welfare Production of Poor Households

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Abstract

Studies of accessibility mainly focus on state welfare benefits and services. Yet, civil society actors may also provide material benefits for various needs. Drawing on the capability approach, this article examines accessibility for both state and non-state benefits from the perspective of people living in poverty. The (non-)take-up of particular benefits must be understood within the overall context of people's welfare production, i.e., their practices of accessing, combining, and transforming resources from state, market, civil society, family, and social networks to achieve the kind of life they value. The article draws on a qualitative study examining the welfare production of 40 households living below or near the poverty line in Switzerland. It is based on three waves of semi-structured interviews, complemented by financial diaries documenting household income and expenditures. Our analysis shows how configurations of individual factors such as self-image, the endowment with social and cultural capital, and subjective cost–benefit calculations interact with institutional entitlements, conceptions of deservingness, and administrative procedures. The article identifies three ideal-typical configurations: deliberate non-take-up, extensive use of different benefits, or sporadic use of mostly small non-state benefits. Households without access to benefits are more likely to face material and social deprivation, whereas those who use both state and non-state resources enhance their capabilities.

Keywords

capabilities; civil society organisations; deservingness; minimum income benefits; non-take-up; sense of entitlement; welfare production

1. Introduction

Studies of accessibility mainly focus on state welfare benefits and services. Respective research usually analyses a single scheme, often means-tested minimum income benefits for various groups (Baisch et al., 2023; Bennett, 2024; Fuchs et al., 2020; Gabriel et al., 2023; Hümbelin, 2019; Wilke, 2021). However, people in need of support may have multiple needs, and there may be different providers for different needs or even different providers for the same need. This complicates access from the point of view of support seekers, since they must find the right provider, manage different application procedures, and are confronted with interdependent eligibility criteria between different institutions. On the other hand, the existence of civil society welfare providers like charities, churches, and associations offers additional options to get help. This article examines the (non-)take-up of monetary and in-kind material benefits provided by the welfare state and civil society organisations by households living in poverty in Switzerland.

Accessibility research has identified a variety of barriers on different levels blocking the use of benefits for the intended target groups as well as different types of non-take-up (Bennett, 2024; Daigneault et al., 2012; Janssens & Van Mechelen, 2022; Lovey & Bonvin, 2024; Lucas et al., 2021; Spicker, 2017; van Oorschot, 1996). Primary non-take-up (not claiming available benefits) is explained by individual-level factors such as lack of awareness of benefits, perceived utility, feelings of shame, fear of stigmatisation, or lack of "administrative capital" (Masood & Nisar, 2021) to master bureaucratic procedures (Baumberg, 2016; Janssens & Van Mechelen, 2022; Spicker, 2017; Warin, 2016), and the like. As Bennett (2024, p. 8) points out, maintaining benefits requires efforts and abilities, such as reporting changes in one's circumstances or complying with conditions. A second set of factors pertains to the design of benefit administration and the practices of welfare workers, e.g., means-testing, the user-friendliness of the application process, discriminatory behaviour of staff, and non-proposition of available benefits (Daigneault et al., 2012; Janssens & Van Mechelen, 2022; Warin, 2016). Problems on this level may lead to secondary non-take-up: Potential beneficiaries make a claim but do not receive the (full) benefit (Baisch et al., 2023). Especially problematic from a human rights perspective is tertiary non-take-up: the divergence of actual needs and lack of eligibility stemming from policy design concerning entitlements and conditions of benefit use (Van Mechelen & Janssens, 2017).

Recently, the literature on access barriers has been criticised for implicit biases. First, there is a social policy-centred normative bias towards universal take-up: Non-take-up of benefits is portrayed as undesirable behaviour which should be reduced by suitable means. This bias, however, leads to the "selective observation of the phenomenon" in research (Sielaff & Wilke, 2024, p. 112). Namely, the premise that non-take-up must invariably be the effect of individual and institutional deficits may obscure gaps between social policy goals and the actual needs of individual users (Warin, 2016). Moreover, it overlooks people's own efforts to deal with their situation without resorting to benefits, thus it underestimates people's agency. Secondly, much of the research on individual-level causes of non-take-up operates within an "incapacity framework" (Lucas, 2024, p. 196) by focussing on the deficits of potential claimants. In contrast, qualitative research from the subjective perspective of potential users argues that non-take-up must be analysed in the context of people's organisation of everyday life, of subjective meaning-making, and of preserving identity and autonomy (Betzelt et al., 2017; Eckhardt, 2023; Lucas, 2024; Rosenstein, 2021; Sielaff & Wilke, 2024). People in need will apply for benefits only inasmuch as they perceive them as useful in their specific life situation and as compatible with their sense of self. Thus, refusing to apply for benefits may express an implicit critique of institutional definitions of problems and solutions (Tabin & Leresche, 2019) and resistance to the positioning by welfare state "dispositives of neediness" (Eckhardt, 2023).

This article contributes to this strand of subject-oriented research by examining the (non-)take-up of monetary and in-kind material benefits as part of the everyday welfare production of 40 poor households in Switzerland. While the research discussed above foregrounds subjective reasons for non-take-up, we weigh claiming and not claiming equally, and we link individual attitudes and behaviour regarding claiming benefits to the practical workings of welfare institutions, i.e., the institutional accessibility of benefits. The focus is on the pragmatic problem of managing economic hardship. We contend that access must be analysed within the household's overall configuration of resources from market, state, family, and civil society, and extra-familial social networks. Two main questions organise this article: How is the (non-)take-up of benefits embedded in the households' efforts to access sufficient resources? To what extent do various benefits enhance people's real freedom to lead a life they have reasons to value (Sen, 1999)? Drawing on the theoretical framework of the capability approach, we analyse personal, social, and institutional conversion factors that block or facilitate access to benefits. We treat accessing and maintaining benefits as a dynamic phenomenon (Lucas et al., 2021) in that the subjective attitudes towards claiming as well as the actual chances of receiving benefits may change over time and vary between different benefits. We focus on those benefits that the interviewed households regarded as important. The main state benefit schemes mentioned were social assistance and supplemental benefits (SB) to old age and disability pensions. In Switzerland, 2.8% of the population receive social assistance benefits (Bundesamt für Statistik, 2024), and 16.2% of old-age and disability pensioners draw SB (Bundesamt für Sozialversicherungen, 2024). Furthermore, civil society actors play an important role in the Swiss mixed public-private system of delegated welfare (Canonica, 2019), yet there are no statistical data on the use of civil society benefits. The households received benefits from nationwide NGOs offering financial support for various poor and non-poor groups, as well as from smaller local organisations distributing money or in-kind benefits like food or clothing.

In the following, we elaborate on the theoretical framework. Next, we give an overview of the research design, methods, and data, before we present empirical findings on configurations and consequences of (non-)take-up of welfare benefits. The article concludes with reflections on the accessibility of welfare systems and the consequences for the capabilities of people living in poverty.

2. Theoretical Frame

Critical subject-centred research emphasises the meanings people associate with becoming a welfare client and the practical utility they expect. Utility is not simply a matter of economic cost–benefit calculations. Rather, claiming or not claiming benefits is inscribed in "strategies…that are oriented to coping with everyday life and [are] based on individual relevancies concerning one's own life" (Sielaff & Wilke, 2024, p. 114, translation by the authors). In this view, claiming benefits is just one option among others to manage financial scarcity. This article analyses coping with financial hardship from the perspective of welfare production. On the macrosocial level, welfare production denotes the interaction of different institutions (market, state, family, civil society) in generating societal welfare. On the microsocial level, it points to the time, work, and human capital private households apply to transform externally produced resources into actual wellbeing for their members (Bareis, 2012; Zapf, 1984). We draw on the latter understanding of welfare production as the *work* of the households to access and make use of material resources from different fields.

The aim of poor households' welfare production is not just surviving but "under given relations of dominance and inequality to lead a life that corresponds at least partly to [their] own vision" (Bareis, 2012, p. 291, translation by the authors). The capability approach offers a suitable theoretical frame to integrate the analysis of the social conditions and the subjective goals of people's practices of welfare production. The capability approach posits capabilities as the yardstick for welfare and for the extent of real freedom to achieve valued functionings. Capabilities represent a space of opportunities for genuine choices, which are dependent on configurations of material resources, social conversion factors (norms, rights, institutions, infrastructures), and personal conversion factors (physical, cognitive, mental faculties; Robeyns, 2017, p. 83).

Access research situates social conversion factors on the levels of cultural norms, policy design, and administrative processes (Janssens & Van Mechelen, 2022; van Oorschot, 1996). Especially quantitative research tends to examine the influence of isolated factors on (non-)take-up. In contrast, we regard the ensemble of political, social, and institutional factors as welfare dispositives. The dispositive concept, originating in Michel Foucault's analyses of knowledge and power, intertwines discourses and patterns of actions generated by respective discourses (Eckhardt, 2023, pp. 50–63). In the words of Reiner Keller, dispositives furnish the "*infrastructure* of the production of a discourse and the *implementation* of its 'problem-solving' solution in a specific field of practice" (as cited in Eckhardt, 2023, p. 59, original italics, translation by the authors). For instance, welfare institutions translate moral and political discourses on neediness into categorisations of deserving and undeserving clients, systems of assessing neediness, distributing benefits, and ways of treating clients (as cited in Eckhardt, 2023, pp. 58–59). Dispositives thus cannot be reduced to single aspects of benefit schemes and administration.

This article analyses the interaction between individual actors and welfare dispositives. We distinguish between state institutions (social insurance and social assistance) and civil society institutions (associations, foundations, charities, churches). Inasmuch as change can happen on the levels of individuals and of dispositives, we regard (non-)take-up not as a permanent state but rather as phases in the life course. Furthermore, refusing one type of benefit can coexist with accepting support from other institutions.

On the individual level, decisions for or against claiming depend on the "sense of entitlement," i.e., the awareness of rights and the willingness to claim them (Hobson et al., 2011, p. 173), in conjunction with personal conversion factors like social and cultural capital. To regard entitlements as a personal right, actors must acknowledge their own neediness (Spicker, 2017). Fear of stigmatisation or the loss of independence may undermine both the acceptance of one's neediness and the sense of entitlement (Baumberg, 2016; Reijnders et al., 2018). We presume that available material resources (e.g., labour income, support by relatives) and alternative options (e.g., increasing one's employment volume, pooling resources with a partner) also influence one's sense of being in need. Moreover, (not) claiming may be an expression of one's self-positioning in interaction with welfare dispositives (Eckhardt, 2023). Once people decide to claim, cultural capital enables them to find and understand information about welfare benefits and to gain access. Knowledge about where and how to claim benefits, and perceived alternatives enter the personal cost–benefit calculation of the utility of benefits for a household's welfare production.

Whether claiming leads to actual take-up depends on the conditions set by state and non-state welfare dispositives. Cultural norms of deservingness constitute the foundation for entitlements, or, in the case of civil society institutions, for defining target groups for support. Deservingness hinges on the incapacity of making a living through paid work. Castel (2017) coined the term "handicapology" to denote the catalogue of exemptions from the norm of personal responsibility for one's living that pervades historical poor relief and modern welfare systems. In the Swiss social security system, personal responsibility is institutionalised in the subsidiarity principle (Studer, 2020): On the one hand, persons are only eligible for benefits when there is proof that they cannot (fully) support themselves through their own efforts. On the other hand, subsidiarity defines the order of institutional responsibility: For instance, social assistance is defined as the last resort in cases without entitlement to social insurance. Thus, means-testing is part of the administrative processing of claims. Entitlements define explicitly who may receive which benefits, as well as the level of these benefits. Yet, we contend that there are also cultural beliefs concerning the legitimacy of the needs of the poor. For instance, owning a car or going on holidays are contested needs, that are generally not included in the social assistance budget. Civil society organisations may have slightly different definitions of deservingness and target specific groups accordingly.

3. Methods and Data

This article is based on a qualitative longitudinal study of the welfare production of 40 financially poor households. In Switzerland, 8.1% of the population is classified as poor according to the strict poverty line of social assistance eligibility, and 16.1% are at risk of poverty (Bundesamt für Statistik, 2025). Regarding minimum income schemes, there is a difference between social assistance and SB to old age and disability pensions, which are substantially higher. This is reflected in the poverty lines used for our sampling: For working age households we used the social assistance eligibility line; for the elderly, the higher income threshold for SB eligibility.

Since we are interested in how households combine resources from different fields, the sampling criteria pertained to structurally varied configurations of potential access to welfare resources. In relation to the market working poor have access to paid work, but only to jobs that cannot secure a livelihood. Regarding family resources, single parents lack a second earner and carer, which also impedes access to the labour market. Depending on their legal residence status, immigrants have restricted access to employment and welfare benefits. Old-age pensioners are not expected to work anymore and are entitled to the higher minimum subsistence level guaranteed by SB. Since the living conditions of individuals depend on how they are embedded in households (Budowski et al., 2016, p. 4), the household was chosen as a sampling unit. Despite possible intra-household dissent regarding benefit take-up and distribution of resources (Bennett et al., 2024; Gonon, in press), the household is still the relevant unit because eligibility for benefits is usually determined based on its aggregate resources.

People living in poverty are a "hard-to-reach" population. Sampling was thus time-consuming and involved various channels: Participants were found through NGOs addressing both poor and non-poor groups. Furthermore, they were recruited through calls in online newsletters and by distributing leaflets in low-income neighbourhoods. Organisations and potential participants received written information on the study; study participants signed an informed consent and data protection form. As charities and NGOs served as a main recruitment channel, the sample is biased in this regard. In terms of the main income source at the time of the first interview, the sample of 40 households comprises 15 working poor households, 11 households receiving SB to old-age or disability pensions (plus two pensioners without SB), and 12 households living on social assistance.

Regarding data collection, the study combines three waves of semi-structured interviews over two years with financial diaries (Biosca et al., 2020; Morduch & Schneider, 2017). The longitudinal design makes it possible to capture changes in the composition of the households' welfare mixes, financial situations, and the dynamics of (non-)take-up. The first interview focused on access to and use of different welfare resources and on consumption patterns. To enable a detailed understanding of the relative weight of income sources and expenditures, the participants were asked to keep a daily record of the monetary and non-monetary resources that they received, spent, or provided for others over one month. The second interview took place after the completion of the financial diary and collected details of the financial situation, as well as irregular income and expenditures: 32 diaries were completed and returned. For five households that did not complete a diary, financial data could partly be reconstructed in the second interview: 37 households thus participated in the second interview wave. The third interview was conducted about two years after the second and was focused on changes in conversion factors, household strategies, and the overall living situation of the households: 33 households participated in the third interview wave.

The study follows the principles of grounded theory methodology in that sampling, data collection, and data analysis are intertwined (Strauss & Corbin, 1998). For the analysis of the interviews, the techniques of open, axial, and selective coding were used. The literature presented was employed as sensitising concepts, serving as initial reference points for the analytical process, rather than as definitive frameworks. During the open coding phase, the data were systematically reviewed line-by-line, allowing for the formulation of descriptive codes closely aligned with the text (e.g., “begging,” “residence permit,” or “controlling”). These codes captured, for instance, how participants justify and experience (non-)take-up, and served as a foundation for constructing concepts and categories on a higher level of abstraction. In the axial coding phase, generative questions were posed to explore the relationships between these codes. This process facilitated the further development of analytical categories, including their dimensions and properties. At this stage, our theoretical frame—the capability approach, including individual and institutional level factors, as well as conversion factors enabling or hindering take-up—was integrated into the analysis. It results in explanations of still disparate phenomena, which are relevant for the research questions but still lack integration. Finally, the process of selective coding aimed to construct a coherent analytical account grounded in the data. This phase concentrated on identifying key categories, providing a comprehensive understanding of (non-)take-up phenomena within the broader context of welfare production. Based on the analysed data from users and non-users of state and non-state benefits, three ideal-typical configurations emerged, each reflecting distinct modes of take-up and non-take-up.

4. Configurations and Consequences of (Non-)Take-Up

The majority of our interviewees have received state or non-state benefits at some point. Nevertheless, there is considerable variation in the (non-)take-up behaviour. The following analysis outlines three ideal-typical configurations, ranging from almost complete non-take-up to extensive take-up, as well as intermediate forms. Since the individual and institutional conditions of (non-)take-up may change over time, the analysis also seeks to account for temporal dynamics. The persons portrayed in this chapter come closest to the analytical ideal types.

4.1. *"I Wanted Back My Freedom": Deliberate Non-Take-Up of Benefits*

At the time of the initial interview, Helene Jansen—whose name, like all others in this article, is a pseudonym—is 42 years old and lives as a single mother with her eleven-year-old son. Her monthly income comes from four cleaning jobs, child support payments, and child allowance, and is substantially below the social assistance line. Helene exemplifies an ideal-typical case of complete non-take-up of both state and non-state welfare benefits: despite being eligible for social assistance, she deliberately refrains from claiming it today. Guided by a strongly developed value system centred on autonomy, Helene's household represents one of four cases—all of them working poor—within the sample who utilise neither minimum income benefits nor benefits from NGOs.

When Helene, a trained hairdresser, gives birth to her son at the age of 31, she withdraws from the labour market for over two years, and the family lives on her husband's income. Following her divorce at the age of 33, Helene is compelled to apply for social assistance for the first time. As an unemployed single parent with a young child, seeking support from social services initially seemed inevitable. At the same time, she takes up part-time jobs in the poorly paid cleaning sector, marginally improving her financial situation while the child support payments she receives from the child's father are deducted from the social assistance. Helene criticises the level of the benefits as far too low, stating: "Even then, you were quite far down." The negative experiences of being on welfare are particularly evident in the bureaucratic accountability requirements she must fulfil towards the welfare office (see also Janssens & Van Mechelen, 2022):

> It just pissed me off. Because you have to fill out so many forms. You always have to submit everything again. You have to give up everything. You're so dependent. And that just got to me, yeah, I didn't want that anymore. I wanted to stand on my own two feet.

Helene and the other households in this group perceive the welfare dispositive as a site of control and paternalism, characterised by far-reaching interventions into their personal conduct of life. For Helene, it becomes clear that she needs to escape this system and regain her freedom:

> And that's when I decided I didn't want social assistance anymore because, well, you always have to go back, and after a certain time, you're not allowed to have a car, you have to, yeah. I just wanted back my freedom.

It is obvious that her cost–benefit calculation has changed over time. By taking on additional minor jobs in cleaning, coupled with the receipt of child support payments and child allowance, Helene recognises in the following years that a life without welfare benefits is possible. When she moves in with her new partner at the age of 37, a window of opportunity opens for her: By living together, Helene can share and reduce her expenses. She decides to take up a fourth job in cleaning and consequently forgoes claiming benefits. When she separates from her partner three years later, she continues to live without social assistance. Currently, she is working twelve hours per week in the cleaning sector. However, extending her working hours is not a viable option for her, as she prioritises caring for her son. If she received social assistance, she would not be able to maintain this preference. Since mothers and lone parents are not exempt from the activation paradigm's obligation to work (Letablier et al., 2011), she would likely face pressure from social services to increase her workload.

Yet, the non-receipt of social assistance results in a significant income loss for the whole household. During her spell on welfare, she had nearly 500 francs more per month, corresponding to 20% of her current income. While larger expenses like rent or health insurance premiums were previously covered by social assistance, now, she has to finance these costs out of her own pocket. On a personal level, Helene's self-perception is generally characterised by a sense of pride in living independently of public support. Because of her low income, she is entitled to state-subsidised reduction on the insurance premiums—the only public support she accepts today. The design of the benefits is a crucial factor: While Helene hesitates to make use of minimum income schemes, she expresses a clear preference for receiving public discounts, illustrating her desire to navigate the welfare system in a way that aligns with her value system:

> I have also gone to the municipality and said: "Look, I am a single mother, I am NOT on social assistance. Isn't there any reward for not being on welfare, whether it's a discount for the lousy TV reception or something else?" NO, you really either have to be on DI [disability pension] or you have to sign up for everything. You get nothing….They'd rather have you dependent on them, then they'll support you.

While financial and in-kind benefits from NGOs are neither as substantial nor as regular as state benefits, they can provide some relief. Nevertheless, support from NGOs has never played a significant role in enhancing Helene's opportunities, as she has only used food charity two or three times in the past. She appears to have limited knowledge about existing non-state benefits, mentioning that she has never sought corresponding information. Reijnders et al. (2018) argue that complicated bureaucratic rules, i.e., institutional conditions, can be an obstacle to take-up support from NGOs as well. Yet, Helene's food aid is arranged in a comparatively low-threshold manner: while the organisation of food aid is often associated with shame (Lambie-Mumford, 2017), Helene reports that she was not required to undergo a means test and that the food is delivered to her home by a friend. Nonetheless, she opts against further take-up, primarily due to her perception that it is not useful for herself or her son. She explains that the household does not need the products, that there is limited selection, and that it disrupts their eating habits. Just as with state benefits, Helene considers the take-up of support from NGOs as sacrificing her freedom, independence, and autonomous way of life (Reijnders et al., 2018). She perceives little benefit in both state and non-state aid. Rather, these benefits primarily represent excessively high costs to her: While the non-take-up of social assistance can be considered as an escape from the perceived threatening institutional rules and control of welfare authorities, in the case of support from non-state organisations, it is primarily rigid specifications (such as pre-selected products) that Helene rejects as an intrusion into her autonomous way of life.

Helene repeatedly mentions that she is "extremely frugal" and has a great "talent" for managing limited funds. However, her *frugality in consumption* often turns into *forced abstinence*. Regarding participation activities, particularly those for her son, Helene explains that she does not need support. Helene describes her son as a "loner" who has "no interest" in activities like school trips. She emphasises that he "does not [need] the latest phone, he doesn't want the latest bike." Helene's choice to refuse social assistance and non-state benefits comes at the cost of significantly diminished capabilities for her and her son. For example, she acknowledges that they cannot afford vacations or restaurant visits. All the interviewed households that refuse both state and non-state benefits experience significant social and material deprivation. They report being unable to afford dental treatments, having to postpone paying bills, accumulating debt, not being able to use their car because gas prices are unaffordable, and not being able to afford hobbies and socializing.

It is noteworthy that these four households are unable to compensate for the non-take-up of benefits through support from their family or social network. This can be attributed to limited resources, a lack of availability, or a reluctance to seek assistance. Helene exemplifies the prevailing attitude of these households, stating: "I don't like people just giving me money out of pity." Instead, their focus is on self-reliance through paid work.

4.2. *"You Can Always Ask": Extensive Use of Different Benefits*

Bea Karrer is 74 years old when we first meet her and has been poor all her adult life. At the age of 20, she is diagnosed with myasthenia and drops out of her nursing training. The cause for her poverty, her chronic illness and the resulting (partial) work incapacity at the same time opened access to a variety of state and non-state benefits. Regarding the extent of non-state financial benefits as well as the individual sums she receives, Bea is an extreme, yet not a singular case. A third of the households receive benefits of several hundred francs or more from NGOs more than once. Which conversion factors make the extensive use of benefits from state and non-state agencies possible, and how does it enhance the capabilities of extensive users?

The most important scheme for Bea is the disability insurance, which first pays for her retraining as a clerical worker, and second, grants her a partial disability pension and, at the age of about 40, a full pension, which seamlessly morphs into the financially equivalent old age pension when she reaches the retirement age of 64. Due to her disability and, later, as an old age pensioner with a small pension, she is entitled to SB. While Bea is automatically transferred to the disability insurance by the medical system, she plays an active part in claiming a full pension. Over time, she feels bored with the intellectually undemanding part-time jobs she must accept and gets her doctor to declare her fully unfit for work, thus obtaining a full pension. In her cost–benefit calculation the loss of income from her job is outweighed by the full disability pension plus SB and, just as importantly, the freedom to escape unsatisfactory jobs. At the age of about 50, she emigrates to a neighbouring country. By this move, she loses the SB, which is only paid to residents of Switzerland. While maintaining the full disability pension, she voluntarily forfeits SB, reckoning that the cheaper living costs abroad will compensate for the loss. She reclaims them when she returns to Switzerland for health reasons, about two years before retirement. SB provide not only a basic income but also cover health insurance and additional medical costs, which is important for all the 11 households receiving SB. For example, in Bea's case, SB cover domestic help and her special diet, thus adding about 22% to her income.

In addition, Bea successfully applies for funds to several NGOs that represent and support retirees or people with her specific illnesses. For example, she gets money for her dogs and herself (for chiropody, repairs, glasses, moving, electricity, etc.). Although these are mostly one-off benefits, she still manages to get funds repeatedly from various NGOs. Moreover, she regularly uses food banks and receives free clothing from charities. These benefits are irregular, but they add between 9 to 15% to her income.

The group of extensive benefit users comprises mostly elderly or disabled people on the one hand, and families with dependent children on the other hand. Entitlements to state benefits or belonging to a target group of civil society organisations, respectively, constitute important institutional conversion factors for benefit access for them. For working-age childless adults in good health, however, there are few non-state benefits available. Clearly, cultural norms about deservingness and an implicit "handicapology" of which groups are exempt from the obligation to work (Castel, 2017) also shape the offer of NGOs. The elderly and the disabled are deserving of support since they cannot be expected to provide for themselves, whereas social investment policies prioritise the needs of children (Baumberg Geiger, 2021; Heuer & Zimmermann, 2020; Lovey & Bonvin, 2024). Yet, while access to old age pensions is universal for everyone who has contributed to this social insurance, disability pensions are often contested and SB require the initiative of the potential beneficiary. Seven of the study households are currently or have been involved in conflicts about rejected claims for disability pensions. Denied access to a stable disability pension most often leaves them with social assistance as the only alternative. Without the pension, there is also no access to SB. For old age pensioners, a recent study estimates a 15.7% non-take-up rate for SB in Switzerland (Gabriel et al., 2023, p. 9).

Moreover, state agencies and civil society define legitimate needs for the poor. As Bea complains: "They always reproach me for having dogs and a car." Indeed, the real costs of a car or pets are not factored into SB or social assistance budgets, much less going to concerts, playing musical instruments, going on holiday, or other "luxuries" that Bea would like to pursue. In her case, she gets refunds for car-related costs to the extent these can be justified as medical needs, but she cannot get direct support for participation in social and cultural life. Especially, access to non-state benefits is unreliable for further reasons: NGOs may change their policies at any time, as Bea learns, when one of her main support organisations stops financing car maintenance costs, which poses a major problem for her. NGOs confronted with rising demands for counselling and funds may react with informal rationing. For example, several food bank users we interviewed noticed that the growing number of users resulted in smaller rations and others complained that they could not get a user card.

On the level of personal conversion factors, Bea has a strong sense of entitlement: According to her motto "you can always ask," she does not hesitate to claim available benefits. She is one of the few interviewees who describe themselves unequivocally as poor and needy, and she explains that she learnt early how "to muddle through and [find out] how that works with the pension and everything." Nevertheless, she is aware of possible stigmatisation and concedes that she had to overcome her "pride" to "go begging at these social institutions." The term "begging" for claiming benefits was used by other respondents too, especially when they decided *not* to apply. Yet, Bea associates begging with "fighting," thus underscoring her active role in wrestling resources she believes are her due from the welfare state and NGOs. Consequently, she develops considerable administrative capital (Masood & Nisar, 2021) to find and access funds, whereas many interviewees need professional help to submit claims.

Bea is not "sitting there and waiting to die" but finds ways to allow herself special "treats" for social participation (e.g., singing in a choir, going on holidays) and to maintain a car and her two big dogs. How is this (partial) realisation of her ideas of a valuable life related to her varied welfare mix of state and non-state cash and in-kind benefits and her active claiming? On the institutional level, the most important factor is the relative "generosity" of state benefits for SB recipients: The basic amount for living costs for a single-person household is 62% higher than the respective amount in social assistance for working-age single persons. Including Bea, more than a quarter of the households receive SB, hence have more financial leeway than social assistance clients or working poor households without state benefits. Most of the interviewed SB clients do not claim other benefits as often as Bea does, but in case of medical costs or expensive household items, they have access to a specialised NGO for the elderly that distributes state funds as well as its own funds. Bea does not directly benefit from NGOs for her various hobbies, but by juggling with her overall income and savings derived from her mix of state and non-state benefits, she manages to realise some of her goals. For seven of the 40 households, the extensive use of a variety of financially substantial benefits clearly adds to the capabilities of either the whole household or at least the children's possibilities of social and cultural participation. With one exception, these households receive state benefits for their basic needs, whereas NGOs provide financial support for participation.

4.3. "I Have Found My Place to Get Help": Sporadic Use of Small Benefits

In the previous sections, the deliberate non-take-up of benefits and the extensive use of benefits were discussed. However, most cases fall between these two poles, using only specific types of welfare or claiming one-time benefits sporadically. The majority of the households have received small financial help and in-kind donations from charities or NGOs at least once.

Regarding benefit type, part of the study participants generally prefer support from civil society to public welfare. For immigrants, one of the main reasons for seeking the support of non-state organisations is the fear of losing their residence status (Gago, 2024; Meier et al., 2021). Although they are legally entitled to public welfare, the receipt of social assistance can be a reason for the downgrading or withdrawal of their residence permit according to the Federal Foreigners and Integration Act. Moreover, in the event of naturalisation, they may have to repay the social assistance benefits that they have received. These factors play a role in their cost–benefit calculation. In explaining that she does not want social assistance, an interviewee states: "For a Swiss passport you have to pay back all the money from social assistance….And I don't want to get into this debtor story." Another woman who also aims for naturalisation bluntly declares: "I take every support I can get, but not from the public welfare office."

For migrants without a regular residence status, support from civil society is even more important because they are not entitled to most state benefits. This is the case for Tashi Tethong, who is 40 years old at the time of the first interview. She migrated to Switzerland from Tibet about ten years earlier. Having received a negative asylum decision, she remains in the country without a residence permit. Tashi has no access to regular employment and her husband's wage is barely enough to live on. Their financial situation worsens with the birth of their son, who suffers from a chronic illness. Tashi is thinking about working as a cook or cleaner without a permit, but decides against it for fear of negative consequences if she is discovered, since she hopes for her husband's and son's naturalisation and the regularisation of her own residence status. As other participants, she links the goal of naturalisation to improving her family's social position and rights, and ultimately their opportunities to live a subjectively valuable life: "If we have the Swiss passport, then we have strong papers ((laughing)), then you can do something better, yes, lots of options to do something…then life goes better for sure."

Tashi does not have a pronounced sense of entitlement. She maintains that she and her husband are not poor, because they are in good health and able to work. Yet, she concedes that she is herself "a little poor because I have no paper" and she accepts help that is proposed to her on the grounds of her undocumented status and her son's illness. Having lived in Switzerland without a residence permit for a long time, she knows various organisations supporting undocumented migrants, including a church where she receives a free lunch once a week. There, she meets a woman who, upon hearing of her situation, arranges for financial support from another church. Since then, she has been receiving 100 francs per month, of which a large proportion is destined for her public transport pass to enable her to take her son to his medical appointments. As an undocumented migrant, Tashi belongs to a target group of specialised NGOs and churches. Out of a critical stance towards state policy or based on the religious principle of universal charity, they position themselves in a decidedly different or complementary way to state criteria of deservingness, according to which migrants are the least deserving of support (Lovey & Bonvin, 2024; Thomann & Rapp, 2018; van Oorschot, 2000). From the point of view of critical civil society, Tashi fulfils key criteria of deservingness: She has been trapped in the restrictive Swiss asylum regime that many NGOs criticise as inhumane, and she is the mother of a young child in need.

Regular financial support from a church, as Tashi has been receiving, is rather exceptional in our examination. Yet, church organisations play an important role in the provision of one-off emergency help for poor households in situations of crisis. Seven households have received financial help of several hundred francs from churches to pay bills for repairs, rent, utilities, health insurance, or travelling to their home country after the death of a close relative. Five of them are not Christians. Support from the church is thus not conditional on religious affiliation. In particular, some of the migrants who do not claim social assistance because they are ineligible or afraid of losing their residence permit repeatedly turn to churches for help when they are in financial difficulties: "I have found in this church social service really my place to get help," a single mother states. What distinguishes churches from other non-state charities is that they are widely known, and they are perceived as less bureaucratic. Compared to bureaucratic aid organisations, the procedures of claiming support tend to be less formal and do not require much administrative capital. An interviewee who has been poor all his life tells us that it is his habit to go straight to the pastor and ask for help: "I'll go to the church and I'll say, Father, here's the situation, can you lend me 50 francs?" In this case, receiving help depends on embracing the narratives of legitimate poverty (Paccaud & Tabin, 2024) and on the discretion of the pastor. Financial help provided in situations of crisis by churches or other charities can relieve distress in the short term and protect the poor from falling into debt. However, it cannot enhance the capabilities of people living in poverty in the long run, since it is limited in amount and mostly provided as one-off support. Furthermore, there is no legal entitlement to this type of support. Even the regular support that Tashi is receiving cannot compensate for a more substantial state benefit or the opportunity to earn an income through regular employment.

Another type of small benefits that almost all the interviewed households have tried at least once are in-kind donations of food or clothing. Seven households rely heavily on food banks, soup kitchens, and clothing donations. Food banks usually distribute pre-packed food parcels to poor households. Yet, the savings from in-kind donations are small and households mostly use them to offset price increases for other necessities, such as energy costs. Most food aid charities require an eligibility card for households to prove their need. Recipients must therefore periodically disclose their personal and financial situation in detail to a welfare agency. The reassessment of entitlements carries risks: Eligibility criteria may have been adjusted due to rising demand and informal rationing.

Small one-off benefits are typical of civil society charities. However, even within the regular state social security systems, there are one-off or small benefits that recipients must apply for in addition to the basic benefits. In the case of social assistance, recipients may claim so-called "situational benefits" in addition to the sum provided for basic needs, e.g., for health-related costs, hobbies for children, or training for adults. Yet, their provision is at the discretion of local authorities and social workers. Several participants told us that they were not properly informed about the availability of financial support for their children's hobbies. "I asked the social services. And then they gave me information. But I always had to take the first step," Franziska Christen, a single mother of three, tells us. Franziska, who has lived on social assistance for many years, has developed a combative attitude over time. She actively asks for situational benefits, and when the authorities make mistakes, she doesn't give up on asserting her rights: "If it just doesn't work the first and second time through discussing, I've had to learn, then I have to move up a level." Not all the participants are willing to "fight," as Franziska puts it. Discretion gives rise to uncertainty and feelings of being vulnerable (Janssens & Van Mechelen, 2022, p. 106), and thus, others do not even try to claim situational benefits, especially if there are alternatives: "It's too tedious. Until I get something from them, it's just very tiring and I didn't want that. That's why I decided: If the father wants to pay [for the children's hobbies], he should pay it and that's fine," another single mother tells us. Past experiences can lead to a resigned attitude and the expectation that one will not be supported anyway. In other instances, participants were discouraged by the anticipated consequences of receiving situational benefits: According to local practice, social assistance benefits for training must be repaid in the event of an independent income. However, situational benefits would be of particular importance with regard to enhancing the capabilities of social assistance recipients beyond mere survival.

5. Conclusions

This article proposes to move beyond the focus on a single benefit scheme when analysing accessibility and (non-)take-up of welfare benefits and to take into account the temporal dynamics. Depending on the context, there may be different agencies responsible for the needs of the poor, which makes access more complicated but also increases the chances of receiving some benefits at all. In the Swiss context of this study, there is a variety of civil society organisations complementing the main state schemes. Following recent criticism of non-take-up research, we have conceptualised the issue of (not) receiving benefits as embedded in individuals' meaningful efforts to cope with their everyday lives and their strategies of preserving their self-image and autonomy. We analysed the meaning of benefits as part of people's overall welfare production with the aim of realising their ideas of a valuable life.

In our data, we found three ideal-typical configurations. Deliberate non-take-up of any benefits rests mainly on a strong will to preserve a self-image of self-reliance and independence, and it comes at the price of severe material deprivation and restricted capabilities of some or all household members. Extensive use of different benefits rests on a compromise between not wanting to appear a beggar and claiming what one regards as one's right because of involuntary neediness. Furthermore, it depends on either the person's own abilities to find and claim benefits or on propositions and support from others. Sporadic use of small benefits (mostly from civil society) can be observed, on the one hand, for social assistance and SB recipients who are in emergency situations or try to find means for social and cultural participation. On the other hand, it is typical for people whose access to the main state schemes (social assistance, disability pensions, SB) is blocked and who lack alternatives like access to the labour market or financial support from family and social networks. In particular, blocked access to state benefits is a problem for immigrants whose civil rights are restricted by the Swiss regime of migration control. They risk the downgrading or loss of their residence status when they receive social assistance over a prolonged period.

On the individual level, three bundles of factors proved to be crucial: self-image; the endowment with material resources and with conversion factors like social and cultural capital; and (financial and immaterial) cost–benefit calculations in relation to personal aspirations. To opt for claiming, people must, first, reconcile a feeling of neediness, the sense of entitlement (Hobson et al., 2011), and the positioning by welfare dispositives (Eckhardt, 2023) with their self-image. They must be willing to accept expected negative experiences such as losing autonomy, being subject to control, and being assigned the status of the poor (Simmel, 1908/1965). Second, material resources, occupational qualifications, and social networks provide the basis for alternatives to claiming benefits. Third, taken together, these factors are included in the personal cost–benefit calculation, which, moreover, is shaped by biographical experience.

The success or failure of claims, hence accessibility, is decided at the institutional level of welfare dispositives. Entitlements and notions of deservingness in interaction with administrative procedures and welfare workers' practices shape who gets what. Like Eckhardt (2023), we found that people's self-positioning in reaction to the perceived positioning by welfare dispositives is crucial. Above all, the interviewees resent the attribution of dependency, the loss of self-determination, and the distrust implied in means-testing, administrative procedures, and the treatment by welfare workers. The term "begging" used by many respondents expresses well the fear of social devaluation associated with asking for financial support of any kind: be it public welfare, benefits from civil society organisations, or even help from family and friends. Yet, our data indicate that certain welfare schemes provoke more defensive self-positionings: social assistance because of its high degree of control and associations with dependency, or food banks due to their stigmatising and humiliating procedures, such as queuing in public.

Insofar as personal and institutional conversion factors influence access to benefits and the level of benefits, (non-)take-up is shaped by inequalities. First, successful claiming requires administrative capital—either ones' own or that of others within one's social network. Second, under the Swiss migration regime, access to state benefits depends on citizenship or residential status, respectively; hence, some immigrant groups are clearly disadvantaged. Third, eligibility for benefits is linked to cultural norms of deservingness. Thus, groups regarded as deserving of support, like old-age pensioners, people with disabilities, or children (Lovey & Bonvin, 2024; van Oorschot, 2000) have access to a wider range of benefits than working-age, childless adults in good health. Regarding deservingness, there is a high degree of congruence between state and non-state schemes. Large civil society organisations replicate the state's conceptions of deservingness and legitimate needs and adopt eligibility criteria of public welfare schemes. Some civil society organisations target narrowly defined groups (e.g., people with a particular illness). On the other hand, non-state organisations and churches are seen as more accessible because their procedures are less bureaucratic and their criteria for deservingness are more flexible. Moreover, some of them take a critical stance to dominant deservingness criteria and focus on target groups with restricted civil rights, such as immigrants. Finally, benefit levels vary considerably between social assistance and SB. And as we have shown, non-state benefits are usually far less substantial—they supplement state benefits but cannot replace them.

To what extent does the (non-)take-up of welfare benefits enhance capabilities, i.e., people's real freedom to lead a life that they have reason to value? Although the capability approach goes beyond purely material conceptions of welfare, it should be noted that the level of available benefits plays an important role in the capability sets of the study participants. Not only is the guaranteed minimum income level of SB higher than that of social assistance, but, by virtue of being old or disabled, SB recipients more often have access to civil society benefits. Their higher overall income thus gives them more leeway to achieve valued functionings. Social assistance clients are faced with two additional issues: Situational benefits, which can be crucial for enhancing capabilities, pose within-benefits problems of take-up. Study participants lacked information and perceived the distribution of these benefits as non-transparent and arbitrary. Furthermore, social assistance clients cannot improve their financial situation by receiving civil society benefits or gifts from family and social networks, because these are treated as income and deducted from their social assistance benefits. Thus, additional money does not expand the material basis of their capability set. Civil society benefits fulfil three functions. First, they help bridge financial emergencies with which poor households cannot cope. Emergency financial assistance supports survival and may prevent indebtedness, but does not enhance capabilities in terms of realising valuable life choices. Second, cash and in-kind benefits may help save money for the costs of basic needs that can then be used for extras. Third, non-state benefits for social and cultural participation, often for children, do contribute to capabilities. All in all, non-state financial benefits are no doubt important for people living in poverty. Yet, they provide only a small part of the material resources forming the basis of people's capability sets.

From the point of view of the households' welfare production, claiming welfare benefits is one option among others. From the point of view of social rights, the welfare state has a special responsibility to guarantee a minimum income for those in need according to politically defined poverty lines. The inequalities regarding access to state benefits and benefit levels are thus highly problematic. Benefits from civil society organisations cannot compensate for these deficiencies. They can function as stopgaps to bridge one-off emergencies and provide a refuge for groups that are excluded from state support. As such, civil society actors are an important element of the pronounced welfare pluralism of Switzerland (Canonica, 2019). Due to the sample bias in favour of users of charities and churches, our study may overestimate the importance of civil society for people living in poverty. Moreover, we studied their role through the lens of the interviewees' experiences, not through direct research in these organisations. Further research on the varied landscape of civil society organisations, their role in combating poverty, and their relation to the state welfare provision is thus needed. Efforts to reduce institutional barriers to accessing both state and non-state benefits must consider the complex dynamics underlying non-take-up and be oriented towards the individual needs of potential users. The heterogeneity of target groups, characterised by diverse personal characteristics, preferences, and varying degrees of exposure to specific forms of exclusion must be acknowledged, yet beyond these differences, minimum standards for a decent life should be guaranteed.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The interviews and financial diaries for this research are not available due to the sensitive nature of the information.

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ARTICLE

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Access Through Peer Support: Implications of an Innovative Counselling Approach in German Jobcentres

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Abstract

This research approaches the theoretical discourse on accessibility from an empirical perspective using a qualitative study in a specific field of social services. In Germany, jobcentres are institutions responsible for promoting employment, providing benefits, and offering counselling to unemployed people. Due to their hierarchical structures, standardised processes, and orientation towards the paradigms of an activating labour market policy, jobcentres can be described as organisations that are difficult to access for clients, especially for people with mental disorders. Based on a qualitative analysis, this article examines an innovative model project that implements a peer support approach in this context. Peer support volunteers have experienced mental disorders themselves and support users on this basis. The analysis comprises 38 individual interviews and seven group discussions with peer support volunteers and users, addressing the research question of how the introduction of peer support has changed the perception of accessibility within the jobcentre institution. The empirical results show that changes are taking place both at a structural level and concerning the relationships and organisation of support. However, certain barriers within the organisation remain and restrict accessibility. With reference to Clarke's access theory, the majority of the identified changes can be understood as conservative active-outreach strategies aligned with the existing system and its normative orientations. Additionally, the involvement of the previously little-heard and potentially stigmatised perspective of people who have experienced mental disorders themselves reveals a transformative potential at certain points.

Keywords

accessibility; employment promotion; mental health; participation; peer support; unemployment

1. Introduction

This study examines German jobcentres as a specific institutional context in terms of accessibility, with regard to clients with mental disorders. As will be shown below, jobcentres can be considered as institutions where this group of people experiences access barriers on different levels. Following a qualitative research approach, this article examines the implementation of peer support for people with mental disorders within the jobcentre context. The analysis addresses the research question of how the introduction of peer support has changed the perception of accessibility within the jobcentre institution. The current section begins with an introduction to the institutional context of jobcentres and their accessibility as a theoretical framework.

Jobcentres in Germany are institutions of the German Public Employment Service responsible for clients who are affected by long-term unemployment (and have been so for more than one year) or who are not yet entitled to benefits of the unemployment insurance system (Brussig & Knuth, 2011). The jobcentres' logic combines elements of employment promotion and basic social security, essentially involving three tasks: The first is the assessment of entitlement to and payment of basic social security benefits, the second is the provision of job placement services, and the third is the provision of social work services (e.g., counselling, referral to other services; Kolbe, 2012; Kupka & Osiander, 2016).

Since the early 2000s, activation paradigms have increasingly played a role in the jobcentres' programmatic orientation. Activation strategies aim to emphasise the activity and personal contribution of those entitled to benefits and to expect active cooperation in return for the support services provided, which can be enforced with sanctions if this is not the case (Caswell et al., 2016). Accordingly, empirical studies show that counselling in jobcentres is characterised by a coercive, involuntary context, dominated by a focus on labour market placement, and that little consideration is given to clients' individual life situations (Bartelheimer, 2007). The latter often feel that they have little room for manoeuvre or their own decisions and rarely find support conditions within the organisational counselling structures that fit their needs (Hielscher & Ochs, 2009).

This is particularly the case for clients with mental disorders. This group of people represents a large proportion of benefit recipients in the jobcentres (Schubert et al., 2013) and is often affected by persistent long-term unemployment and its associated impairments in other areas of life (Stauder, 2019). Studies show that people with mental disorders can seldom be reached by the services and advice offered by jobcentres (Göckler & Rübner, 2019; Schubert et al., 2013).

Here the relevance of an accessibility perspective already shines through. For a scientific analysis, a theoretical contextualisation and the levels of meaning behind it is first necessary. Access and accessibility as theoretical constructs are negotiated in various discourses and disciplines and represent a central perspective with regard to the analytical approaches of social services. Nevertheless, due to the multitude of discourses that touch on them, they are not clearly defined in terms of conceptual and theoretical understanding. At this point, we can agree with Fargion et al. (2019, p. 628), who describe the literature on this topic as "dispersed [and] often linked to other issues."

The metaphorical connotation of the term accessibility can provide an initial approximation. Accessibility refers to an understanding of spatial conditions, which suggests an "inside" and an "outside." The connection between the two, in the sense of accessing the "inside," marks a transition that is linked to certain conditions. Therefore, differences in access can be seen as a distinguishing feature between different groups of people and are associated with barriers and obstacles on a structural level that can control, restrict, and prevent access (Cortis, 2012).

When analysing social services from the perspective of accessibility, various practice-oriented emphases can be identified that help give meaning. For example, specific access conditions and access barriers can be considered, and services can be analysed in terms of the extent to which they enable or prevent access for their recipients (Arnold & Höllmüller, 2017; Mayrhofer, 2012). These can refer to infrastructural and architectural barriers (Bichard et al., 2018), limited resources that restrict access (Olsson et al., 2021), or barriers in knowledge, attitudes and awareness (Schwarz et al., 2022). Studies focusing on access barriers analyse how explicit and implicit barriers impede access and how these can be reduced or removed within organisational contexts. Furthermore, the question of reaching certain target groups and the associated constructs of so-called "hard-to-reach" populations (Cortis, 2012) or outreach work approaches (Grymonprez et al., 2017) are frequently discussed in the context of accessibility. Finally, the scientific discourse touches on normative issues relating to the realisation of an inclusive society in the sense of "access for all" (Bittenbinder et al., 2021).

While the above-mentioned aspects are more loosely related to the concrete practices of social services, John Clarke has developed a systematic theoretical perspective on accessibility. He distinguishes between liberal-passive, conservative active-outreach, and transformative forms of access policy (Clarke, 2004). Even though he draws on a classification of welfare systems that is today considered outdated in certain places (Bambra, 2007), his differentiation of forms of access still offers a valuable approach to this topic today, as it enables a systematic analysis of different strategies. Liberal-passive approaches to access place the responsibility for accessibility with citizens themselves by assuming that access is linked to an active effort. In consequence, institutions are assumed to be open to everyone. If citizens do not actively "knock on the door" (Clarke, 2004), the responsibility for a lack of access is attributed to them. In response to criticism regarding the hidden mechanisms of closure (e.g., social inequality, marginalisation, institutionalised patterns of discrimination), Clarke's second form comprises the active aim of removing barriers to access and reaching people who are assumed to have a specific need. While this approach can still be considered conservative, in the sense that it does not affect the normative "centre" to which participation is oriented, his third form (labelled as transformative) goes beyond this orientation towards assimilation and adaptation (Fargion et al., 2019). Clarke (2004) ascribes a transformative potential to access, suggesting that it can shift the "centre" by including the perspectives of marginalised, excluded, and subordinated groups of people. In the discussion section, reference is made back to Clarke's theory in more detail, to theoretically contextualise the empirical results.

The article is structured as follows: Building on the theoretical framework of accessibility, Section 2 comprises an analysis of the extent to which jobcentres in Germany can be associated with access barriers for people with mental disorders. Then, peer support is introduced on a conceptual level, followed by an insight into the specific approach that was researched. After the methods section, the empirical results are presented, structured by the categories developed in the course of the qualitative analysis. The discussion in Section 6 serves to contextualise the findings on a theoretical level. Finally, the conclusion summarises the main findings, discusses the study's limitations, and suggests directions for further research.

2. Accessibility and Jobcentres

Having presented the main characteristics of the institutional context of the jobcentre on the one hand and the theoretical considerations on accessibility on the other, concrete conclusions can now be drawn about access barriers in jobcentres for people with mental disorders. However, an accessibility perspective first requires a distinction with regard to the different tasks of jobcentres. If we consider the function of these institutions under benefit law (payment of basic social security benefits), questions concerning accessibility focus on entitlement to benefits and on groups of people that are not reached by the system despite their entitlement. This line of discourse is discussed in the literature and has become particularly relevant with regard to facilitated access conditions introduced in the course of the coronavirus pandemic (Osiander & Ramos Lobato, 2022; Schäfer, 2022). Nevertheless, it is not the focus of this article because the examined intervention refers to people who already receive benefits and have thus found access to this part of the system. Instead, this article's focus is on the domain of job placement and (social work) counselling. This raises the question: To what extent are existing services able—or unable—to reach people with mental disorders, and how are these services perceived by the individuals themselves?

From the literature three central aspects can be identified. First, job placements are a key target indicator for the jobcentre as an institution. As discussed, statistics show that people with mental disorders benefit little from fluctuations in the labour market and are often affected by long-term unemployment and its associated problems over long periods (Wabnitz et al., 2019). Since counselling and support services in jobcentres are essentially geared towards employment, people with mental disorders are not adequately reached in the sense of the organisation's programmatic orientation.

Second, the literature refers to the phenomenon of "creaming and parking" processes (Göckler, 2015). These are strategies used by jobcentre employees to deal with the high number of cases they have to process. Certain groups of people, perceived as particularly distant from the labour market, receive minimal or no support ("parking"), while the majority of available resources are directed toward those who are perceived to have strong employment prospects ("creaming"; van Berkel, 2016). It can be assumed that benefit recipients with health issues and complex problems are particularly affected by "parking" phenomena, and, therefore, experience limited access to support services.

Third, interaction situations and perceptions of clients can be taken into account. Empirical studies show that clients experience pressure, fear, and shame within the jobcentre context and that employees often do not take their personal concerns seriously (Englert et al., 2012). The possibility of sanctions also frames the asymmetrical interaction with employees, which leads to clients withdrawing in this context and shying away from contact with the institution (Ames, 2007). This aspect is reinforced by spatial and infrastructural settings in German jobcentres, as detailed in Bettina Grimmer's ethnographic study (e.g., controlled access structures, constantly closed doors within the authority, and employees who exploit differences in knowledge in their dealings with clients). From her analysis, Grimmer (2018) deduces that jobcentres are essentially designed to "create obedience."

3. Peer Support Within Jobcentres

The presented findings from the literature with regard to the inadequacy of counselling conditions in German jobcentres for clients with mental disorders form the starting point for a pilot project in four jobcentres in the German *Land* North Rhine-Westphalia (2019–2025), funded by the German Federal Ministry of Labour and Social Affairs. The project explores a peer support approach within the jobcentre context. The combination of peer support and the jobcentre is an innovation, both in terms of practical experiences and implementation, and regarding empirical research.

Peer support is the umbrella term for approaches and settings in which people who have had similar experiences to those of the service's users provide support (Mead et al., 2001; Repper & Carter, 2011; Solomon, 2004). Key elements are sharing experience, facilitating relationships built on trust, conveying hope and confidence, and transforming organisational structures by introducing the perspective of those affected (Cabassa et al., 2017; Vandewalle et al., 2016). In the case of this study, peer support volunteers who have experienced mental disorders themselves support users in their everyday life voluntarily. In each case, this results in a three-way constellation between a peer support volunteer, a user, and a jobcentre employee over one year. The approximately 500 users (throughout the whole project period) belonged to the group of people with diagnosed mental disorders and decided voluntarily if they wanted to participate or not. In terms of concept, the approach is quite open: It is not the primary aim to place users in the labour market, but to expand their opportunities for social participation in a subject-oriented manner. On the conceptual level, peer support volunteers act independently from the jobcentre, as they are not members of the organisation, but affiliated with a non-profit organisation. How the support is organised in individual cases is the subject of negotiation between the three parties involved. For example, peer support volunteers assist in everyday life, accompany users to appointments, or share certain activities in the community. The concept envisages jobcentre employees as responsible for the provision of necessary resources, the development of professional networks, and dealing with benefit-related matters (Lammers et al., 2022).

With reference back to the theoretical perspective of accessibility, it can be stated that, on the one hand, we have a high-threshold institutional setting, which is associated with access barriers for people with mental disorders. On the other hand, peer support is an intervention that is essentially based on informal forms of support and similar experiences between the people involved. This raises the question of the extent to which this constellation changes the perception of the organisational context and its accessibility. The study addresses a research gap in terms of empirical insights into an approach of peer support within the context of employment promotion as an innovation. It complements the existing body of research on peer support from a theoretical perspective of accessibility. While previous studies have focused on the benefits of peer support concerning different forms of "hard-to-reach" populations (Sokol & Fisher, 2016) or on improving the accessibility of health care services (van Amelsvoort & Leijdesdorff, 2022) or school curricula (Carter et al., 2005) through peer involvement, the present study is characterised by the fact that it focuses on a specific organisational context which, as described above, is associated with access barriers for people with mental disorders. Empirical results regarding the perception of accessibility in relation to peer support can help to improve services on an organisational level, in the sense of including perspectives of users and people who are directly affected.

4. Methods

To empirically approach the question of accessibility in relation to peer support in jobcentres, a qualitative approach informed by grounded theory methodology (GTM) is employed. This approach explores the perceptions and subjective patterns of interpretation of individuals who are directly affected by the peer support approach under examination (Corbin & Strauss, 2008). The study is based on data from seven interviews with users and 31 interviews and seven group discussions with peer support volunteers, which were collected in the course of an iterative-circular research process (Bryant, 2017). The analysis represents an excerpt from a larger-scale GTM study on peer relationships within this empirical context (Lammers, 2025). Because accessibility as one thematic focus emerged in this process, a focused content analysis was conducted with the help of the three forms of coding presented by Corbin and Strauss (2008). As such, accessibility served as the main theoretical framework, and the categories (presented in the results section) were developed inductively from the data in order to gain empirical insights into users' and peer support volunteers' perceptions and interpretations.

The guidelines for the interviews with the users mainly consisted of an open narrative prompt ("Tell me about your peer support process from the very beginning until today/until it ended"), followed by additional questions on certain thematic aspects, in line with the principles of problem-centred interviewing (Reiter & Witzel, 2022). The interviewed peer support volunteers were asked to choose one process that they had accompanied and to talk about it in detail, also followed by questions on specific topics (e.g., how users and peer support volunteers got to know each other, how targets were negotiated, how they perceived the jobcentre and cooperation with employees). These themes also formed the discussion topics in the group discussions (Krueger & Casey, 2015). Participants gave their informed consent to take part in the study. Interviews and group discussions were audio-recorded, transcribed, and anonymised, and lasted between 20 and 101 minutes. In the results section, quotations are marked with "PSV" for interviews with peer support volunteers, "U" for users' quotations, and "GD" for group discussions among peer support volunteers. Within each category, interviews and group discussions are numbered consecutively.

5. Exploring Accessibility: Empirical Insights

In the data, aspects of accessibility with regard to the jobcentre as an institution and the support services located there emerge at various points. Firstly, the limited accessibility in the jobcentre context—derived from the theoretical section—can be traced on an empirical level. With regard to the regular counselling setting in jobcentres, the interviewees describe a lack of communicative accessibility, such as no direct "telephone extension number" (U_07, 21), sometimes not even a personal contact person, and that communication is only possible at a very high threshold ("Otherwise I can only talk to someone via a hotline" [GD_06, 526]). Furthermore, they experience appointments and locations as set by the organisation, and a failure to attend can lead to sanctions (reduction in basic income benefits). At the same time, the caseload per employee is perceived as high, so hardly any time resources are available for the individual. That leads to clients' experiences of being treated as a "number" (U_07, 57; PSV_15, 338), in the sense of standardised procedures. Additionally, interviewees perceive regular counselling at the jobcentre as being dominated by the goal of job placement and activation paradigms. They illustrate the pressure they experience with metaphorical expressions such as "this system, which then presses you into such tracks" (U_06, 159), "having someone standing behind you with a whip" (PSV_28, 563), or "this scourging, this pressure from the authority" (GD_03, 686).

As will be shown below, the implementation of peer support leads to changes in users' perceptions regarding the organisation and its accessibility. In the course of the inductive analysis using the coding processes from GTM, structural and formal aspects of support were identified as the first main category. These include communicative accessibility, location, intensity of contact, and time resources. Support and relationship-related aspects play an important role as the second main category. These involve changed requirements for the active cooperation of users, greater consideration of their individual life situations, and the importance of trusting relationships in counselling. To conclude the results section, the remaining barriers to peer support in the jobcentre, as perceived by users and peer support volunteers, will be examined as the third main category. All transcripts have been translated freely to produce coherent English texts. The original German transcripts are available on request.

5.1. Structural and Formal Aspects

The structural aspects of accessibility considered here relate less to the substantive design of support and the attitude, relationship-building between peer support volunteers and users, or understanding of professionalism of those providing support than to the formal structure of the approach and the defined framework conditions that users find within it.

A first central point here is *communicative accessibility*. In contrast to the jobcentres' regular counselling setting, users of the peer support service perceive flexible contact options, both with the peer support volunteers and the jobcentre employees (e.g., via mobile phone). Users feel that they are explicitly encouraged to get in touch if they have problems, are in crisis, or need support. One user paraphrases what her supporters told her in this regard:

> Get in touch if there's anything wrong. No matter what, no matter with what. Whether it has to do with the jobcentre or not. (U_07, 51)

This certainty of having a "contact person in the background" seems to make a difference for users and conveys a feeling of security and involvement. Additionally, low-threshold forms of messaging apps, emails, and video conferencing reinforce communicative accessibility. Particularly, users who have difficulties with face-to-face or telephone conversations find written forms of communication relieving, as one user describes:

> Um, I was asked by my [jobcentre employee] how I would like to be contacted. I was having extreme problems on the phone at that time and I said: "Er, it would be nice to have it in writing. Erm, for such and such a reason." And that wasn't a problem at all....I found that extraordinary, damn it. (U_07, 21–25)

Second, the *location* in which the support takes place plays a role. In the context of peer support, there is a move away from the official premises of the jobcentre, which are often associated with anxiety and pressure. In consequence, peer support volunteers emphasise the importance of a "local separation" (GD_06, 829) to make a clear distinction between the authority and the peer support and to reduce mistrust on the part of users:

> It [peer support] should definitely take place outside the jobcentre, on neutral ground, so to say, which I also think is good to take away the atmosphere of a jobcentre. (PSV_10, 165–167)

In addition, the peer support volunteers' aim is to choose meeting locations that are as close as possible to the users' everyday environments—for example, outdoors, in public, or in places that users perceive as safe. One peer support volunteer reports from his own experience:

> It's often like that, I only have to think about myself, and then I know what they [the users] want. Because they're in a similar situation to the one I was in back then. And once they can choose a room where they feel a bit safer or secure, that makes a big difference. (PSV_26, 125–128)

In certain cases, this also includes the users' or their own private home. Peer support volunteers have an ambivalent attitude towards meetings at the users' or their own homes, as it affects the balance between closeness and distance within their relationship. As a result, some peer support volunteers refuse to meet in their own home or that of their users in order to achieve a clear boundary between their private life and peer support:

> None of the people I will be looking after will come to me. This is my realm and not theirs. (PSV_22, 485–487)

Others use the opportunity to meet users in their own homes, if the latter express a preference to do so and perceive it as safe.

The *intensity of contact* and available *time resources* represent a third structural feature of support services. Different from the regular counselling setting, users of peer support experience that they can influence the intensity of contact by arranging appointments according to their individual needs, by having flexible contact options with peer support volunteers, and by having cancellations accepted and not sanctioned. The following quotation of a peer support volunteer emphasises the importance of voluntariness:

> When the [user] says: "Well, let's meet in four weeks," I say: "That's ok, get in touch when you need it." I did get in touch in between, but I didn't put any pressure on him, because I always think that if they only come because they have to, then it often gets out of hand. (GD_05, 250–253)

In addition, there are significantly more time resources available compared to the jobcentre's regular counselling setting, which leads to longer and less rushed encounters ("the [peer support volunteer] actually has time for you" [U_05, 828]) and the opportunity to accompany users to appointments. In addition, peer support volunteers emphasise the importance of reducing the time pressure put on processes and of accepting individual paces in change processes:

> And if on top of that—which is often the case with addiction—there is a mental disorder such as depression, etc., then it becomes even more difficult. At that point, I can't put any successes into a time frame. (GD_02, 728–733)

5.2. Support- and Relationship-Related Aspects

In addition to the structural and formal aspects described above, issues relating more to the relationship between users and supporters can be identified as the second main category. Firstly, the *reduction of* *demanding elements of employment promotion* and changed requirements for user activation and cooperation can be mentioned. Even though the users of peer support continue to be clients of the jobcentre and receive basic income benefits to cover their costs of living, certain demanding elements of employment promotion are alleviated in this approach, and users experience less pressure, no sanctions, and increased agency, as one user describes:

> I found that, er, very helpful and, yes, it contributed a lot to the fact that I felt really good in between [during the peer support], er, because there wasn't that pressure, right? Nor this: "Oh God, what's in the letterbox now?" Nor: "Uh, they're calling. What do they want from me?" Rather, it was more like, yes, um, a bit anxiety-free. (U_07, 3)

This also means that users perceive their mental disorder to be accepted and taken seriously, and change processes to be normalised as non-linear and associated with relapses, as mentioned in the following sequence from an interview with a user:

> And, yes, it was precisely this, um, understanding () of the disorder that was crucial, um, because a lot of things just don't work for us. () And not having to explain it again and again or something, yes. (U_07, 3–5)

At this point, the importance of the peer support volunteers' perspective as people who have experienced mental disorders themselves becomes clear. They can understand aspects that are otherwise perceived as paradoxical and do not fit within the jobcentres' activation paradigm. Specific examples from the data are situations in which users have difficulties keeping appointments, making phone calls, or are confronted with addiction relapses. While users perceive a lack of understanding in the regular jobcentre context, peer support volunteers can comprehend these phenomena from their own experience and pass these insights on to the employees. This results in strategies like reducing pressure on users, choosing agreeable and safe locations for meetings, conducting exonerating conversations, or considering goals that are not directly focused on paid work. Accordingly, the peer perspective has an impact both in individual contact with users and at an organisational level.

This aspect leads to the second point. In the context of peer support, users experience that their *individual life situation is taken into account* and that counselling is also geared towards areas of life that are not directly related to employment.

> It [the regular counselling in jobcentres] is about a job, it's also called a jobcentre, but here [in peer support] it's perhaps also about other things. (PSV_20, 191–195)

Accordingly, success is not (only) measured by the jobcentre's usual success indicators (placements in the labour market or in programmes), but is oriented towards what the users subjectively experience as relevant. At this point, the peer support volunteers take on an important function as "translators" (PSV_13, 213), "interpreters" (U_07, 19), or "go-betweens" (PSV_01, 123). Based on their own experience with mental disorders and unemployment, they represent and advocate for the users' interests and perspectives. Exemplary situations from the data include raising awareness for a user who struggles with leaving their bed due to depression, supporting a user in a conflict with jobcentre employees responsible for payment of social benefits, or criticising employees' strategies that exert time pressure on users. One peer support volunteer describes how he was able to make the employees "understand that I can't fit this into a time frame, any goals" (GD_02, 732–733), but that support processes in the context of mental disorders require an individual amount of time and can be associated with relapses. In doing so, peer support volunteers enable a better understanding among employees and aim to reduce stigmatising practices and attitudes. A peer support volunteer states:

> And that () people who go to the jobcentre () are not seen as losers, but that you still reach out to them and that you show them opportunities without having to do a job creation programme, the 150th, but to really change something in their lives. (PSV_13, 406–410)

This also includes peer support volunteers focusing on alternative lifestyles beyond gainful employment, for example, fulfilling forms of everyday life in receipt of social benefits or pensions—outside the labour market. One peer support volunteer reports on his own experiences in this regard:

> And I felt that receiving a pension was a relief at the time, and since then, I've also been doing a lot better. (PSV_06, 238–240)

In this sense, the peer support volunteers establish a counter-perspective to the jobcentres' activation paradigm. With regard to the target group reached by the peer support approach, it became evident that many users of peer support previously did not receive or accept any of the jobcentres' support offers because the users were considered too far away from the labour market by the jobcentre employees ("parking processes"). By focusing on individual life situations and the users' own goals, some of these people can regain access to support services through the peer support approach. In this context, one user depicts his motivation to participate by stating:

> Yes, because he [the peer support volunteer] just said: "There's no such thing here [in peer support], that you somehow have to write a minimum number of applications." He simply said: "You need a future." That was the point where I thought, yes, I'm in. (U_04, 161–164)

Third, the *relationship level* between the persons involved plays an important role in the perception of the support. While users experience counselling relationships in the regular jobcentre context as asymmetrical, fraught with pressure and with an "atmosphere of fear" (U_07, 33), the relationships with the peer support volunteers are essentially characterised by a special bond of trust based on shared experiences ("This quick build-up of trust…because we speak the same language" [GD_05, 753–754]). By talking about their own life stories ("Talking about myself" [PSV_26, 113]), peer support volunteers create a sense of belonging with the users and demonstrate that they can relate to them through their own lived experiences. At the same time, peer support volunteers describe how they demonstrate that they see themselves as independent of the jobcentre as an institution and thus offer their users discretion, confidentiality, and a safe space:

> And then to tell the [users]: "What we speak about stays between us. And the [jobcentre employee] will never find out unless you want them to." (PSV_26, 176–179)

In addition to the focus on the dyad between peer support volunteer and user expressed in the quote above, other extracts from the data reveal a broader perspective on the reduction of mistrust towards the entire jobcentre organisation through the trusting relationship with the peer support volunteers. For example, one peer support volunteer illustrates his understanding of his own role in relation to the organisation as follows:

> For many clients, the door is closed at the jobcentres. They no longer want to be there. And then we [the peer support volunteers] are, in inverted commas, “the neutral person” who stands in between and then perhaps opens one or two doors. (PSV_21, 258–263)

Here, the metaphorical image of open and closed doors explicitly emphasises the reference to theoretical discourses on accessibility.

As an interim conclusion, it can be stated that, from the perspective of both users and peer support volunteers, peer support alters the perception of support in the context of jobcentres—both structurally and relationally. Essentially, positive, low-threshold developments brought about by peer support become evident. Nevertheless, the data clearly show that certain barriers remain or arise as a result of peer support in this context. These are analysed below.

5.3. Remaining Barriers

First, a perspective on remaining barriers includes the aspect already discussed that users continue to receive benefits from the jobcentre and are therefore still affected by benefit regulations and logics. The peer support volunteers feel that they only have limited room for manoeuvre in this area and are sometimes confronted with situations that cause stress and pressure for the users, but which they cannot change. This also includes the experience of peer support volunteers that their criticism, which they express from the perspective of those affected, is sometimes not heard or taken seriously. For example, one peer support volunteer reports on the reaction to his criticism of bureaucratic jobcentre practices that caused stress for his user:

> Because I tried to make myself heard. I was more or less listened to. But nothing happened. (PSV_25, 906–908)

This shows that even though peer support volunteers have the impression that they provide effective “tutoring” (PSV_07, 199) of the employees and thus influence the attitudes and behaviour of employees (“the attitude has changed quite a lot compared to the beginning” [GD_02, 734–736]), their influence and agency has its limits in the larger context of the organisation.

This goes hand in hand with the second point: Peer support volunteers perceive their role and position in the organisation to be insufficiently recognised and legitimised in various aspects, if at all. As a result, they have to justify themselves to other stakeholders and are not addressed and taken seriously as protagonists within the organisation. This also reduces their effectiveness and influence in the jobcentre context. For example, one peer support volunteer reports situations with other authorities in which he was initially not taken seriously and had to explain that peer support volunteers “are not weirdos who have made something up out of thin air” (PSV_15, 369–370). The quote illustrates that there is a perceived connection between organisational legitimacy and ascribed competence, which in turn makes it even more difficult for peer support volunteers and their perspectives to be taken seriously.

The third point refers to the limited duration of peer support. After the defined period of 12 months, the question of the users' transition back into the usual counselling structures of the jobcentre arises. In this regard, both users and peer support volunteers describe the danger that previous negative experiences with this context could be reproduced and that users would withdraw from contact again because the positive changes and access provided by the peer support are no longer available to them. For example, shortly before the end of her participation in peer support, one user describes her fears regarding the upcoming transition:

> How much pressure will there be again [in the regular jobcentre context] to be productive and to have to function? (U_07, 33)

Fourth, the data suggest that institutional objectives related to labour market placement, and in the sense of a quantitative logic ("quantity, i.e., mass, is demanded from above" [PSV_28, 546]), also have an impact on peer support in certain cases. The individual approach to users' life situations seems to reach its limits when the peer support volunteers perceive that they have to justify their support and its effectiveness towards the organisation and its employees. It becomes evident that peer support volunteers cannot act completely independently from the jobcentre, although they are officially not bound to organisational instructions. The empirical data indicate that they are embedded within this context, and as a result, dominant paradigms—such as activation policies—exert influence on them at certain points.

The peer support volunteers deal with these requirements and areas of tension in very different ways. Firstly, there are practices of demarcation and an emphasis on the dyad between peer support volunteers and users. In this regard, the jobcentre and its employees are kept out of the support processes, and the main focus is on the peer support dyad. Secondly, the efforts of peer support volunteers to bring about change within the organisation—some of which have already been described—can be mentioned, for example by voicing criticism, approaching managers, or communicating their own perspective to employees. As shown above, these are not necessarily successful due to the peer support volunteers' limited organisational legitimacy and the absence of structurally anchored participation opportunities. A third variant in the data is that peer support volunteers adopt organisational perspectives and orient their actions to the perceived requirements of the jobcentre—for example, by trying to place users in jobs, even if they do not state this as a goal themselves. In this case, there is a clear risk that peer support volunteers may abandon their unique, experience-based perspective as individuals with lived experiences in favour of adopting organisational logics.

6. Discussion

With reference back to Clarke's (2004) theory, his three access strategies can be traced in the empirically examined peer support approach.

A passive-liberal approach to access can be found in the regular counselling context of jobcentres and in the activation paradigm that has characterised German labour market policy since the reforms of the early 2000s (Kupka & Osiander, 2016). Above all, this is expressed in the fact that responsibility for life risks such as unemployment and poverty is passed on to individuals and regarded as self-inflicted by the affected people. Support and counselling services are linked to people's active cooperation and reinforced with the threat of sanctions (Clarke's image: institutions as "a door on which to knock"; Clarke, 2004, p. 220). Empirical studies have shown that this strategy does not counteract the entrenchment of unemployment and the associated restrictions on participation, but that a growing number of people (especially those with mental disorders) are not being reached by support services and do not find suitable programmes (Göckler, 2015). On the one hand, this has an impact on an individual level in the form of limited opportunities for social participation and strains in people's life situations. At the same time, the fact that certain groups of people are not employed, which further entrenches complex problems, is having a far-reaching impact on society. This recognition forms the starting point for the development of alternative counselling and support approaches within the jobcentre context (Osiander & Ramos Lobato, 2022). One of these is the examined form of peer support for people with mental disorders.

Looking at the empirical results described here, with regard to access strategies, most of the changes identified can be categorised as rather conservative, active-outreach strategies in the sense of Clarke's theory. This means that they aim to remove barriers and promote access for certain groups of people within the existing system. Better accessibility through personal contacts, direct communication options, more time resources, trusting relationships, and meetings in locations outside the authority can be categorised as such. Here connections can be made to the construction of certain groups as "hard to reach" (Cortis, 2012). Even if these can legitimately be criticised due to individualised attributions (Fargion et al., 2019), the results of this study can be related to other research that has examined the impact of peer support approaches in working with groups commonly labelled as "hard to reach." In their quantitative systematic review, Sokol and Fisher (2016) analyse 47 studies that deal with peer support approaches and groups of people who are considered to be difficult to reach within the healthcare system. Their review found that 93.6% of the approaches showed significant positive effects on reaching their target groups (compared to regular healthcare services). The authors argue that peers are better able to build trust, provide flexible support, and encourage users to contribute their perspectives more actively (Sokol & Fisher, 2016). The results of the present qualitative study point in a similar direction: The involvement of peer support volunteers enables people to access support services in the context of jobcentres who were not previously reached because of, e.g., "parking processes" or mistrust and negative experiences within the regular counselling setting. While the identified active outreach strategies aim to break down barriers and promote participation, they can still be widely understood as remaining within the organisation's existing normative orientation. They are ultimately still geared towards activation strategies for employment promotion, which is reproduced by employees and, in some cases, also by peer support volunteers. From this perspective, peer support represents an opportunity to gain access to people with mental disorders as a group to then enforce and promote normative ideas of the established "centre" on this basis (Clarke, 2004).

The transformative potential of peer support becomes evident in some instances. By involving peer support volunteers who have been affected by mental disorders themselves, a previously unheard perspective is potentially incorporated and acknowledged, which enables changes in the "centre" described by Clarke. Illness-related experiences and ideas of what effective support and ultimately a "good" life look like are exemplified in the empirical data (e.g., less pressure, lifestyles beyond paid work). It becomes clear that individual perspectives on life do not necessarily match the normative orientations of the organisation or an activating labour market policy. Instead, a counter-perspective emerges which is, to some extent, taken into account and leads to changes in structures and approaches through its implementation within the organisation (Åkerblom et al., 2023). Ways of living beyond gainful employment, along with other forms of work (e.g., care work, voluntary work, housework), and critical perspectives on capitalist societies thus come to the fore. In the context of peer support, these perspectives are also carried into the wider organisation through the interactions with its employees (Järvinen & Kessing, 2021). The fact that changes in the attitudes and ways of dealing with users take place (e.g., more flexible forms of counselling, less exertion of (time) pressure, and engagement with the individual users and their interpretation of their own life situation) indicates that the implementation of peer support may lead to transformation.

However, barriers that still exist within the organisation limit the transformative potential. The fact that users continue to receive benefits from the jobcentre means that questions of entitlement are dealt with in peer support and shape the interaction at certain points. At the same time, peer support volunteers implicitly perceive organisational objectives and partially align their actions with these aims in order to gain recognition within the organisation and justify their support, for example, by attempting to place users into the labour market. As a result, they reproduce the normative "centre," and user-oriented approaches move into the background (Lammers, 2024). Additionally, it has to be stated that the examined peer support approach represents a small intervention for a selective group of people and no organisation-wide introduction. Therefore, the transformative potential is limited due to a restricted range and a relatively small target group.

7. Conclusion

The study has shown that peer support has the potential to change the accessibility of jobcentres as organisations for employment promotion and counselling for people with mental disorders. Instead of a passive-liberal logic of access, peer support aims to break down barriers, facilitate access, and incorporate the perspective of those affected. Applying Clarke's theory as a theoretical framework, the peer support approach contains both conservative elements and potentially transformative elements. By strengthening user participation and incorporating the perspectives of those affected by mental disorders through peer support volunteers, this approach leads to selective changes that may impact the core around which participation is structured. Nevertheless, it becomes evident that the transformative potential reaches its limits when it comes to overarching logics and paradigms that contradict the users' and peer support volunteers' perspectives. This phenomenon is apparent both within peer support (regarding organisational goals or benefit regulations) and in the transition back to the regular counselling setting. From this perspective, peer support can be understood as a relatively small, separate area within the jobcentre which is associated with easier access conditions for people with mental disorders, while access barriers to effective support services remain concerning the overall organisation. However, there is a noticeable development regarding Clarke's theory: The potential for exclusion and marginalisation of neo-liberal access strategies in dealing with mental disorders is clearly recognised. Thus, ways to improve accessibility are being sought, for example, through community-based support structures, outreach work, or projects such as the peer support considered here. As the empirical data show, these strategies contain a degree of transformative potential concerning the inclusion of previously marginalised perspectives. However, the majority can be classified as rather conservative strategies that remain within the established normative orientation.

Limitations of this study include the in-depth qualitative analysis of a specific empirical setting, which makes comparability and transferability to other contexts more challenging. In addition, the analysis is limited to the perspective of peer support volunteers and users and does not include data from other actors within the organisation. As already described in the methodology section, the analysis in this article is a partial aspect of a larger-scale GTM study. This focus is necessarily accompanied by a reduction in complexity and the omission of other perspectives relevant to the data.

The study points to a need for further research, primarily due to the increasing need for effective forms of support in the area of mental health and the growing demand on social services to improve accessibility and participation opportunities for different groups of people. This article illustrates the connection between accessibility and peer support services by examining a specific empirical example. Further systematic research on peer support in different fields of action is needed with regard to the effects on access. Furthermore, while this study focuses on users and volunteers, there is also a need for studies with regard to the organisational and professional perspective in order to arrive at a deeper, theoretically anchored understanding of accessibility in peer support contexts.

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Conflict of Interests

The author declares no conflict of interest.

Data Availability

The original German transcripts of the quotations from the data material are available from the author on request.

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ARTICLE

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Social Exchange, Accessibility, and Trust: Interpreters' Perspectives of Inclusion in Chinese Welfare Factories (1950s–1990s)

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Abstract

This article examines the social inclusion process of early-generation deaf workers in Chinese welfare factories (1950s–1990s) from the perspective of sign language interpreters. Drawing on oral history interviews with ten interpreters and social exchange theory, the analysis identifies three analytically distinct but sequential phases of social inclusion—initiating trust, reverse inclusion, and social inclusion—each centered on the interplay between accessibility and trust-building and distinguished by patterns of hedonic value, activity, and referent. The initiating trust phase reveals how interpreters shifted from negative perceptions and inaction to positive engagement, fostering linguistic accessibility and affect-based trust as they recognized deaf workers' competence beyond linguistic barriers. Both reverse inclusion and social inclusion are marked by positive hedonic value and high activity, but differ in their primary referents, or agents of action. In reverse inclusion, deaf workers welcome interpreters into the community, deepening linguistic and cultural accessibility and fostering affect-based trust that surpasses competence-based trust. They further exercise their agency by petitioning factory leadership to appoint these trusted colleagues as official interpreters. In the social inclusion phase, interpreters use their agency to advance inclusion beyond the factory; the accumulated affect-, commitment-, and competence-based trust from deaf workers empowers interpreters to bridge systemic inaccessibilities outside the factory. Our findings underscore accessibility as both the cornerstone and Achilles' heel of social inclusion: It emerges as a product of social exchanges and as an enabler of trust at each phase, yet when welfare policies and institutions provide only physical, without linguistic and cultural, access, genuine social inclusion remains impossible.

Keywords
accessibility; China; deaf workers; oral history; sign language interpreters; social exchange theory; social inclusion; trust; welfare factories

1. Introduction

How can genuine social inclusion be achieved for marginalized groups—especially for groups such as the deaf community, who face distinct barriers to accessibility? Welfare systems often champion accessibility through the integration of professionals, services, and communities, and by upholding human rights as guiding principles (United Nations, 2007), yet for many people with disabilities, these ideals remain more aspirational than real. This persistent gap between policy frameworks and lived experiences raises a fundamental question: Can welfare policies and programs, by design alone, guarantee accessibility and inclusion for individuals with disabilities?

This question is particularly critical for deaf Chinese individuals, who encounter not only barriers common to people with disabilities in China, but also unique challenges rooted in linguistic inaccessibility. Unlike many people with physical disabilities who access social resources through the dominant spoken language, a large portion of deaf individuals primarily rely on sign language (SL)—a linguistic modality historically misunderstood, stigmatized, and at times, derogatorily dismissed (Zhao, 2015). Societal perceptions have long associated deafness with incompetence, intellectual inferiority, and diminished social value (Gertz, 2003). This dual exclusion—stemming from both physical impairment and linguistic difference—renders deaf Chinese individuals especially vulnerable.

It was in this social context that the welfare factory model emerged in China in the 1950s as a state-led initiative to provide formal employment and social inclusion for people with disabilities (Huang et al., 2009; Shi, 2022). These welfare factories, typically in the manufacturing sector, became the primary mechanism through which deaf individuals could gain stable, formal jobs and participate economically—a historic shift from marginalization to formal inclusion, and, at least in principle, broader social participation. However, previous literature makes clear that the mere existence of welfare factories did not dismantle entrenched social and cultural stereotypes or guarantee genuine participation for deaf workers (Zhao & Huang, in press). In the early days, deaf individuals were often relegated to menial tasks and continued to face stigma. It was when sign language interpreters (SLIs) were hired that circumstances began to improve.

This discrepancy between policy intentions and lived realities highlights the importance of examining how social inclusion is—or is not—actually achieved. We argue that, in the case of Chinese welfare factories, the cornerstone of social inclusion for deaf workers was not simply a matter of physical access. Rather, it was the individual-based, negotiated, and relational process that unfolded at the micro level—through social exchanges between deaf workers and interpreters—that succeeded in dismantling barriers and fostering trust.

Despite growing recognition in the literature of the role social exchange plays in fostering inclusion (e.g., Hatamleh et al., 2023; Kulachai, 2025), most research tends to focus either on micro-level interpersonal dynamics or on macro-level policy frameworks, rarely exploring how grassroots exchanges within institutional settings contribute to broader systemic inclusion (e.g., Akram & Pervaiz, 2024; Rothstein &

Stolle, 2008). This study addresses this gap by examining the social inclusion of early-generation deaf workers in Chinese welfare factories from the 1950s to the 1990s—a period when the state played a direct and central role in shaping both policy and everyday institutional life, prior to the rapid privatization at the turn of the century.

Guided by Cropanzano et al.'s (2017) social exchange theory (SET) framework, this research asks from SLIs' perspectives:

> How did the social inclusion of early-generation deaf workers unfold within Chinese welfare factories from the 1950s to the 1990s?

Central to this investigation is an exploration of how micro-level exchanges between deaf workers and SLIs shape macro-level social inclusion. By focusing on the lived experiences and interactions within welfare factories, this research extends the understanding of how grassroots social exchanges can drive or hinder inclusion in institutional settings. To achieve this, we conducted oral history interviews with early-generation interpreters within the welfare factories, exploring from their perspective how they interacted with deaf workers during the formative era. Theoretically, this study contributes to the literature by bridging the gap between individual-level dynamics and systemic outcomes, offering new insights into the interplay of trust, accessibility, and social exchange in organizational contexts. Practically, examining this formative historical period provides valuable lessons for contemporary disability inclusion policies—highlighting the enduring relevance of relational, context-specific approaches.

2. Literature Review

2.1. Social Welfare Policy in China: A Focus on Economic Accessibility

According to China's Seventh National Population Census (collected through household registration in 2020), the country is home to 85 million people with disabilities, nearly a quarter of whom have hearing impairments (National Bureau of Statistics, 2020). However, the development of SLI training in China has been comparatively slow, with most programs based in a limited number of regional and vocational colleges, resulting in a significant nationwide shortage of qualified professionals (Jones et al., 2021; Xiao et al., 2025). Despite the size and needs of this population, accessibility—particularly its linguistic and cultural dimensions—has remained underdeveloped (Jones et al., 2021; Lai et al., 2024; Xiao et al., 2025). This persistent challenge is reflected in the historical trajectory of China's social welfare system (Lin & Liang, 2019), which has prioritized economic access as the main avenue of social inclusion.

In the early years (1949–1955), social welfare in the newly established China primarily centered on public relief, with the government's main priority being to provide material assistance to the most vulnerable populations. However, limited resources and an urgent need for postwar economic recovery soon prompted a significant shift in welfare policy for people with disabilities. Following the Third National Conference on Civil Affairs in 1955, the government shifted from material relief to a "welfare-to-work" model that emphasized self-reliance through employment. This new approach prompted the establishment of the China Deaf-Mutes Welfare Society in 1956, which invested in welfare factories to provide employment opportunities for deaf individuals.

The Great Leap Forward (1958) triggered a rapid expansion of welfare factories but also created significant hazards. By 1959, 283,000 social welfare factories had been established, employing 2.45 million individuals with disabilities, which became a cornerstone of China's welfare model (Wong, 1994). However, many factories were established on weak economic foundations and quickly fell into inefficiency and disorganization (Local Chronicles Committee of Fujian Province, 1997). The situation reached a nadir during the Cultural Revolution (1966–1976), when widespread upheaval led to the closure of numerous welfare factories, stripping deaf individuals of their sole means of economic access (Nanjing Local Chronicles Compilation Committee, 1994).

With the Reform and Opening Up in 1978, China transitioned from a planned economy to a market-oriented one, presenting both opportunities and challenges for the country's welfare system. In 1979, the Ministry of Finance and the Ministry of Civil Affairs (MCA) introduced new policies, again focusing on economic issues, to address the challenges faced by welfare factories, such as inefficiencies in production and disruptions in supply chains (Nanjing Local Chronicles Compilation Committee, 1994). Welfare production units employing more than ten percent of workers with disabilities became eligible for tax exemptions and other incentives, which helped sustain these units. By the mid-1990s, over 20,000 welfare production units were employing nearly 400,000 workers with disabilities (Han, 2020).

The Reform and Opening Up period also brought intensified market competition and structural changes. In response, the Chinese State Council issued an official government policy document, *Opinions on Accelerating the Socialisation of Social Welfare*, in 2000, which aimed to "socialize" welfare by encouraging multi-channel investment and mobilizing social forces to establish welfare institutions with preferential support (General Office of the State Council, 2000). As a result, welfare factories gradually disappeared, giving way to welfare enterprises as private investment was introduced. Eventually, in 2016, the MCA officially canceled the Credential of Social Welfare Enterprise (MCA, 2016). This marked a shift away from reliance on the government toward self-reliance, encouraging deaf individuals to start their own businesses or secure employment in non-welfare enterprises.

Despite a rich history of development, sociological research on welfare factories in China remains limited, with two main gaps evident in the literature. First, existing studies (e.g., Liu et al., 2021; D. Wang, 2020) often treat individuals with disabilities as a homogeneous group, which offers limited insight into the unique challenges faced by them, let alone the specific living and working conditions of deaf individuals within the system. Second, the literature (e.g., Han, 2020; Wong, 1994) largely addresses economic accessibility as the primary, and sometimes sole, measure of inclusion, overlooking the crucial roles of linguistic and cultural accessibility in achieving genuine social inclusion. As a result, the emphasis on economic participation leaves deaf individuals with significant barriers to full accessibility and inclusion, revealing an important but underexplored area in current research.

2.2. Accessibility: Cornerstone for Social Inclusion and Trust-Building

A persistent lack of accessibility undoubtedly undermines the social inclusion of deaf individuals. As the United Nations observes, accessibility is the cornerstone of social inclusion—extending beyond physical access to encompass information, communication, and public services (United Nations, 2007). This is especially relevant for deaf individuals, for whom mere presence in a workplace or institution does not equate to genuine participation. Meaningful inclusion requires that deaf individuals are fully able to engage, communicate, and have their differences recognized and respected.

However, in the deaf context, accessibility remains a persistent barrier for the community in realizing meaningful social inclusion, with linguistic accessibility as a particularly critical challenge (Mack et al., 2021). In predominantly hearing societies, communication barriers—rooted in limited access to SL and a lack of institutional support—continue to exclude deaf individuals from full participation (Mack et al., 2021). Recognizing and supporting deaf individuals' linguistic agency, especially through the provision of SL and the institutional recognition of deaf culture, fosters trust and genuine participation (Batterbury et al., 2007; Glickman, 2013; Ladd, 2003). By contrast, when society frames deafness solely as a deficit to be cured or rehabilitated (Smith, 2021; Thomas, 2014), ignoring its linguistic and cultural dimensions (Oliver, 2023), exclusionary practices persist and undermine trust and social inclusion (Aldalur et al., 2021).

Given the centrality of linguistic accessibility, the provision of SL interpreting emerges as a critical—and often contested—mechanism for enabling deaf people to exercise their language rights and build social trust. While some scholars argue that interpreting alone does not guarantee true language-concordant access or social inclusion (De Meulder, 2016; De Meulder & Haualand, 2021; Reagan, 2010), SL interpreting, as a "hard-won right," nevertheless remains the primary channel for deaf people's access to domains including education, employment, healthcare, justice, and political participation (De Meulder & Haualand, 2021, p. 20). This holds true whether in countries with well-established interpreting systems (De Meulder, 2016) or in countries like China, where even basic needs are often unmet due to interpreter shortages (Xiao et al., 2025).

It is worth noting that much of the literature tends to approach trust-building and interpreting primarily from the interpreter's perspective (e.g., Chatzidamianos et al., 2019; Llewellyn-Jones & Lee, 2013; Napier et al., 2020), highlighting its importance, but rarely explores its working mechanism and forming processes (O'Brien et al., 2023). For instance, Llewellyn-Jones and Lee (2013) discuss trust without examining how it is formed, while Janzen (2005) assumes that trust develops automatically as interpreters become involved in the deaf community, without considering how involvement leads to trust-building. These discussions often center on interpreters' feelings about being trusted, treating trust as a prerequisite for effective interpreting rather than recognizing it as a collaborative, two-way process (e.g., Hetherington, 2012; Napier, 2021). The more recent research (O'Brien et al., 2023; Reinhardt, 2021; Young et al., 2019) that examines trust as experienced by deaf individuals using interpreting services agrees that trust remains vital for effective working relationships between deaf people and interpreters (Reinhardt, 2021; Young et al., 2019), while others suggest that interpreter's competence and skill may, in practice, be more important than generalized trust (O'Brien et al., 2023).

To address these gaps, this study situates the analysis of micro-level accessibility—enacted through deaf–interpreter exchanges—within the historical context of Chinese welfare factories, a setting that illustrates the "last mile" of national inclusion policies. By doing so, it foregrounds the ways in which social exchange, trust, and social inclusion are intimately linked and positions accessibility as central to understanding these relationships. The following section explores theoretical and empirical work on social exchange and trust, and examines how centering accessibility can deepen our understanding of social inclusion for the deaf community.

2.3. Social Exchange, Trust, and Social Inclusion: Centering Accessibility

The dyadic relationships between trust and social exchange, and between trust and social inclusion, are well-established in existing literature. To illustrate, the relationship between trust and social exchange has been extensively studied. As Putnam et al. (1993, p. 71) noted, "trust lubricates cooperation," facilitating smooth social interactions and enabling individuals to pursue shared, interdependent goals (Chen et al., 2021). Trust fosters satisfaction within relationships (Hatamleh et al., 2023) and inspires positive actions, liberating human agency and enabling uninhibited and innovative engagement (Kulachai, 2025; Zhang & Chi, 2025). SET provides a framework for understanding how trust emerges through recurring interactions based on reciprocity (Cook & Hahn, 2021). Within this framework, trust plays a dual role: It is both an outcome of successful exchanges and a facilitator of future interactions (Mayer et al., 1995). This recursive relationship—where trust, once established, enables deeper and more extensive exchanges—has been shown to improve communication, collaboration, and overall performance in organizational contexts (Dirks & Ferrin, 2002; Kong et al., 2014).

Despite these insights, most micro-level analyses of social exchange and trust are based on general organizational settings and populations, overlooking the unique challenges faced by people with disabilities (Siegrist et al., 2020). These analyses often assume equal opportunities for all participants, neglecting the restricted accessibility to core social roles and environments that people with disabilities routinely face (Alcover et al., 2015). In reality, however, accessibility is not automatically available; it must be intentionally created—often through grassroots, low-threshold services and targeted outreach to connect with "hard-to-reach," marginalized individuals (Cortis, 2012; Grymonprez et al., 2017). Failing to account for accessibility, much of the literature inadvertently excludes those most at risk of social isolation, missing a crucial mechanism that underpins the micro-level interaction of trust and social exchange.

On the other hand, the macro-level trust-inclusion dynamic has also been well-documented, where trust functions as both a prerequisite for, and an outcome of, social inclusion. Previous research emphasizes the reciprocal relationship between institutional trust and social inclusion, highlighting how policy mechanisms and broader societal processes mediate these dynamics (Akram & Pervaiz, 2024; Connelly et al., 2018; Rothstein & Stolle, 2008). At the societal level, trust operates through three primary mechanisms: fostering sociability and participation (Schilke et al., 2021); promoting tolerance and acceptance of diversity (Parry, 1976; Zaheer et al., 1998); and strengthening community bonds and collective solidarity (Brattström & Bachmann, 2018; Harkness et al., 2022). These mechanisms demonstrate the potential of trust to enhance social inclusion. Yet, such macro-level analyses often overlook the mediating role of accessibility as it is enacted within specific social and cultural contexts (Pineda, 2020). Without accessible environments, opportunities for participation and the realization of social inclusion are fundamentally constrained or even entirely absent (World Health Organization & World Bank, 2011), making the emergence of social trust impossible.

Overall, this section of review highlights a critical gap in the literature: the three-way interaction between social exchange, trust, and social inclusion—with accessibility as the enabling foundation—remains underexplored. This gap arises in part due to methodological challenges and the traditional separation between macro-level and micro-level analyses. Macro-level research often focuses on societal trust and broad social inclusion outcomes (e.g., Akram & Pervaiz, 2024; Rothstein & Stolle, 2008), while micro-level studies typically examine interpersonal trust-building through social exchanges within specific contexts (e.g., Hatamleh et al., 2023; Kulachai, 2025). Crucially, both levels of perspectives often overlook accessibility as the fundamental prerequisite for such interactions for groups with disabilities: without accessibility, meaningful social exchange cannot occur, making the development of trust and genuine social inclusion impossible. To address this gap, this research examines the context of interpreter-mediated welfare factories, a rare setting that has the potential to merge the micro and macro levels.

3. Theoretical Framework: SET

Our study adopts Cropanzano et al.'s (2017) SET model as its theoretical framework. From its inception in the seminal works of Homans (1961), Blau (1964), and Emerson (1976), SET has perceived trust as a core concept that shapes how interpersonal and organizational relationships develop through social exchange. Scholars have conceptualized trust along two dividing lines: one distinguishes between cognition-based trust (grounded in rational calculation) and affect-based trust (rooted in interpersonal closeness) (Legood et al., 2023); the other differentiates competence-based trust (confidence in ability and motivation) from integrity-based trust (belief in moral character) (Connelly et al., 2018). This dual perspective highlights the multi-dimensional nature of trust as it functions within social exchanges.

We selected Cropanzano et al.'s (2017) work as the guiding theoretical framework because it successfully navigates various SET theoretical models and applications, which lead to conceptual ambiguity and overlapping constructs (Cropanzano & Mitchell, 2005). Cropanzano et al. (2017) address these issues by distilling SET to its most critical components and clarifying its foundational mechanisms. Whereas earlier models described social exchange as a process involving (a) an actor's initial action toward a target, (b) the target's reciprocal responses—both attitudinal and behavioral, and (c) the subsequent development of relationships, Cropanzano et al. (2017) reframe these into three theoretically precise elements: initiating action, behavioral response, and relational response. This refinement allows for a clearer distinction between observable behaviors and the intangible evolution of relationships over time.

For our study, Cropanzano et al.'s (2017) work provides particular support by mapping social exchanges along two axes—hedonic value and activity—and across different referent layers. As shown in Figure 1, the vertical axis reflects the level of activity, distinguishing between active behaviors that are exhibited and inactive behaviors that are withheld. The horizontal axis captures hedonic value, differentiating between desirable (positive) and undesirable (negative) behaviors. The intersection of these axes creates four quadrants, each representing a distinct type of social action or response. For example, "administer desirable behavior" refers to actively providing positive actions such as support or assistance, while "administer undesirable behavior" involves engaging in negative actions such as publicly insulting someone. "Withhold desirable behavior" means choosing not to offer praise or help when it is expected, and "withhold undesirable behavior" refers to refraining from negative acts like gossip or criticism.

This two-dimensional yet multi-layered structure offers several advantages for this research. First, its focus on hedonic value and activity provides a precise analytical tool for examining how intangible emotions influence tangible actions. Second, the framework's distinction between the referents of exchange enables us to analyze relationships at both individual levels and organizational levels, thus capturing the multi-layered nature of social inclusion in historical welfare contexts. By situating this research within Cropanzano et al.'s (2017) model,

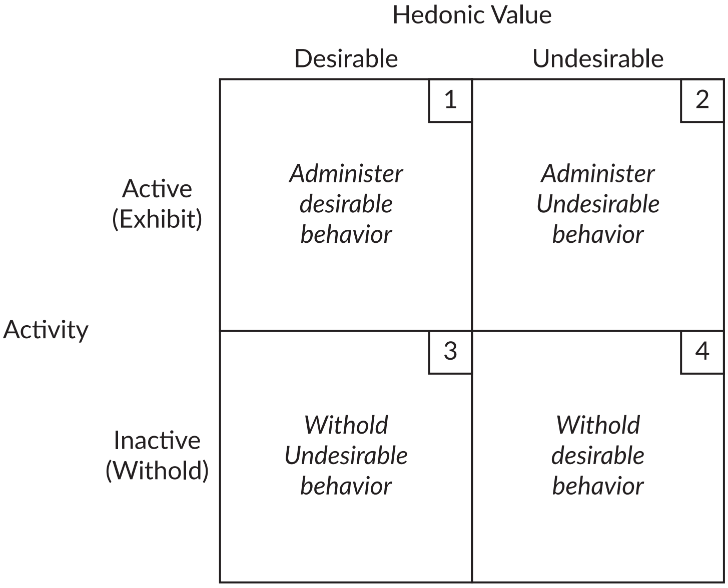

Figure 1. Two-dimensional social exchange framework. Source: Based on Cropanzano et al. (2017, p. 501).

this study proceeds to illuminate how micro-level exchanges—especially those involving interpreters and deaf workers—mediate trust-building and social inclusion among deaf workers in historical welfare settings.

4. Method

This study is part of a larger research project that combines oral histories from multiple generations of interpreters with archival materials to examine the history of SL interpreting in China. The present analysis focuses specifically on oral history data from interpreters who represent the early generation to work closely with deaf workers in welfare factories.

4.1. Recruitment and Ethics

To address the research question, we employed a combination of purposive and snowball sampling strategies. The primary objective was to identify interpreters who belonged to the first cohort working in the historical Chinese welfare factories. Initial participants in the broader project were recruited through referrals from members of the deaf community, the SL interpreting community, and the Chinese Deaf People's Association. Our first interview with an interpreter who had worked in a welfare factory highlighted the distinctiveness of this group through the interpreter's unique perspectives and experiences. Therefore, we began to focus specifically on this subgroup. As interviews unfolded, more factory interpreters were recruited through recommendations from previous interviewees, allowing the sample to expand organically.

The final sample consisted of ten female interpreters who ranged from fifty to seventy-four years of age at the time of the interviews (see Table 1). These interpreters were employed in factories located across nine cities (Xiamen, Zhengzhou, Hangzhou, Beijing, Shenyang, Tianjin, Nanchang, Nanjing, and Shanghai), representing Southeast, East, Central, Northeast, and North China. Their primary roles involved manual work within the manufacturing industry (see Figure 2 for a typical welfare factory job setting). Seven out of ten interpreters began their careers as general workers, with no prior contact with deaf individuals. Even those who were hired directly as interpreters reported having little or no proficiency in SL upon entry, and none had received any formal interpreting training. Notably, eight of the interpreters were the first to serve as the SLI in their respective welfare factories following the factories' establishment and well before the profession's official recognition in China in 2007 (Xiao et al., 2025), making them the earliest generation of SLIs in the Chinese workplace. Although all interpreters entered the factories from the 1960s onward, their narratives include recollections shared by deaf workers about the 1950s, and their own post-retirement experiences through the 2020s—allowing the study to capture the full formative period of social inclusion in welfare factories and its subsequent impact on the broader deaf community.

Table 1. Interviewee profiles.

SLI no.	Industry	Year of entry	Age of entry	Initial position	Education background
1	Printing	1964	14	General worker	Primary school (not finished)
2	Synthetic fiber textiles	1977	30	Interpreter	Normal school
3	Mixed manufacturing	1980	20	General worker	High school
4	Cosmetics	1990	19	General worker	High school
5	Synthetic fiber textiles	1976	19	General worker	High school
6	Cable	1978	21	General worker	Junior school
7	Oil pipe	1969	15	General worker	Junior school
8	Manufacturing	1977	16	Interpreter	Junior school
9	Manufacturing	1979	18	General worker	High school
10	Bicycle parts	1965	17	Interpreter	High school

Notes: "Year of entry" and "age at entry" refer to when and at what age the interpreters began working in welfare factories; "primary school (not finished)" means incomplete elementary education; "junior school" refers to completion of lower secondary education; "high school" means completion of upper secondary education; "normal school" denotes a teacher-training college, typically attended in China after junior school at that time; given the small and close-knit nature of the factory interpreter community, individual interpreters are not linked to specific cities in the table to protect their anonymity.

Figure 2. Deaf female worker in 1988 at a welfare factory producing phenolic resin components. Source: Personal photo provided by an interpreter who participated in the research project; used with permission from the worker herself.

Participants were fully informed about the study's aim, procedures, and confidentiality protections, and provided verbal informed consent before interviews. Given the sensitive nature of discussing personal history, participants were reminded before and after the interview that they could withdraw at any stage. Pseudonyms are used throughout all publications to further safeguard participant privacy.

4.2. Interview Method

The interviews were conducted using the autobiographical narrative interview method (Rosenthal, 1993, 2004), which consists of an initial unstructured section followed by a semi-structured one. Given our research focus—and the fact that many of our participants were seniors who have health issues—we retained the two-phase format but narrowed the scope of free narration in the first phase to focus on their welfare factory experiences, particularly their interactions with and observations of deaf workers. Given that the interviews were conducted between 2019 and 2021, and due to the Covid-19 pandemic, all interviews were conducted online except one in-person interview with a participant who lived in the same city as the researchers.

In the first phase, participants were encouraged to share freely any life experiences related to their time in welfare factories, with minimal intervention. Although the study's focus was informed, participants did not choose to discuss their professional lives only; many chose to recount personal events from before entering the factory or after retirement. This allowed us to situate their professional trajectories within a wider social and historical context, deepening our understanding of how the social inclusion process unfolded for deaf workers. In the second phase, open-ended questions were asked based on the recounted experiences in the first phase and the SET framework (Cropanzano et al., 2017). These questions explored topics such as how participants were recruited into factories, their initial encounters with and perceptions of deaf workers, their interactions with deaf colleagues and understandings of SL and deaf culture, their roles in facilitating communication at work and beyond, and their reflections on the long-term impact of welfare factory experiences on the lives of deaf workers.

Building trust and establishing rapport are essential in oral history interviews to encourage participants to share their experiences openly and authentically (Ritchie, 2014). To foster a sense of connection and trust, researchers maintained communication with participants through WeChat—a private social media platform particularly favored by the interviewees, most of whom were seniors and found WeChat more accessible than other digital communication tools. Thus, the nine remote interviews were conducted using WeChat video or audio calls, respecting participants' preferences. All interviews were audio-recorded with explicit permission; individual sessions ranged from two to five hours, resulting in approximately thirty-five hours of recordings. All interviews were transcribed verbatim in Chinese. Personal contact details and digital correspondence were securely stored and accessible only to the research team.

4.3. Analytical Approach

Our theoretical framework prompted us to identify and interpret themes related to initiating actions, behavioral responses, and relational responses within the workplace, as well as to trace the hedonic value and activity that explains how accessibility and trust develop over time. In line with established oral history analytical methods (Fritzová et al., 2024), our analysis proceeded through three main steps: familiarization with the data, open coding guided by SET-informed concepts, and thematic clustering that reflected both the research question and the theoretical lens.

First, all transcripts were read multiple times by the research team to ensure familiarity with the content, with analytic memos written to capture initial impressions. Second, two researchers independently conducted open coding in NVivo, with coding discrepancies resolved through discussion and reference to the theoretical framework. Third, through ongoing team discussions, we grouped the codes into broader themes. To demonstrate our analytic approach, we present below (Figure 3) a representative section of the codes and themes generated for "Phase One: Initiating Trust."

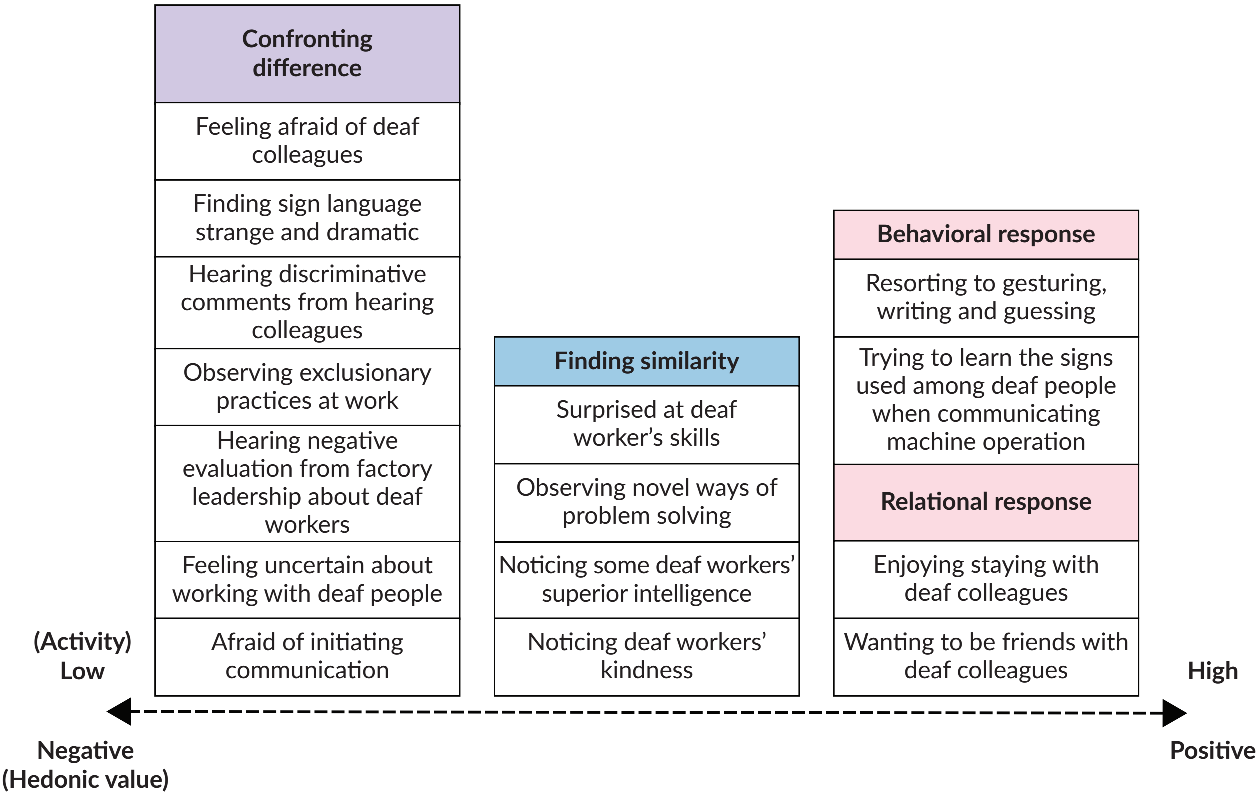

Figure 3. Mapping of the "Initiating Trust" phase codes onto Cropanzano et al.'s (2017) two-dimensional model.

The three analytical phases of the social inclusion process—initiating trust, reverse inclusion, and social inclusion—were delineated following SET, drawing specifically on the dimensions of hedonic value, activity, and referent (Cropanzano et al., 2017). The first phase, initiating trust, is characterized by a transformation in hedonic value from negative to positive as SLIs' perceptions of deaf colleagues evolve. Regarding activity, this phase also reflects a shift from reserved or hesitant action to genuine attempts at interaction. The second and third phases are both marked by high levels of activity and positive hedonic value, but they differ in terms of referent: reverse inclusion highlights the agency and actions of deaf individuals in welcoming and mentoring interpreters, while social inclusion emphasizes the agency and supportive actions of interpreters toward deaf colleagues and wider community members.

4.4. Methodological Limitations

A key limitation of this study is that all data are drawn solely from the accounts of SLIs. This is primarily due to our current limitations in SL proficiency, which prevent us from independently conducting in-depth interviews with deaf participants. While it is possible to conduct interviews with deaf workers using external SLIs, we are mindful that this approach may still influence the interview dynamics and affect the openness of participants' responses—particularly when discussing sensitive topics related to interpreter-deaf worker relationships. Out of respect for the deaf community and in the interest of capturing authentic perspectives, we are actively seeking appropriate collaborators who are both skilled in SL and experienced in sensitive, community-based research. At the same time, we are committed to improving our own SL abilities to enable more direct communication and engagement with deaf people in future research. We acknowledge this limitation and remain dedicated to including deaf workers' voices and perspectives through more inclusive and collaborative methods in subsequent studies.

5. Results

The results section delineates the three-phase process of trust-driven social inclusion in Chinese welfare factories (1950s–1990s), grounded in SET (Cropanzano et al., 2017) and interwoven with the concept of accessibility and trust. This process unfolds through the phases of initiating trust, reverse inclusion, and social inclusion, each arising from social exchanges between interpreters and deaf workers that disrupt patterns of institutionalized inaccessibility and exclusion. Across all phases, outcomes are linked to evolving forms of accessibility—linguistic, cultural, and systemic—as well as to different forms of trust: affect-based, commitment-based, and competence-based.

5.1. Initiating Trust: The Ability to Shift From Fear of "Difference" to Appreciation of "Similarity"

The process of initiating trust between interpreters and their deaf colleagues began with a distinct pre-exchange phase marked by communicative inaccessibility and negative perceptions. In this phase, interpreters observed deaf colleagues from a distance, noting their distinct communicative behaviors—such as expressive signing and gesturing—triggering negative hedonic emotional responses (e.g., fear and uncertainty; see Cropanzano et al., 2017):

> When I first arrived and saw the deaf-mute individuals, they couldn't speak, staring at me and gesturing. I didn't understand a thing, and I was scared when I saw them. (Interpreter No. 10)

For many interpreters hired at the same time, these intense negative emotions resulted in passive-negative inaction—they chose not to engage in any form of social exchange and eventually left their positions. This response also mirrored the behavior of most hearing employees in the factory, who avoided initiating contact with the deaf cohort. Similarly, factory management displayed superficial positive pre-exchange emotions (e.g., sympathy), but these shifted to active-negative actions (relegating deaf people to the menial jobs) when expectations were unmet, blocking systemic access:

> When new leaders first arrived...they saw deaf-mute individuals as pitiful, as a vulnerable group, and showed a lot of sympathy. But over time, they started feeling [like], "I've given you a good job, so why

> aren’t you doing it well?” They had certain expectations and wondered why those expectations weren’t met, without making any effort to truly understand why they couldn’t be made. (Interpreter No. 3)

This shift illustrates Cropanzano et al.’s (2017) point that positive emotions do not guarantee sustained positive actions if structural barriers, like communicative inaccessibility, persist. In contrast, interpreters who built trust and initiated positive actions were able to overcome linguistic inaccessibility by first recognizing the intelligence and competence of their deaf coworkers. Interpreter No. 1 describes a moment of this change when observing deaf workers troubleshoot machinery:

> When there was a machine malfunction, we hearing individuals relied on listening [to detect the problem]…but they [the deaf workers] were amazing. They simply pressed their hands on the machine, felt the difference in vibrations, and immediately identified the problem area.

The finding of intellectual similarity beyond communicative difference encouraged interpreters to initiate active exchanges despite limited SL proficiency—using writing, drawing, and gesturing as alternative strategies. These active-positive initiating actions predicted behavioral responses and relational responses (Cropanzano et al., 2017), as deaf colleagues reciprocated with patience and mentorship, resulting in a cycle of repeated positive exchanges that gradually fostered linguistic accessibility and built affect-based trust (Legood et al., 2023). Interpreter No. 8 describes how her proactive engagement with deaf workers opened pathways to deeper connection, allowing her to understand their experiences at home—ongoing exclusion and lack of recognition for their ability:

> In their spare time, they would talk to me about how they were treated unfairly at home. Many deaf individuals have told me that their parents didn’t want them when they were young, saying things like: “People like me were thrown into the countryside, left in rural areas where no one cared.” They would take me to their homes, and I found that some of their parents indeed looked down on them.

The excerpt demonstrates that deaf workers disclose deeply personal and painful experiences of familial rejection and social marginalization. Statements such as, “people like me were thrown into the countryside, left in rural areas where no one cared,” illustrate the profound exclusion and emotional hardship faced by many deaf individuals. The act of sharing such stories—and inviting the interpreter into their homes—can be understood as an offering of vulnerability and trust, resources that are not casually given but earned through repeated positive interaction (Cook & Hahn, 2021). For the interpreter, there is an implicit exchange as well. By listening empathetically and accepting invitations into deaf individuals’ personal lives, the interpreter invests emotional labor and time—resources that go beyond the formal boundaries of their professional role.

These accounts demonstrate that social inclusion is not an automatic result of physical integration or policy, but is contingent on reciprocal, high-quality social exchanges that affirm the identities and capabilities of deaf individuals, overcome linguistic accessibility, and foster affect-based trust. This sets the stage for the later process of reverse inclusion.

5.2. Reverse Inclusion: Deaf Workers' Agency in Building Trust

Building on interpreters' shift from pre-exchange fear to active appreciation (Section 5.1), the reverse inclusion phase highlights deaf workers' agency in integrating interpreters into their community, thereby deepening linguistic accessibility and fostering cultural accessibility (United Nations, 2007, Article 30). Unlike conventional models of inclusion, which focus on assimilating marginalized groups into majority settings, reverse inclusion—as observed in this study—operates in the opposite direction and is enabled by affect-based trust (Legood et al., 2023). Deaf workers, as the recipients of interpreters' initiating actions, reciprocated with both behavioral and relational responses by welcoming interpreters into their cultural lives—particularly through participation in SL and engagement with community norms. For example:

> Our factory would organize movie screenings. When I went to watch movies with the deaf, I wouldn't sit with the hearing people; I would sit with them, and they would gather around me. Back then, movies didn't have subtitles, so they had to rely entirely on watching pictures to understand the plot. They would sign the movie content to me while watching and correct my signing when I made mistakes. Through this, my sign language improved very quickly. (Interpreter No. 8)

Here, the activity (Cropanzano et al., 2017) dimension is high for both parties: interpreters actively pursue learning opportunities, while deaf colleagues actively offer instruction and inclusion. The reciprocated exchanges, with high positive hedonic value (Cropanzano et al., 2017), reinforce and deepen affect-based trust (Legood et al., 2023). This trust reached its peak when deaf workers, prioritizing it over competence-based trust (Connelly et al., 2018), exercised their agency by formally petitioning factory management to appoint their trusted colleagues as their official interpreters—even when those interpreters lacked advanced SL skills at the time:

> Many deaf individuals trusted me and insisted that I should become their interpreter. Eventually, they wrote a letter to the factory expressing their strong request. At that time, the factory had a union, and they brought their request to the union chairman. Later, the chairman assigned me to be their interpreter. (Interpreter No. 6)

The high activity of the deaf community underscores the collective agency of deaf workers. Rather than passively accepting institutional assignments, they mobilise social and organisational resources—writing letters, engaging union leadership, and leveraging their collective voice—to shape their own support structures. In doing so, they challenge the dominant narrative of deaf individuals as passive recipients of aid, and instead position themselves as active agents in the accessibility process (Glickman, 2013). This agency reimagines accessibility as a deaf-driven practice, where the community determines what meaningful support and inclusion look like.

Crucially, the impact of this agency is not confined to formal workplace arrangements or language learning. These exchanges spill over into social life, as deaf workers welcome interpreters into their circles, treating them as family and offering practical care and support. In this way, accessibility becomes not just a matter of communication, but a deeply relational and reciprocal practice, rooted in everyday acts of inclusion and mutual assistance:

> There was a time when part of our work involved collecting scrap copper and iron, and the workplace could only provide a tricycle for transportation….Deaf colleagues would take off their jackets and place them on the backseat for me, treating me like a little sister…when I needed to move house, they would come and help, and leave immediately after it was done, not even asking me to cook a meal to thank them. (Interpreter No. 1)

These acts exemplify high-quality social exchanges marked by sustained, positive hedonic value and active, voluntary support—hallmarks of what Cropanzano et al. (2017, pp. 480, 489) describe as "emotional," "open-ended," and "trusting" relationships, which are characteristic of social exchange (in contrast to economic exchange). The process of reverse inclusion, then, is not merely an inversion of mainstream inclusion models but a dynamic negotiation of trust and accessibility. It reveals how marginalized groups can reconfigure the boundaries of community—not by assimilating into dominant norms, but by inviting others into their cultural worlds on their own terms. Through affect-based trust and mutual investment, deaf workers create a context where interpreters adapt, learn, and earn their place through relational engagement and shared experience. This re-centering of agency challenges deficit-oriented narratives of disability and reframes accessibility as a co-constructed, evolving process grounded in reciprocity, respect, and trust.

5.3. Social Inclusion: Fostering Systemic Accessibility Through Trust

The identified instances of reverse inclusion show that meaningful integration arose not from physical proximity or policy mandates alone but through sustained, identity-affirming social exchanges that built affect-based trust (Legood et al., 2023), thereby enabling linguistic and cultural accessibility. Over time, this affect-based trust evolved into competence—and commitment-based trust (Connelly et al., 2018; Pratt & Dirks, 2017), extending the interpreters' support to the broader deaf community beyond the workplace.

Our data consistently show that once interpreters were recognized as trusted partners by the deaf community, the institution became truly accessible to deaf workers. The interpreters, now seen as effective negotiators with factory leadership, actively persuaded management to assign deaf workers to more valuable, skill-building roles. Through these efforts, positive hedonic exchanges between the interpreters and the deaf community solidified the interpreters' commitment, deepening the relational quality and activity level of the exchange (Cropanzano et al., 2017). In turn, interpreters sought to reciprocate the trust and inclusion they had received by extending their support beyond the confines of the workplace. As Interpreter No. 8 describes:

> I would visit each family one by one and communicate with the deaf individuals, asking them: "What are your feelings about your family?" Then I would tell them: "I'll help you communicate step by step, and help your parents gradually understand and get to know you. Even though you're their child, they might not fully understand or truly know you."

As the interpreters' commitment and SL competence grew, they earned not only affective but also competence—and commitment-based trust from the wider deaf community, positioning them as vital bridges in domains critical to deaf individuals' social survival. For example:

> Not long ago, a deaf individual was detained in a prison about a hundred kilometers away. I made over a dozen trips there. They had hired a lawyer and needed an interpreter, so I went on weekends, and

> often had to bring my grandchild along because there was no one at home to watch him. The deaf individual had struck someone—he was trying to defend another person, but in the process, he pushed someone, who fell backward onto a small stone bench and suffered a serious concussion. As a result, he was sentenced to four years for the charge of brawl. There was no surveillance footage at the time. Through sign language, I was able to understand and explain the situation. In the end, he was released eight months early. (Interpreter No. 5)

Such accounts clearly illustrate that these interactions were not motivated by economic, transactional considerations. The interpreters frequently traveled significant distances, often after retirement and without compensation, to serve as advocates in legal, medical, and social contexts. Similarly, Interpreter No. 8, retired for over a decade, continues to provide interpreting services for deaf individuals at hospitals, often without compensation or for a nominal fee of approximately 24 euros per day:

> In 2019, a nonprofit organization secured funding for a medical assistance program for the deaf. They came to me and I said: "If we're going to do this, let's do it right. We need to partner with a top-tier hospital, preferably at the provincial level or higher, and offer something truly valuable for the deaf. It's not enough to just go with any hospital." They agreed. Our translation fee was 200 RMB per day, from 8 a.m. to 5:30 p.m. The pay was definitely low...but I'm still happy to help. Before this program, I often didn't charge them a penny. With medical bills already so expensive, why charge them more?

These cases exemplify commitment-based trust (Pratt & Dirks, 2017) as described in SET: The interpreters' actions, which involved significant personal cost and emotional investment, would be irrational if viewed through a strictly economic, transactional lens. Instead, their sustained efforts reflect the emergence of high-quality social exchange relationships characterized by commitment, loyalty, and mutual identification, where the rewards are primarily relational and emotional rather than material (Cropanzano et al., 2017). Here, relational exchanges—marked by high activity and positive hedonic value—replace role-bound, detached professionalism with ongoing, holistic support.

Yet, these narratives also reveal a vulnerability in the accessibility system: access to essential resources for deaf individuals was often contingent on the presence and personal commitment of individual interpreters. For example:

> After I retired, the deaf individuals said: "Once you left, we didn't have recreational activities in the factory anymore." Starting in 2018, they came for me again. There was an aerobics competition organized by the MCA. Though I was already retired, I decided to go back and help out. We practiced for just a month or two, and we won first prize again in the competition. (Interpreter No. 7)

The narrative exposes the fragility inherent in informal, person-dependent systems of access, where the withdrawal or absence of key individuals can jeopardize hard-won gains in inclusion. Thus, while the stories exemplify the transformative power of trust and reciprocity in expanding accessibility, they also highlight the pressing need for institutional mechanisms that embed and sustain these relational achievements. True inclusion, therefore, emerges not only from individual goodwill and affective bonds, but from collective efforts to institutionalize equitable access—ensuring that participation, support, and belonging endure beyond the contributions of any one person.

6. Social Inclusion—An Interplay Between Social Exchange, Accessibility, and Trust

Our study demonstrates the unique value of SET—particularly the framework proposed by Cropanzano et al. (2017)—in revealing accessibility as both the cornerstone and the Achilles' heel of social inclusion, which is the central goal of welfare policy. By analyzing trust-driven exchanges in Chinese welfare factories, our findings illuminate how accessibility, trust, and social exchange interact to shape both the possibilities and the limitations of inclusion for marginalized groups (see Figure 4).

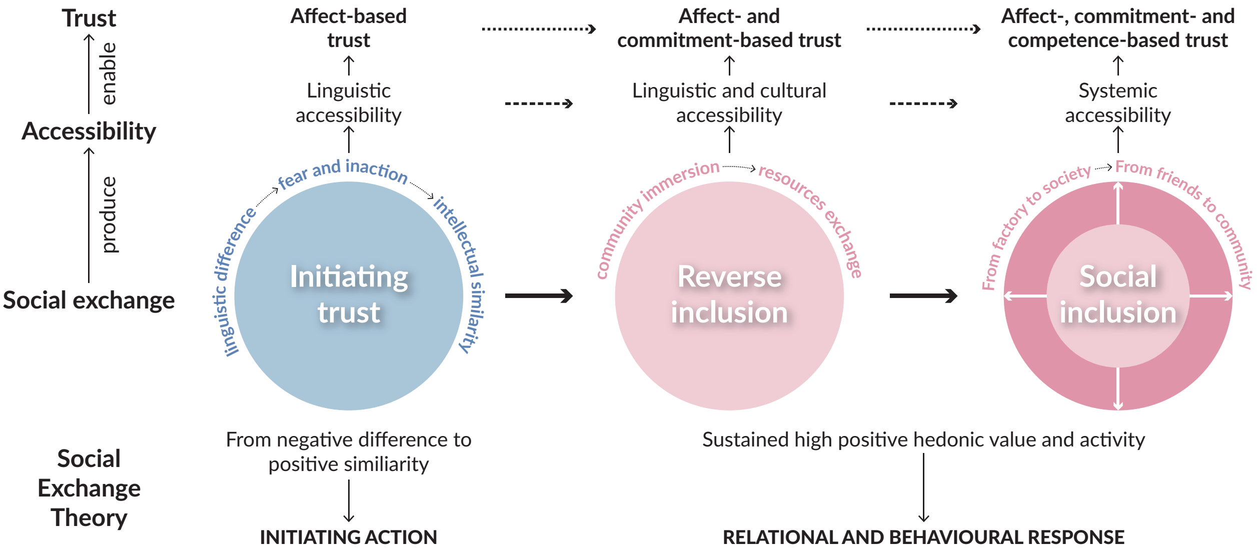

Figure 4. Theoretical mapping of social exchange processes and the constructs of trust and accessibility.

Our findings report a three-phase process of trust-driven social inclusion in Chinese welfare factories from the 1950s to the 1990s: initiating trust, reverse inclusion, and social inclusion. The first phase begins with a pre-exchange phase of fear and uncertainty, as the interpreters—like other factory staff—initially reacted to deaf colleagues' different communication modes with fear and inaction (Zhao, 2015). Unlike most, however, some interpreters were able to look beyond linguistic difference, recognizing the intellectual similarity and capabilities of deaf workers. This shift enabled the development of affect-based trust (Legood et al., 2023).

This phase highlights that linguistic accessibility is, indeed, the "Achilles' heel" of the welfare policy examined in our study. Even though current guidance recognizes accessibility as a foundation for participation and inclusion (United Nations, 2007), our study confirms that policy efforts in the early years of China's welfare system often focused narrowly on physical access—admitting deaf people to welfare factories—while neglecting linguistic, cultural, and other systemic accessibility needs (Zhao & Huang, in press). Our study also provides historical evidence to support the argument that accessibility for deaf people is fundamentally a matter of communication (Mack et al., 2021) and SL access is underdeveloped in China (Jones et al., 2021; Xiao et al., 2025). Our data also confirm that when confronted with different communication modes, the hearing majority often automatically respond with negative hedonic emotions (Zhao, 2015), blocking the opportunity for social inclusion. Consistent with SET, unless these emotions are transformed into positive, sustained engagement, no meaningful social exchange—or eventual inclusion—can occur (Cropanzano et al., 2017).

In the second phase, affect-based trust (Legood et al., 2023) prompted deaf workers to actively include prospective interpreters into their community. Deaf workers sustained primarily unidirectional exchanges of linguistic and cultural resources, which significantly improved the interpreters' SL competence and provided them with cultural accessibility (United Nations, 2007). It is also the phase where affect-based trust—rather than competence-based trust (Pratt & Dirks, 2017)—deepened to the point where deaf workers exercised agency by formally recommending these interpreters for official interpreter roles in the factory. This trust and agency, in turn, fostered a growing sense of commitment (Dirks & Ferrin, 2002; Kong et al., 2014) among interpreters to the deaf community.

Our findings on reverse inclusion extend previous research (e.g., Llewellyn-Jones & Lee, 2013; Napier et al., 2020), which has often focused on exploring the deaf–interpreter trust relationship from interpreters' perspective, but has not fully examined the underlying mechanisms and processes through which trust is formed. Our study enriches this line of scholarly exploration by revealing that the collaborative, two-way exchanges can bring about linguistic and cultural accessibility, which then shape evolving types of trust between deaf individuals and interpreters—from affect-based to commitment-based, and then to competence-based trust. More importantly, we demonstrate that the nature of trust cultivated in such relationships is particularly critical in under-resourced contexts where formal interpreter training is absent (Xiao et al., 2025). In the Chinese welfare factories, competence-based trust (Pratt & Dirks, 2017) could not be assumed, as all interpreters lacked professional qualifications—a challenge echoed in the broader literature on interpreter shortages worldwide (de Wit, 2016). However, our findings reveal that competence is not the critical factor that decides the outcome of social inclusion. Rather, the interplay of deaf agency and interpreters' willingness to engage can enable an affect-based and commitment-based trust that is powerful enough to erode linguistic inaccessibility, making systemic accessibility and inclusion possible for people with disabilities (Reinhardt, 2021; Young et al., 2019).

Importantly, our results on reverse inclusion underscore the necessity of recognizing deaf individuals not as passive recipients of access, but as active agents in shaping accessible environments and trust-based relationships (O'Brien et al., 2023). Deaf workers valued interpreters who treated them as equals and actively sought cultural immersion, affirming deafness as a cultural-linguistic identity—consistent with the social model of disability (Glickman, 2013; Oliver, 2023; Thomas, 2014), and underscoring the inadequacy of medicalized approaches that reduce disability to a mere deficit (Smith, 2021).

In the third phase, social inclusion emerged through reverse inclusion, during which the interpreters became culturally aware of deaf individuals' needs and systemic barriers to accessibility. At the same time, they developed linguistic competence and a strong commitment to issues affecting the deaf community. They began by advocating for better workplace treatment within their immediate deaf circles, but the trust deaf people placed in them—rooted in affect, competence, and commitment—extended beyond the factory. As a result, the interpreters' support and advocacy radiated outward to the broader local deaf community, with their services expanding into familial, legal, medical, and other social domains, thereby fostering systemic accessibility.

The social inclusion phase illustrates both the transformative potential and the fragility of individual-driven accessibility. As seen in the literature on grassroots accessibility (Cortis, 2012; Grymonprez et al., 2017), even a single committed professional can bridge profound gaps between the deaf community and society, enabling systemic accessibility in domains such as healthcare and legal and social services. However, this study also reveals two key vulnerabilities: (a) although the impact is significant given the efforts of a single interpreter, it remains small relative to the size of the entire local deaf community; and (b) such inclusion is often unsustainable without broader institutional recognition and support, revealing that “person-dependent accessibility” leaves communities at risk if these individuals leave. For countries in similar historical or developmental contexts, our findings suggest that initial efforts may need to focus on identifying, supporting, and empowering these “bridge” individuals and then transforming their experiences into policy and institutional practice.

The discussion about the three phases underscores our study’s contributions to the fields of accessibility, social inclusion, social exchange, and trust. First, we have meaningfully bridged macro-level inclusion policies with micro-level exchanges in everyday practice. Rather than treating these levels as separate, we have identified the underlying mechanism demonstrating that micro-level exchanges and macro-level inclusion are interconnected processes. This mechanism, as our findings reveal, is the synchronized progression of social exchange, achieved accessibility, and enabled trust across the three phases of inclusion. Second, this study further contributes to a socio-historical perspective (Pineda, 2020) of accessibility, challenging the argument that “competence-based” or “skills-based” trust is more important than “general trust” (O’Brien et al., 2023). Instead, we caution that in contexts where competence is yet to develop, it is crucial first to foster general trust—rooted in affect and commitment—from which competence-based trust can later emerge.

Third, our study advances SET by moving beyond its typical application in mainstream or well-resourced contexts to a historically marginalized setting—welfare factories involving people with disabilities, who routinely face restricted access to core social roles and environments (Alcover et al., 2015; Siegrist et al., 2020). Our findings reveal that accessibility is not merely a contextual backdrop to exchange, but a foundational precondition that determines whether meaningful social exchange, trust, and inclusion can occur at all. In contexts where accessibility is absent or underdeveloped, as in the early Chinese welfare factories, social exchanges and trust-building are severely constrained, regardless of individual intentions. Moreover, our data demonstrate that, in these settings, trust must first be built on affect and commitment (general trust; see O’Brien et al., 2023) before competence-based trust can emerge—a sequential process not fully explored in the discussion of trust in existing SET models. These findings suggest that SET can be refined, especially in disability contexts, to explicitly account for structural and systemic barriers to exchange and the staged, dynamic development of trust. In this way, our study extends SET by theorizing accessibility both as an outcome of social exchange and as a necessary foundation for its initiation and evolution among marginalized groups.

In sum, our findings answer our research question that meaningful social inclusion in historical welfare factories in China is not achieved through policy or physical access alone, but through ongoing, multi-level processes of social exchange, trust-building, and accessibility—especially linguistic and cultural access—for deaf workers. SET provides a robust framework for understanding how emotional resonance and relational commitment, through meaningful exchanges, can shape the real-world outcomes of welfare policy (Cropanzano et al., 2017). For sustainable inclusion, especially in underdeveloped or transitional settings, investment is needed not only in systems but also in supporting the relational and emotional capacities of individuals who bridge the gaps between marginalized communities and society.

While this study offers valuable insights into the dynamics of social exchange, trust, and accessibility within Chinese welfare factories, it is important to acknowledge its methodological limitations. Most notably, our analysis is based solely on interviews with interpreters, rather than direct accounts from deaf workers themselves. As a result, our findings have not fully captured the lived experiences and voices of deaf individuals. To address this gap, our future research will actively recruit deaf interviewers with advanced signing proficiency to join our team, enabling authentic, direct engagement with deaf participants. We believe this approach will significantly enrich our understanding of accessibility and inclusion.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability

Due to the personal and confidential nature of the oral histories collected in the research, data sharing does not apply to this article.

LLMs Disclosure

OpenAI's GPT-4o was used for language refinement only. All content and arguments presented in the article remain the sole responsibility of the authors.

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ARTICLE

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Complementing the State: NGOs and the Challenge of Providing Inclusive Public Services in Slovenia

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Abstract

The article examines the role of non-governmental organisations (NGOs) in addressing regional inequalities for ensuring access to public services in Slovenia. Drawing on recent mixed methods research and theoretical frameworks, we analysed the capacity and impact of Slovenian NGOs in improving access to public services. The data show regional differences in the availability of these services. Areas poorly covered by public social services are identified, and the possibilities of NGOs increasing users' overall access to public services are explored. Results of the study show that NGOs have an important role in advocating for marginalised populations, promoting inclusion, and assuring that services are distributed equitably. We propose practical strategies to more effectively address the deficiencies regarding services. Key recommendations include improving NGOs' infrastructure, professionalisation, and collaboration with different professional groups to ensure that isolated and vulnerable populations have access to programmes. The results also stress the need for policy support to strengthen NGOs (often users' closest allies), and to promote their role in complementing public sector initiatives. By leveraging the strengths of NGOs in community involvement and flexible service delivery, Slovenia can move towards more inclusive and accessible public services. The presented system-level analysis, combined with community insights reported by NGOs, contributes to the ongoing discourse on social inclusion and provides valuable insights and actionable strategies for policymakers and other stakeholders to make social welfare more accessible for all.

Keywords

accessibility; inclusion; non-governmental organisations; professionalisation; social welfare

1. Introduction

Slovenia's location in Central Europe and historical context have impacted the way non-governmental organisations (NGOs) have developed there (Rakar & Deželan, 2023). The characteristics of NGOs in former socialist countries are distinct from their counterparts elsewhere (Vandor et al., 2017; Zimmer et al., 2004). These differences arise from the socialist welfare system in place in those societies for almost 50 years. The provision of services in that system was primarily a state responsibility, which limited the role of NGOs as important service providers (Rakar & Kolarič, 2020). Still, NGOs had an essential role in fostering informal social networks to support their members' care and well-being. In Slovenia, there is a centralised legislature, and no administrative or political regions. The 212 municipalities, including 11 urban ones, regulate local affairs autonomously. Despite there being no regional administration and politics, regional imbalances continue. Slovenia is divided into two cohesion regions when allocating EU funds, while, for analytical purposes, statistical regions without any governance functions are used. These classifications exist solely for data analysis and financial distribution, not for policy implementation.

The dimensions of accessibility, availability, coverage, and production are interdependent, yet, as a whole, determine whether public services effectively reach the intended beneficiaries in Slovenia. Accessibility refers to the spatial, temporal, and organisational alignment of users and services (Bittencourt & Giannotti, 2023; Penchansky & Thomas, 1981). In Slovenia, this alignment is uneven: In small villages and sparsely populated areas, access to services and other amenities is more limited than in densely populated regions. Mobility challenges contribute to the social exclusion of rural villages (Huber et al., 2020). Nonetheless, even access is not enough if no services are available. Availability pertains to the adequacy of resources such as staff, equipment, appointments, or bandwidth at the place where they are needed (Penchansky & Thomas, 1981). NGOs often serve as flexible "surge capacity," extending service hours or providing mobile outreach to address the mentioned shortfalls (Cheng, 2019). Even when services are accessible and available, gaps in coverage remain. Coverage is defined as the share of the eligible population receiving an adequate service package without financial hardship (World Health Organization, 2024).

In Slovenia, research on the accessibility, availability, and coverage of public services is notably lacking. One of the rare studies in the field of health, for example, shows that even though the Slovenian health insurance system is formally based on the principle of universal accessibility, this aspect is increasingly questionable for various social changes, especially relating to citizenship status, employment, and the economic security of the population (Huber et al., 2020). This makes public services vital mechanisms for implementing policies and assuring societal well-being (Shittu, 2020). Such services are provided by public institutions, NGOs, and civil society actors, and cover different social needs (Rakar & Kolarič, 2020). Over time, the balance between state and private sector involvement in this domain has shifted globally (Besley & Ghatak, 2017). Further, the production of services, i.e., the way they are designed and delivered, impacts their accessibility, availability, and coverage. The public management literature emphasises co-production whereby users and providers co-create value throughout the service cycle (Brandsen et al., 2018; Osborne et al., 2016). Research shows that NGOs play an important role in the co-production of innovation in public services, particularly to improve the user experience (Brandsen et al., 2018; Gesierich et al., 2024). The introduction of similar co-production models in Slovenia could enable NGOs to better tailor services to the local context, improve cultural accessibility, and extend outreach to underserved groups (Gesierich et al., 2024). Strengthening co-production between the state and NGOs is accordingly a practical strategy for closing the gaps in services in Slovenia. This article aims to analyse the capacity and influence of Slovenian NGOs in improving access to public services. We examine the way NGOs can assist with including users by making their services more (geographically and temporally) accessible, available when needed, and responsive to perceived needs. Two research questions are considered:

1. What is the role of NGOs in ensuring access to public services in Slovenia? What types of services are NGOs currently providing?
2. Where are the gaps in the provision of public services in Slovenia, and to what extent do NGOs possess the potential and capacity to address these unmet needs?

We begin by outlining the characteristics of public services and NGOs in Slovenia. The research methods are introduced prior to the presentation of findings related to the capacity and impact of Slovenian NGOs in reducing disparities in access to public services. These findings are grounded in empirical data collected during research activities conducted in 2022 and 2023. The first research question is addressed in Section 4.1, which explores the role of NGOs in facilitating access to public services. Section 4.2 identifies additional service needs as reported by NGOs and highlights regional disparities in service provision and demand across statistical regions. The subsequent subsections address the second research question. Section 4.3 identifies service areas that remain insufficiently covered and evaluates the potential of NGOs to fill these gaps. Sections 4.4 and 4.5 focus on the challenges and barriers faced by NGOs, as well as the changes and types of support they deem necessary to enhance their role in public service provision. The paper concludes with a summary of the key findings and discusses their implications for inclusive public service delivery in Slovenia.

2. Public Services and the Role of NGOs

Spicker (2009) describes public services as policy instruments that serve the public, redistribute resources, and operate according to trust rather than profit motives. He divides them into government functions, public utilities, and social services. Some, like healthcare and energy supply, can also be market-driven. Shittu (2020) categorises public services by their operational focus: provision of social services (e.g., healthcare, education, transport), policy formulation and implementation, and continuity of government via a stable public service. Even though public services are often associated with the public sector, it is difficult to limit certain public services just to the public sector since they can also be part of the private sector. The public sector is just one of the actors that can provide public services. The scope of public services not exclusively linked to the public sector is defined by legal frameworks. While the European Union has introduced policy measures to link public services to the public sector, this mainly reflects the fact that the public sector is responsible for them. The Public Services Directive (Council of the European Union, 1992) focuses on contracts, not on the definition of public services per se. Public services are not denoted by being provided by the state or its representatives, but by being provided to the public (the people), irrespective of who supplies them.

Countries around the world take different approaches to financing, regulating, and implementing public services. Although public services generally aim to ensure the public good, they are not always aimed at meeting people's needs directly but rather at fulfilling public policy—essentially, whatever policymakers deem important. Despite being referred to as "public services," they are not limited to services and might also include other activities like communications and infrastructure. A key feature of public services lies in their non-commercial nature, which entails redistribution—those paying for the service do not necessarily use it themselves. Broadly speaking, three main characteristics of public services can be distinguished, each crucial for their consideration and definition (Rakar et al., 2023): (a) the type and domain of public services; (b) the provider and legal-financial framework of service provision; and (c) the accessibility of public services and involvement of users in providing services.

When Slovenia was still part of Yugoslavia, there was no market to support welfare, and the fact that citizens' self-organisation was generally discouraged meant NGOs were very limited. Along with the state, families were primarily responsible for the provision of social services (Filipovič Hrast & Rakar, 2017). Following Slovenia's independence, the market took on a role of providing social benefits and services, especially in areas like insurance, long-term care, and healthcare. In addition, NGOs began to make important contributions in the area of social protection (Filipovič Hrast & Rakar, 2017). Unlike some other post-socialist countries, Slovenia has not faced a growing "welfare gap" in need of being filled by NGOs (Ferge, 2001; Filipovič Hrast & Rakar, 2017, 2020; Kolarič et al., 2009; Kuitto, 2016; Stambolieva, 2016). A relationship of complementarity (not subsidiarity) was established in the country between the public/state and NGO sectors. Slovenia offers a wide range of public services, including healthcare, education, social welfare, public safety, justice, infrastructure, environmental protection, and cultural services. Most of these services are financed with public budget funds collected through taxes (Rakar et al., 2023).

The role of NGOs in societies today is closely linked to the development of the welfare state and broader welfare system (Anheier, 2005; Anheier et al., 2010; Greve, 2015; Salamon et al., 2017). Based on their formally recognised non-profit status, NGOs in Slovenia can be divided into two groups (Rakar et al., 2023): (a) those holding a formal status and working in the public interest and (b) those working in the collective interest of their members. Among organisations operating in the public interest, the most common formal legal types are associations, private institutes, foundations, and religious organisations (whose main activity is not religious). In contrast, among organisations operating principally in their members' collective interest, the most common organisational forms are associations (notably in sports and culture).

Despite NGOs being an important segment of the public service system in the country, their role remains insufficiently recognised. They face numerous challenges like unstable funding and, above all, the need for improved cooperation and coordination with other actors in the public service system (Rakar & Deželan, 2023; Rakar & Kolarič, 2020). Most public social services in Slovenia are provided by the public sector (Filipovič Hrast & Rakar, 2020). The state–non-governmental sector relationship should be based on partnership and complementarity, with the state as financier and the non-governmental sector as contractor, especially in areas holding great potential for the non-governmental sector's future development (Rakar et al., 2023).

3. Method

The results presented below are from a study (Rakar et al., 2023) that used a mixed-methods approach. In the following sections, we describe the data sources, data collection, and data processing in three important thematic areas and for the statistical regions of Slovenia. Slovenia is divided into two cohesion regions, which are mainly used for EU regional policy and funding. Each cohesion region is made up of several statistical regions. Eastern Slovenia comprises the statistical regions of Mura, Drava, Carinthia, Savinja, Central Sava, Lower Sava, Southeast Slovenia, and Littoral–Inner Carniola. Western Slovenia contains the statistical regions of Central Slovenia, Upper Carniola, Gorizia, and Coastal Karst. Two statistical regions (Central Slovenia and Drava) are larger than the others.

3.1. Secondary Data

In the first phase of the analysis, several data from the following agencies were collected and analysed:

- Agency of the Republic of Slovenia for Public Legal Records and Related Services (AJPES)—annual revenues, expenditures, and the number of employees in NGOs for the years 2017 to 2021 were analysed.
- Finance Directorate of the Ministry of Finance, as available in the Slovenian Public Sector Financial Transparency Database (ERAR)—more detailed insight into NGO financing from public funds.
- Data on NGO financing from public tenders between 2017 and 2021, published by ministries and 58 municipalities with administrative units, was analysed according to the NGOs' field of activities.
- Content analysis of 12 regional development programmes for the period 2017–2021 and the European cohesion policy programme for 2021–2027 in Slovenia was performed to identify development priorities, measures, and concrete projects relevant and available to NGOs. Analysis of the collected data made it possible to identify potential areas where the greatest need for NGO services arises.
- Analysis of publicly available data of the Social Protection Institute of the Republic of Slovenia (IRSSV) on social welfare programmes obtained as part of annual monitoring of implementation of social welfare programmes between 2017 and 2021 (IRSSV, 2017–2021) to identify possible gaps in the availability of public services in the social protection field.

3.2. Qualitative Data

We conducted a qualitative study using the focus group (FG) method (Klemenčič & Hlebec, 2007) in 12 statistical regions of Slovenia. We collected primary data from a non-random quota sample of key public service stakeholder representatives organised by statistical region. Each FG was composed of various stakeholders, including representatives of municipal social welfare departments, NGOs, social work centres (SWCs), regional development agencies, and regional NGO centres, so that both small and large communities and urban, suburban, and rural areas were represented. A total of 111 individuals participated in 14 FGs. The FGs were conducted using a set of prepared discussion guidelines. The data were analysed with qualitative methods, employing both deductive and inductive coding (Neuman, 2011). Conducted and analysed between January 2023 and September 2023, the FGs were held online via the Zoom platform and specialised software for qualitative analysis (MAXQDA) was used for the data analysis.

3.3. Quantitative Data

To determine the scope and demand for community-based public services provided by NGOs across statistical regions, a quantitative online survey was conducted using a stratified probability sample (Kalton & Vehovar, 2001) of NGOs with an annual turnover above €5,000, representing 40% of all NGOs (AJPES). We identified 11,469 of such organisations: 9,479 associations, 1,882 institutes, 84 foundations, and 6 religious communities. NGOs were selected, their contact details gathered, and a representative was invited via phone and email (12–22 June 2023). Data were collected between 17 April and 28 June 2023, and analysed using SPSS (Field, 2018). The questionnaire was partly based on previous research—Competitiveness of Slovenia 2001–2006 and CIVICUS Civil Society Index (2008–2010; see Rakar et al., 2011, 2023), and expanded with new modules and pre-tested among NGOs. The small number of units per region means that inferential statistics on the regional and organisational level are not statistically meaningful. We therefore calculated frequencies, contingency tables, and deviations from the mean. The survey included 482 NGOs from across Slovenia, with a distribution slightly differing from AJPES. Most respondents came from Central Slovenia and the fewest were from Central Sava. As with the total NGO population, sports and recreation dominated (23%), followed by social welfare (16%), and arts and culture (15%). No surveyed NGOs were primarily active in law and advocacy, housing, or research.

4. Findings

4.1. NGOs and Their Role in the Provision of Public Services

The current role of NGOs in providing public services—together with regional disparities across Slovenia's statistical regions—is examined by analysing their numbers, funding structures and employment levels, as well as the extent to which they meet demand for public services.

Even though the number of NGOs is rising yearly, official databases lack precise classification since they rely on broad activity categories. Most associations operate in sports and recreation, then culture and arts, and those assisting individuals, with stable category proportions between 2017 and 2021. According to Črnak-Meglič and Rakar (2009, pp. 242–248), in 2009, half of all NGOs were in culture and sports, and Slovenia had below-average development in NGO service activities—a trend largely unchanged by 2021. ERAR data on the ministry's allocations to NGOs (disbursed through public tenders for proposals and direct contracts, classified by the International Classification of Non-Profit Organisations [ICNPO]) and data on local authority allocation show a similar pattern: between 2017 and 2021, the largest share of funds (almost 37% of all allocations) went to culture and sport, followed by social welfare (20% which also includes firefighting and civil protection). Other areas remain insignificant or receive little to no funding on the local level (see Figure 1 for the domains of public services as identified in the research). In the survey, we asked respondents about the coverage of public services. On the national level, they gave fire safety and civil protection the highest average rating: 4.1 on a scale of 1 (*very poor*) to 5 (*very good*). Sport and recreation and childcare followed closely behind, while housing attracted the lowest average score, which—together with mental health and public transport—averaged below 3.

Moreover, the FG analysis also indicates that fire protection and civil protection are well covered. However, other areas are already classified as less well covered, meaning that demand exceeds the current capacity. This is notable in the area of social care, especially services for old people, mental health, youth, and childcare. In each approach—the FG and the survey—the housing sector was also identified as not sufficiently covered. Another aim was to assess the demand for public services in different regions of Slovenia and collect data to help identify unmet social needs in local communities. To some extent, the demand for public services can be indirectly derived from existing data sources. AJPES data on total NGO expenditure can serve as an indicator of demand. Analysis of NGO spending for the period 2017–2021 established that the biggest increase was in associations helping individuals—a sector that also employs the most people—where spending rose by 39.3%.

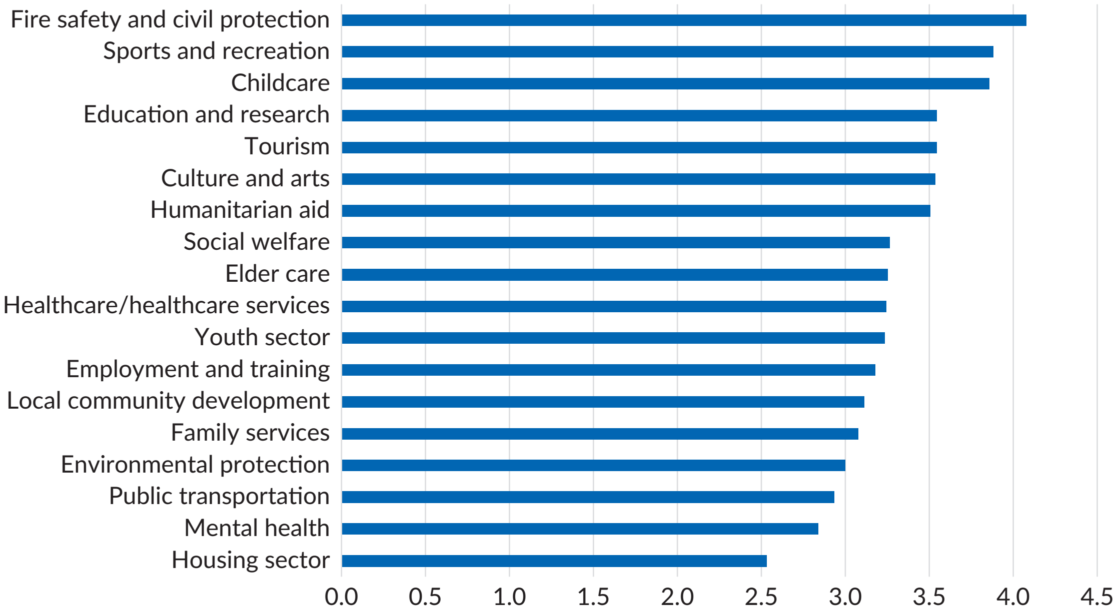

Figure 1. Average coverage of public services in Slovenia.

In contrast, sports and recreation clubs and cultural associations saw the biggest drop in spending in 2020, which is understandable given these organisations operate on a large scale and their activities were strongly hit by the Covid-19 restrictions. This indicates that the demand for public services can fluctuate annually, depending on general social circumstances. ERAR data (regarding public spending on NGOs) shows that total public spending by municipalities on NGOs grew by around 10% between 2017 and 2021—significantly less than on the national level. This may indicate that local needs have not been sufficiently met. The data also show that public spending on the municipal level fluctuates far less from year to year than on the national level.

Given the prominence of social issues, we also examined data from the IRSSV. Between 2017 and 2021, public social assistance providers consistently emphasized the need to expand services—particularly for homeless families and minors, children facing complex challenges, enhanced psychosocial support for families, treatment programs for youth involved in peer violence, and general psychosocial support services. This is particularly important given employment data, which show that a significant share of NGO staff is already engaged in the provision of similar services, indicating both the existing contribution of the sector and the persistent unmet demand for such services. Associations supporting individuals employ the most staff, reflecting their service-oriented focus and reliance on public funding. This is followed by sports and recreation associations, while other types of NGOs employ relatively few staff. The AJPES data also shows that NGO revenue increased by 25% between 2017 and 2021, with significant differences depending on the legal form. While the income of associations grew in proportion to their numbers, the income of private institutes rose by two-thirds. Overall, NGO income of NGOs accounted for 2.10% of Slovenia's GDP during this period.

4.2. Differences Across Statistical Regions

According to the survey, on the regional level, the biggest rise in NGO employment between 2017 and 2021 was seen in Carinthia (index 3.61), followed by the Mura (3.34), Littoral–Inner Carniola (1.99), and Lower

Sava regions (1.94). In contrast, the number of employees in NGOs in the Central Sava region (1.08) remained largely unchanged. Notwithstanding this employment growth, the AJPES data show that most NGOs have no employees. This apparent discrepancy in the results could be because the quantitative part of our study focused only on NGOs with higher revenues, whereas the AJPES data include all NGOs regardless of their revenue. The Slovenian NGO sector is still characterised by a low level of professionalisation and mainly consists of volunteer-based organisations. The contribution of volunteers thus remains significant (Rakar & Kolarič, 2025). Among NGOs participating in the survey, the national average number of volunteers per organisation is 145. The Central Slovenia (356 volunteers) and Lower Sava regions (267 volunteers) feature the highest numbers. In half the regions, the average number of volunteers per organisation is below 50, with the lowest average recorded in the Carinthia region (20 volunteers). The average number of volunteer hours per organisation per month is 944, with the Central Slovenia region again prominent with a monthly average of 2,566 hours of volunteer work. The second-highest figure is in the Gorizia region (averaging 702 hours per month). In all other regions, the average number of hours is below 390, with the lowest monthly figure reported in the Mura region (76 hours). As concerns the average number of volunteers, average hours of volunteering, average number of paid employees, and average number of paid hours, the Central Slovenia region well exceeds the national average. Approximately half the regions surveyed reported that the number of volunteers has remained stable in the last five years, while the other half reported an increase in that period. Interestingly, the FG participants highlighted the opposite perspective, discussing the decline in NGO participation and motivation for volunteering, and the overall decrease in social capital within communities.

The level of professionalisation in the non-governmental sector is chiefly determined by the scale and structure of NGO funding sources. Analysis of NGO revenue by region reveals that, in some regions, nominal revenue remained largely the same from 2017 to 2021. The highest revenue growth was recorded in the Mura region (2021–2017, index: 1.85), followed by the Littoral–Inner Carniola region (2021–2017, index: 1.36). Revenue did not fall in any region. An examination of associations by revenue category shows that sports associations and associations providing assistance to individuals generate the highest revenue. Although the number of cultural associations is nearly equal to the number of associations providing assistance to individuals, they are clearly behind in terms of income. The income structure of the associations is very balanced. Public funding accounts for just over one-third of their income (rising from 35% in 2017 to 42% in 2021), while another third comes from market-based income (falling slightly from 36% to 32.5% in the same period). The remaining third consists of donations, membership fees, and other income sources.

Overall, FG participants from the Mura and Lower Sava regions described the provision of public services as good or satisfactory, whereas participants from the Upper Carniola region, Drava region, and Southeast Slovenia described it as poor. In the other regions, depending on the area of public services, opinions on the general coverage were mixed and described as good, satisfactory, or poor. Good coverage was rarely reported in the data. Nevertheless, in almost half the regions (Mura, Littoral–Inner Carniola, Coastal–Karst, Gorizia, Savinja), no “very high need” was identified in the FG discussions. As regards the extent of need (relative to areas of NGO activity), social care emerged as a particularly important area that was frequently discussed and often linked to other sectors. Analysis of areas of NGO activity by region and level of need shows that while social welfare was strongly represented in the FGs, it was the least mentioned in the Coastal–Karst and Savinja regions. Further, social welfare was not a dominant theme in just two FGs: in the Central Sava region, where NGOs mostly focus on sport, and in Carinthia, where cultural activities predominate among NGOs. According to our survey, the participating organisations varied considerably among the regions in their primary areas of activity. Still, the distribution of areas of activity by region largely mirrored that of Slovenia as a whole. In most regions (9 out of 12), the highest percentage of respondents (17%–54%) stated their main focus was on sport and recreation. The Central Slovenia region was also the only region where respondents reported all 18 areas listed as their main area of activity. In contrast, the number of areas covered in other regions ranged from 5 (in Carinthia and the Central Sava region) to 13 (Savinja region). In some regions, the level of public service provision in most areas was rated slightly higher than the national average (e.g., Mura, Upper Carniola, Littoral–Inner Carniola, Carinthia). In other regions (Drava, Central Sava, Coastal Karst), however, coverage was below the Slovenian average in most areas. A comparison of the regions shows that, like for Slovenia as a whole, NGOs are primarily service providers in the field of humanitarian aid. Yet, in Carinthia, Central Sava, and Lower Sava, NGOs do not provide services in seven to nine different areas. The results of the two research components (FG and survey) on the regional coverage of public services are not fully consistent. While both sources indicate good coverage in the Mura region and poor coverage in the Drava region, the reliability of these results is limited by the FGs' composition and the relatively small number of organisations surveyed in certain regions. Therefore, it cannot be conclusively stated that all public services in these regions are either well or poorly covered.

As concerns regional differences in unmet needs, AJPES data for 2017–2021 reveal a notable divergence in spending trends in the Upper Carniola region, namely, the only region where spending did not rise between 2019 and 2020. ERAR data show that municipal expenditure increased the most in the Mura region (with an index of 1.25 for 2021–2017), while the Southeast Slovenia, Coastal Karst, Drava, and Lower Sava regions have a similar upward trend (1.2 for 2021–2017). However, a direct comparison of public disbursement amounts between regions is practically impossible given the significant differences in population size, geographical area, and economic capacity. Analysis of the extent of the needs based on the FG discussions in the different regions shows that, as expected (because two FGs were conducted in the two largest regions and one in each of the other regions), the needs were mentioned most frequently in the Central Slovenia and Drava regions. In addition, Southeast Slovenia stands out with a relatively high number of statements referring to a very high or high need. Coding for "good care" was rare in the data. Still, in almost half the regions (Mura, Littoral–Inner Carniola, Coastal–Karst, Gorizia, Savinja) no cases of "very high need" were identified in the FG discussions. While analysing the needs based on the survey responses, regional differences were also found. In one-third of the public service areas, a significant lack of services was identified in at least one region, indicating a corresponding need for those services. The most frequently mentioned need—in line with national trends—was care for the elderly, particularly in South-East Slovenia, Savinja, Central Sava, Central Slovenia, Upper Carniola, Gorizia, and the Coastal Karst region. This was followed by environmental protection (highlighted in the Carinthia, Lower Sava, and Littoral–Inner Carniola regions) and services for families (identified in the Mura, Littoral–Inner Carniola, and Coastal–Karst regions). Psychosocial services were also identified as the most important need in more than one region, notably in Mura and Savinja.

4.3. Areas Insufficiently Covered by Public Services and an Assessment of the Potential and Capacity of NGOs

Created through a participatory process with municipalities, businesses, and NGOs, regional development programmes highlight key needs where NGOs serve as providers. These include social development (intergenerational cooperation, youth and elderly support, long-term care, education, migrant integration, cultural programmes), environmental initiatives (complementing infrastructure projects), and needs in digitalisation, mobility, and smart specialisation. The assessment of a need is also based on results of the survey where respondents were asked to name the service areas in their region for which they perceive a lack of provision. On the national level, respondents most often (60%) mentioned *elderly care* as an underserved area. Over 50% of respondents also mentioned mental health services, family services, housing, and social assistance as underserved. Yet, this does not mean that there are no needs in other areas. Certain areas may be especially pronounced in certain regions. The FG participants noted three public service areas of high or very high need: social assistance, services for old people, and mental health. An examination of the extent of these needs based on the FG discussions in each region shows that Southeast Slovenia stands out with relatively high needs in these areas.

Between 2017 and 2021, based on reports from the IRSSV, we conducted a targeted analysis of the coverage of various groups of social assistance programmes in the regions served by the respective regional SWC. The least covered programmes include maternity homes for domestic violence, rehabilitation for eating disorders and digital addiction, mental health advocacy, eviction prevention for homelessness, and, since 2019, dementia-specific services for older adults. Gaps remain in the coverage of these areas, particularly in the service areas of the regional SWCs. The FG participants indicated public service coverage in Slovenia is weak in these areas: (a) elderly care and social welfare; (b) childcare, youth care, mental health, and housing; and (c) other (culture/arts, sports/recreation, employment of vulnerable groups, humanitarian aid, environmental protection, etc.). Fire protection proved to be a public service that is relatively well covered in all regions. SWCs where certain programme groups are not funded are generally located in rural areas (e.g., Central Sava, Carinthia, Lower Sava, Mura, Littoral–Inner Carniola) or in Central Slovenia, except for Ljubljana, which has the most comprehensive programme coverage and is also likely to meet the needs of individuals from other SWC areas in Central Slovenia. In terms of areas holding development potential for the NGO sector, the NGOs surveyed most frequently (over 60% on the national level) identified youth services, care for the elderly, and environmental protection. Further, around 50% of respondents saw potential in nine other areas, with the lowest potential (28%) being seen for public transport. The surveyed NGOs held different views on NGOs’ role in providing public services (whether as a primary, substitute, complementary, or non-existent actor). Particular sectors—such as humanitarian aid, sport and recreation, and culture and the arts—were viewed as more appropriate for NGO involvement (as either a primary or substitute provider). In most sectors (15 of 18), over 50% of respondents felt that a complementary role was most appropriate for NGOs in Slovenia. However, the public transport and housing sectors stand out. Around one-third of respondents believed that NGOs should play no role at all in these areas.

On the national level, 50% or more of surveyed NGOs believed that NGOs could provide services in the areas of elderly care and family services. Environmental protection was the second-most mentioned area, with NGOs seen as vital promoters of sustainable practices. When asked if their own NGO could provide the missing services (as defined by the ICNPO of the Johns Hopkins Comparative Nonprofit Sector Study; see Salamon et al., 2017) in their region (see Figure 2), less than one-third of them agreed their organisation could provide services in areas where they detect a gap. The survey results align with the FG findings, stressing NGOs’ valuable role in social welfare. Beyond service provision, they hold strong potential in prevention efforts and addressing unmet community needs.

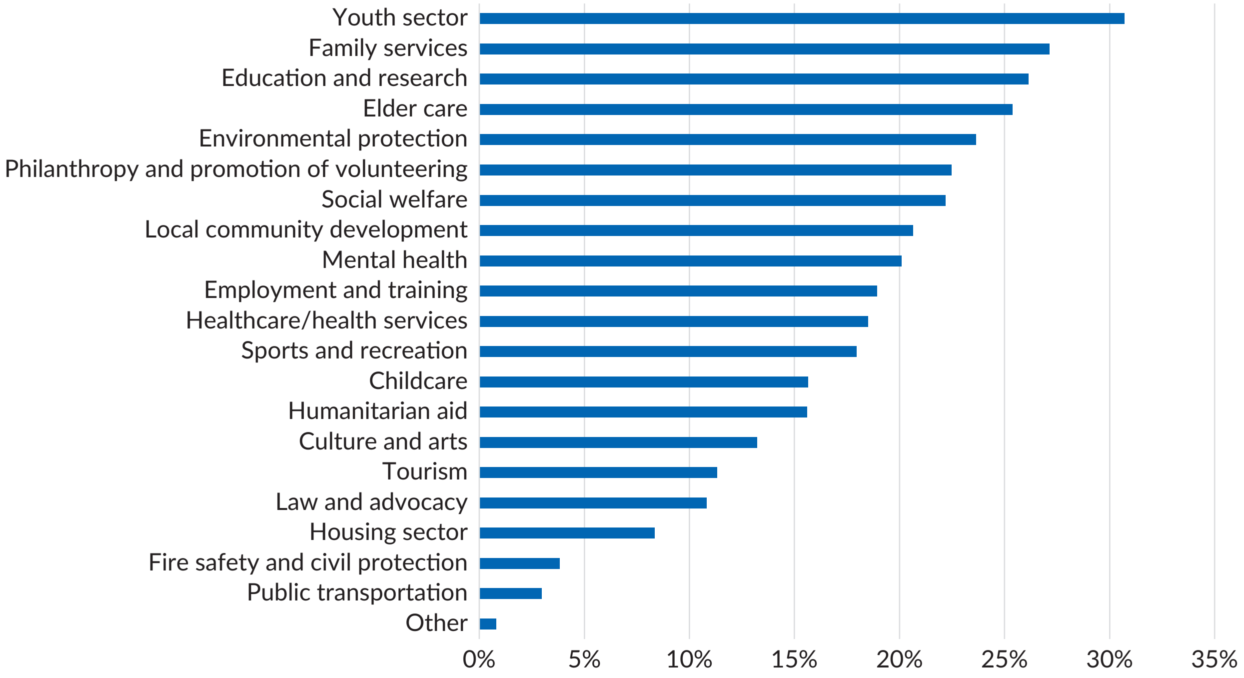

Figure 2. Which domains of NGO activity could their NGOs expand or add?

The FG participants pointed to youth services as a key area for NGOs, particularly in addressing precarious employment, mental health, digital addiction, and sexual health. NGOs were also viewed as crucial in promoting civic education and democracy. While elderly care was mentioned less, participants recognised NGOs' potential in deinstitutionalisation and strengthening community ties for old people. In the area of sport and recreation, participants mentioned the expertise and specialised training of NGOs as major advantages. More broadly, they saw NGOs as important intermediaries between the public and decision-makers. In terms of social care, the results suggest that SWCs serving certain rural areas (e.g., Carinthia, Lower Sava, the Central Sava, Mura, and Litoral–Inner Carniola regions) and areas in Central Slovenia (except for Ljubljana) tend not to carry out one or more groups of programmes. In these specific areas, it is very important to carefully consider whether the lack of programmes is due to a lack of demand or the insufficient availability of adequately trained service providers in rural areas.

4.4. NGOs: Challenges and Barriers

Across sectors, NGO funding was the greatest concern, especially on the local level. Critical issues included inadequate local strategies, weak systemic support, and short-term projects lacking continuity, hindering NGOs' effectiveness in addressing community needs. The second key issue was NGO employment, stressing structural challenges like staff shortages and recruitment difficulties. Participants also noted inadequate facilities and limited access to rent-free urban spaces, especially in culture and social affairs. The lack of infrastructure for cultural activities and the uncertain future of amateur cultural organisations were major concerns.

The survey data show that Slovenian NGOs primarily cite external factors as the main obstacles, with "other factors" in first place, followed by government policy and financial constraints. The most pressing financial challenges include insufficient and unstable public funding, while moderate problems include low donation income and high dependence on public sources. Funding problems at the local level are more acute than at the national level and often lead to short-term, unsustainable projects. Internally, NGOs struggle with time-consuming funding procedures, difficulties in recruiting qualified staff, staff shortages, and low salaries. Employment-related problems were one of the most frequently mentioned, while the recruitment of volunteers and other internal problems were considered less important. Complex and bureaucratic public funding procedures, strict eligibility criteria, and a lack of social recognition of the role of NGOs were cited as important policy barriers. In addition, the lack of a national NGO strategy, unfavourable tax policies, and inadequate legal frameworks hinder the development of the sector. Civil dialogue was rated as a moderate obstacle due to the limited institutional mechanisms for NGO advocacy. While 84% of respondents reported municipal support, only 69% saw support from the national government, with regional differences.

Under "other factors," NGOs cited low public awareness of their role and a lack of donor incentives as the biggest obstacles. Moderate challenges included limited visibility of NGO activities, sectoral fragmentation, and weak collective advocacy. Support from network organisations and regional NGO centres was rated as a low to medium problem. Spatial constraints were a major problem, particularly in the cultural and social sectors, where access to adequate, rent-free facilities is limited. Respondents emphasised the need to integrate NGOs into public service networks while maintaining their independent role, particularly in social welfare and elderly care. One of the main priorities is the introduction of long-term care services and the enforcement of the Long-Term Care Act. However, concerns remain about the future of the sector in a shrinking welfare state and the risk of its not-for-profit nature being jeopardised. The IRSSV reports (2017–2021) highlight the need to expand and renew programmes to meet unmet needs. The Covid-19 pandemic has revealed systemic weaknesses that were difficult to address with the existing programmes.

4.5. From Potential to Practice: Supporting NGO Engagement in Public Services

A separate section of the survey dealt with the needs of NGOs. Among the financial and other incentives listed, respondents most often referred to the need for support on the local level. The need for municipal public tenders for proposals and, in particular, the co-financing of NGO activities was mentioned most frequently. Free use of facilities, co-financing of the use of facilities, and support in applying for funding were also highly desired. The survey also asked respondents which systemic changes or incentives would have an impact on overcoming the perceived barriers and, in particular, on increasing NGOs' involvement in public service delivery. Respondents rated the proposed changes and incentives on a five-point scale (1 = *no impact* to 5 = *a very high impact*), with average scores (see Figure 3) ranging from 4.0 for the most impactful changes/incentives to 3.5 for the least impactful. On average, respondents mentioned long-term subsidies for the employment of skilled workers in NGOs as the most effective incentive (4.0). Given the shortage of skilled workers due to the lack of funding security, respondents also stressed the need for financial incentives for investment in equipment (3.8). They further highlighted the need for easier access to investment funds and funding for research and development, which received an average rating of 3.7.

The FG analysis shows that NGO's greatest potential lies in strong volunteer networks and community support. They also acknowledged NGOs' potential as professional service providers while stressing the need for greater government and local support to maximise their impact. NGOs' flexibility and innovation enable them to bypass bureaucratic constraints, experiment with new services, and offer more personalised

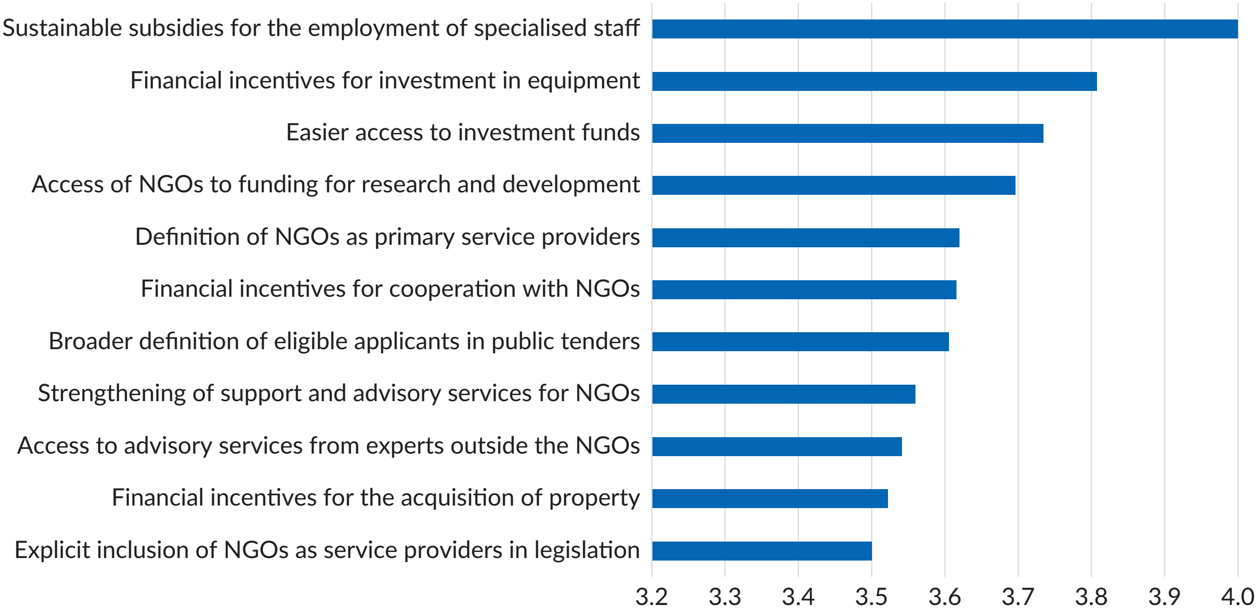

Figure 3. Assessing the appropriateness of initiatives and opportunities for greater NGO involvement in public service delivery.

support. Their adaptable approach enhances service delivery for individuals and families in need. They are also highly responsive, with deep insights into target groups, often employing former service users. In social care, their strong networks and collaboration provide a broad understanding of community needs, allowing for swift responses to emerging issues and crises. Participants stressed the need to integrate NGOs into public services while preserving their unique role. Major priorities include implementing long-term care and enforcing the Long-Term Care Act. Yet, concerns remain about NGOs' uncertain role in a shrinking welfare state and the risk of undermining their non-profit nature. In elderly care, NGOs play a vital role in promoting mental health through social activities. In environmental protection, their wide geographical presence allows better monitoring than government agencies. In sport and recreation, their expertise and professional training were viewed as major strengths. NGOs serve as key intermediaries between the public and policymakers, facilitating communication and advocating for community needs. Interestingly, the discussions on NGO challenges and needs focused less on social services, despite being the most frequently mentioned sector.

5. Conclusion

The article underlines the important role NGOs play in mitigating regional inequalities in access to public services in Slovenia. As Anheier (2005) argues, NGOs are not only service providers but also important intermediaries that promote social innovation and integration, and, as noted by Baggetta et al. (2022), can additionally be sites for creating and strengthening social ties among various participants. The broader definition of greater social inclusion stated in Walker and Thunus (2020, p. 221) acknowledges several dimensions, including access to services available within a community, but also experiences of social involvement as full-fledged members of society. Consistent with the findings of Lewis and Kanji (2009), our results show that NGOs can effectively complement public sector initiatives by filling service gaps—particularly in regions where traditional welfare institutions are lacking. On the potential of NGOs, Rakar et al. (2023) emphasise the notion that, despite limited resources, these organisations are in a unique position to reach marginalised communities through flexible services and outreach programmes. This ability to respond to local needs aligns with Smith and Lipsky's (1993) argument that the welfare state's development depends increasingly on collaborative partnerships with non-profit actors. Moreover, Salamon's (2012) comprehensive analysis of the non-profit sector reveals that a robust and well-supported NGO landscape can lead to improved service delivery and greater social inclusion—a need also relevant in the Slovenian context. In the Resolution on the National Programme for Social Welfare 2022–2030 (Resolucija o nacionalnem programu socialnega varstva za obdobje 2022–2030, 2022), NGOs are recognised as crucial actors, particularly in: (a) service delivery, i.e., supporting independent living, community engagement, and deinstitutionalisation, and (b) social assistance programmes, including public, developmental, experimental, and complementary ones. Between 2017 and 2021, public social assistance providers stressed the need for expanded services, notably for homeless families and minors, children with complex challenges, strengthened psychosocial family support, treatment programmes for youth who have engaged in peer violence, and general psychosocial support. The FG discussions identified social assistance, elderly care, and mental health as the highest-need areas, followed by moderate-need sectors like housing and youth services. Other areas, including childcare, culture, sports, employment for vulnerable groups, humanitarian aid, and environmental protection, were noted as well. Social welfare emerged as the most critical sector, often interconnected with other areas.

Our study shows that integrated efforts in Slovenia could pave the way for more sustainable improvements in accessibility and overall social well-being. This means that strengthening NGO infrastructures, professionalisation, and cross-sector collaboration is, therefore, not only essential for addressing current gaps, but also for building resilient service networks and sustainable collaboration (Anvik & Holmen Waldahl, 2018) to support the target groups. Regarding the funding structure of NGOs, Slovenia belongs to the group of countries in which public funding is the most important income source for NGOs. A major concern was the lack of local strategies for developing the NGO sector and the lack of a comprehensive policy and systematic support for NGOs. As an outcome, many projects are short-term and lack continuity, which affects the work of NGOs and their ability to effectively meet community needs. As regards the coverage of public services, the results from all three study phases indicate that even though the largest share of NGOs (especially associations) is active in the areas of sports and recreation, culture and arts, and assistance to individuals (social assistance) according to data from AJPES—and these associations receive the highest funding in these areas through public tenders and direct contracts from both ministries and local authorities—this does not necessarily mean these public services are comprehensively covered. Analysis of the FG and survey data shows that the areas of fire protection and civil protection are well covered. Still, other areas have already been identified as less well covered, meaning that demand exceeds the current capacity. This is pronounced in social care, notably in services for old people, mental health (reported similarly by Urek, 2021), youth, and childcare. Both methods of primary data collection also revealed that the housing sector is insufficiently covered.

In terms of public service providers, FG participants from across Slovenia most often mentioned NGOs as service providers (alongside public institutions and for-profit companies) in the areas of social care, culture and arts, mental health, and environmental protection. NGOs were mentioned somewhat less frequently in the areas of youth welfare and elderly care. In all these areas, public bodies were mentioned as service providers to about the same extent as NGOs, except for care for the elderly, where participants spoke more often about public bodies. Companies or for-profit organisations were mentioned less frequently as providers of public services in participants’ comments, most often in elderly care (as concession holders) and social assistance. Our mixed-methods research, therefore, reveals that regional differences exist in the availability of public services in Slovenia, creating gaps that NGOs are uniquely placed to fill. This observation is in line with the findings of Rakar and Kolarič (2020, 2025) who find a discrepancy between the growth and development of civil society organisations in Slovenia, showing that despite the significant increase in the number of NGOs in the period of the last three decades, indicating an extensive growth of the sector, the two most important indicators for the development of the sector (employment and revenue) show that the position held by the NGOs in Slovenia remains relatively weak. Further, improving accessibility is crucial for the sustainable development of rural areas, as Ricci et al. (2016) state. This underlines the importance of community engagement in improving the accessibility of services, especially in rural areas where traditional public sector mechanisms are often ineffective. In regard to necessary (new) public policies, the main study findings point to the following areas for systemic change: (a) systemic recognition of the importance of the non-governmental sector and its role in the future development of public services; (b) funding of NGOs, which should ensure the long-term sustainability and professionalism of the sector; and (c) effective and intensive collaboration and coordination between the non-governmental, public and private (business) sectors, based on regular dialogue and consultation on the national and local levels.

In summary, the evidence presented here supports a policy agenda that bolsters the capacity of NGOs to act as vital partners in the delivery of public services. By investing in the structural and professional development of NGOs and fostering stronger partnerships with state agencies, Slovenia can move towards a more inclusive public service landscape—one that is better able to support isolated and vulnerable populations. Future research should further explore the long-term impact of such collaborations, contributing to a deeper understanding of how NGO–state partnerships can promote sustainable social inclusion.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The data supporting the findings of this study are available in the project report: Rakar, T., Rihter, L., Rape Žiberna, T., Stanimirović, T., Boljka, U., Divjak, T., Hlebec, V., Černe, G., & Hurtado Monarres, M. (2023). *CRP—Potencial nevladnih organizacij v Sloveniji za naslavljanje potreb lokalnih skupnosti*. Ministry of Public Administration of the Republic of Slovenia. https://www.gov.si/assets/ministrstva/MJU/SNVO/novi-strategiji/Koncno-porocilo-Potencial-NVO-v-Sloveniji.pdf

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ARTICLE

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Challenges of Accessibility: Finnish Substance Abuse Services Perspective

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Abstract

This empirical legal study explores the challenges to access in Finnish healthcare and social welfare services, focusing particularly on substance abuse care. Despite the guarantees of the legal framework for services based on individual needs, in practice, many clients face significant barriers. Using the combination of legal-dogmatic analysis and qualitative analysis of the interviews of 21 substance abuse professionals, the study identifies five key dimensions of accessibility: institutional, informational, economic, physical, and experiential. The findings of the research reveal systemic problems such as fragmented service provision, regional disparities, insufficient resources, and the stigmatization of clients. These barriers often prevent individuals from receiving timely and appropriate care, undermining the realization of their legal rights. The study concludes that, while Finnish legislation supports equitable access to services, its implementation frequently falls short. The need for reforms that better align service delivery with client needs and legal obligations is evident.

Keywords

accessibility; healthcare; social law; social welfare services; social welfare; substance abuse care

1. Introduction

In this empirical legal study, we are interested in the accessibility of public welfare services in Finland. These services may be available, but this does not mean that they are accessible to everyone who needs them. Possible obstacles to accessibility can weaken the effectiveness of the services. The full benefits of welfare services are not realized if people cannot access them for one reason or another.

Our focus is on healthcare and social welfare services, and especially on substance abuse care. In Finland, the goal of combining healthcare and social services coherently has been on the agenda of legislators for some time. The Finnish authorities have a constitutional obligation to organize adequate healthcare and social services, and people have a right to the services based on their needs. The aim is to support, care for, and rehabilitate individuals with a substance abuse problem so that it is possible for them to act as full members of society. This will ensure that they will be able to fully exercise their other fundamental rights. Reforms have been made to improve the availability and effectiveness of services (Finnish Government, 2022a, pp. 66–67).

Access to substance abuse services is challenging, and substance dependence causes significant social and health problems. In Finland, substance abuse services are inadequate, and there are major regional disparities. Only one-third of those in need receive the services they are entitled to (Finnish Government, 2016, p. 29). One of the biggest challenges of the healthcare and social care system is reaching those clients who need services and whose threshold for applying is the highest. The same clients have the greatest need for services due to multiple problems and perceived inferiority. It is a kind of vicious cycle because, as the need for help increases, the contact threshold for services also increases, along with the depth of the problems (Leemann & Hämäläinen, 2016, p. 591).

Our focus is on substance abuse services because they are an illustrative example of a Finnish welfare service at the intersection of healthcare and social welfare. However, the issue of accessibility has a wider impact and can also be examined on a more general level. We refer to accessibility as a person’s ability to access healthcare and social services regardless of physical, psychological, financial, or other personal limitations. The challenges of accessibility cannot necessarily be defined clearly and exhaustively as being based on individual factors. However, it is problematic if there is no effort to investigate the barriers to accessibility and thereby react to them. The research question is therefore: What kind of obstacles can there be when it comes to accessing substance abuse services?

This study belongs to the body of empirical legal research. In addition to legal information, interview data is utilized in this research. In empirical legal research, the researcher has a legal understanding of the phenomenon under study upon which to build an empirical examination. The legal dogmatic analysis acts as a kind of lens through which the interview data is examined. In empirical legal research, the line between theory and empiricism may not be clear. This is because there is a constant dialogue between legal knowledge and empirical observations (van den Bos, 2020, pp. 5–6). Empirical legal research can be of particular value if empirical findings are connected to legal dogmatic analysis by reflecting on them from a normative perspective (Ansems & van den Bos, 2022, p. 219). This study is based on both legal dogmatic information about legislation and qualitative interview data. The observations produced are discussed especially in Section 5, but to some extent also in Section 4.

This study is mainly based on Vanjusov’s (2022) doctoral thesis, which is the first doctoral thesis in law on substance abuse services and their accessibility. Previously, Maite San Giorgi has looked at access to health services as a human rights issue (San Giorgi, 2012), but Vanjusov’s study takes a more practical approach, focusing on access to services. Access to services is a crucial issue with a significant human rights and fundamental rights dimension, as it may essentially be a question of the right to life (see, e.g., Magwood et al., 2020). One of the key aspects of the study is accessibility categorization (Vanjusov, 2022, pp. 70), which makes use of various classifications presented in previous studies (Fradgley et al., 2015; Goddard &

Smith, 2001; Levesque et al., 2013; Penchansky & Thomas, 1981; Rodriguez Santana et al., 2021; Saurman, 2016; Tanner et al., 2020).

Vanjusov's thesis was published in Finnish; our goal is to bring its key results to the attention of an international audience. Saurula's contribution to this article was particularly in the legislative parts, as well as in summarizing Vanjusov's dissertation research.

2. Research Layout

Legal dogmatic research is about interpreting the existing law, which requires an understanding of the internal rules and principles of justice, and the internal system of justice. The purpose of a legal dogmatic approach is to describe and interpret existing law and thereby make justified recommendations for its interpretation and systematization (Smits, 2017, pp. 210–213). The aim is to create interpretations of legal issues that are challenging or to produce information to support, for example, empirical examination by posing a legislative framework within which it is meaningful to examine the topic.

Legal dogmatic analysis is bound to a world of "shoulds": Such analysis cannot provide an answer to how legislation is applied in practice, for example, in social services. This requires observations based on empirical data. Empirical legal research combines the two perspectives of legislation and practice. This allows us to gain information on, for example, how well the objectives set by the legislator, which influence the background of the legislation, are achieved (Vanjusov, 2022, p. 40). This study aims to examine, on one hand, how an individual's right to access the substance abuse services they need is safeguarded in Finnish legislation and, on the other hand, what possible challenges may be involved in its equal implementation in practice; the purpose is to provide information on possible obstacles so that they can be tackled.

The data utilized was collected by conducting semi-structured interviews with substance abuse workers in healthcare and social services. In qualitative research, attention should be paid to the selection of informants and interviewees in interviews to include people from whom the best information about the topic can be obtained (Brinkmann & Kvale, 2018, Chapter 5). The empirical part of this study hypothesized that the realization of a client's rights in substance abuse services is largely dependent on how the public authorities carry out their responsibility for organizing social welfare and healthcare services. Based on this setting, the key knowledge interest of the interviews was to obtain information on, first, how substance abuse services are implemented in legislation and available for clients, and second, how a client's autonomy and involvement are taken into account when implementing those/said services (Vanjusov, 2022, p. 54).

The data is described in Figure 1. The semi-structured interviews proceeded within the framework of the prepared themes but flexibly, without a strict route of progression. The interviews, which were recorded with the permission of the interviewees, were initially transcribed (Brinkmann & Kvale, 2018, Chapters 5 and 8). The views and the experiences described by the interviewees were essential, not how they related to them. The purpose was to obtain information on the practices that exist in social welfare and healthcare, and in substance abuse services in particular. The data consisted of 21 interviews by Vanjusov of various actors in the field of Finnish substance abuse care. Finnish substance abuse treatment has traditionally been based on the major role of the care-providing organizations, which is also reflected in the fact that representatives of these organizations can be interviewed at all (Vanjusov, 2022, pp. 54–55).

Data

- N = 21 interviews. The interviewer was Vanjusov.
- Data was collected in 2016–2018.
- 16 of the semi-structured interviews were individual interviews and five were group interviews. There were three interviewees in one group interview and two in each of the other four groups. Therefore 26 people were interviewed in total.
- The interviewees were nurses, doctors, social counsellors, social workers, and substance abuse rehabilitation experts. They represent both private and public sectors.
- Some of the interviewees had been substance abusers in the past and were, thus, experience experts.

Figure 1. Description of the research data.

Content analysis was the method used to analyze the interview data. This method involves the researcher attempting to condense and generally describe the phenomenon under study. The purpose of the theming phase is to combine and summarize the reduced data by looking for similarities and differences in codes: The data was first thematized and coded for issues related to accessibility (Brinkmann & Kvale, 2018, Chapter 9). Thematic coding and categorization of the data in practice meant splitting the data into parts and putting the parts back together again to find various themes within the data (Gibbs, 2007, Chapter 4). The aim was to examine how accessibility to services appears in the dialogue of healthcare and social welfare professionals. Other dimensions of the data were not considered in this analysis.

The method of analysis used can be called abductive or theory-directed. In abductive analysis, results are formed on the basis of both the data and the theoretical framework (Brinkmann & Kvale, 2018, Chapter 9). The theoretical framework was the information produced through the method of legal dogmatism, which guided not only the construction of research questions and interview themes, but also the analysis of the data. On the other hand, the interview data also guided us in determining how to conceptualize the themed data and divide the legal information into categories. Thus, there was a constant interplay between the interview data and legal analysis during the research process (Vanjusov, 2022, p. 58).

It is the ethical responsibility of the researcher to carry out the research in such a way that it does not cause harm to the participants (Guillemin & Gillam, 2004, p. 274). That this principle was followed is evident in this study, for example, in the anonymization of the data so that the interviewees cannot be identified from the research reporting. The research interviews did not collect any sensitive information covered by privacy protection rules. Some of the interviewees brought up their substance abuse background on their own initiative, but they were not specifically asked about this issue. The interviewees participated in the study as employees of the organization they represented, rather than as individuals.

Clients were not interviewed. However, we believe that substance abuse workers are able to talk about structural problems that may be difficult for clients to identify or even notice. This was a conscious delineation: The interview data collection was intended to focus on examining the client's position explicitly through different substance abuse service actors. It can be difficult to get analytical information from active substance abusers on a more extensive basis, as active use can make it difficult to commit to interviews on the one hand and, on the other hand, it can be difficult to modify the views presented in the interview in such a way that the interview statements are perceived as not necessarily being very reliable. As an interviewer, Vanjusov also found it ethically challenging to use a person as an informant who would not necessarily participate in research without active substance use problems or give information that they were willing to give during problematic substance use (Vanjusov, 2022, p. 61). In an ethically sustainable way, interviewing clients would have required the creation of a confidential relationship with informants (Müller et al., 2022, pp. 66–68). The data collection, which extended all across Finland, did not provide any opportunities for that.

3. The Legislative and Theoretical Framework of the Research

3.1. The Obligation of Public Authorities to Make Services Available

The legal starting point and empirical hypothesis of this study is as follows: Substance abuse services are available when they are organized according to the legislation concerning substance abuse care. However, this does not guarantee that they are accessible. It is a question of how legislation is implemented in practice. In Finland, the public authorities have an obligation to organize adequate healthcare and social services for everyone. In practice, regional actors are responsible for fulfilling this obligation. These regional authorities are called wellbeing services counties and are not only responsible for healthcare and social services but also, for example, fire departments (Finnish Government, 2021b). With the 2021 service system reform, the responsibility for establishing healthcare and social welfare was transferred from individual municipalities to wellbeing services counties covering larger geographical areas (Finnish Government, 2021a). The object of the reform was to improve equality, joint functionality, and cost-effectiveness. Services must be implemented as locally accessible integrated service packages and according to clients' individual and client groups' regional needs.

The Finnish regulation of substance abuse services was also reformed a few years ago. The aim of the reform was also to clarify healthcare and social welfare service activities, specifically the role of both social welfare and healthcare in mental health, substance abuse, and addiction work and treatment (Finnish Government, 2022a, pp. 66–67). The reform can mainly be described as a fine-tuning of the legislative system, as it did not bring significant changes to the contents of the regulation itself, despite the more clearly defined goal setting.

The central legal principle of Finnish social law is the principle of need, which manifests itself at three different levels. First, at the national level, the state must ensure that legislation supports the needs of the whole country in terms of the service system. Secondly, at the regional level, the wellbeing services counties must ensure that their provision of services meets the actual needs of the region. Thirdly, at the client level, individuals have the right to healthcare and social welfare services based on their individually assessed needs (Tuori & Kotkas, 2023, pp. 205–206). Thus, the right to services can be described as needs-based. In the case of substance abuse services, need must be assessed either in terms of healthcare or social services. However, "need" is not a clearly definable concept (Goddard & Smith, 2001, pp. 1150–1151). Legally, the concept of need can be linked to, for example, the action-ready thinking created by Sen (2004, pp. 332–337), according to whom the equitable distribution of resources does not guarantee justice; instead, attention must be paid to which resources will make it possible to help the individual (Sen, 2002, pp. 337–338).

The needs of clients of substance abuse care services are often extensive and diverse. The treatment of problematic substance use has been somewhat medicalized with the categorization of substance dependence as a disease, although the person can be seen as a biopsychosocial entity, which, for their part, requires multidisciplinary cooperation in responding to service needs (Poikonen & Kekoni, 2019, pp. 69, 78). The Finnish legislation obliges wellbeing services counties to recognize clients who have multiple or overlapping service needs (Finnish Government, 2021a). The most vulnerable segment of clients has several overlapping needs for services because of their decreased functional capacity. Counties must recognize these client groups and define their service packages in detail. At the same time, clients can have the need for substance or mental rehabilitation, but also social support, and there may be causality or interdependency between overlapping needs. Unmet health service needs can produce social welfare needs: for example, income support, support services in housing arrangements, or housekeeping assistance.

Finnish legislation does not provide rigid settings for service integration, and practical solutions can be highly fluid. This allows the organization of services in a way that best serves the wellbeing services counties, as long as such services are implemented in the form of service packages and serve the clients' best interests (Finnish Government, 2020, p. 677; see also Finnish Government, 1992, 2000). These fluid conditions allow true service development on a regional basis. The Finnish Institute on Health and Welfare has divided these service functions into social welfare functions and healthcare functions, which are legally important concepts, for example, when using client data.

Finnish healthcare and social services are divided into divisions as shown in Figure 2. Some integrated divisions have shared management responsibilities (grey units) within the service package organization, and these integrated service packages must also meet each client's overlapping individual needs in both administrative sectors (Finnish Government, 2022b, p. 5). These pre-defined packages must be supplemented with auxiliary services according to the needs of clients and their families (Finnish Government, 2020, pp. 390, 677; see also Finnish Government, 2021a).

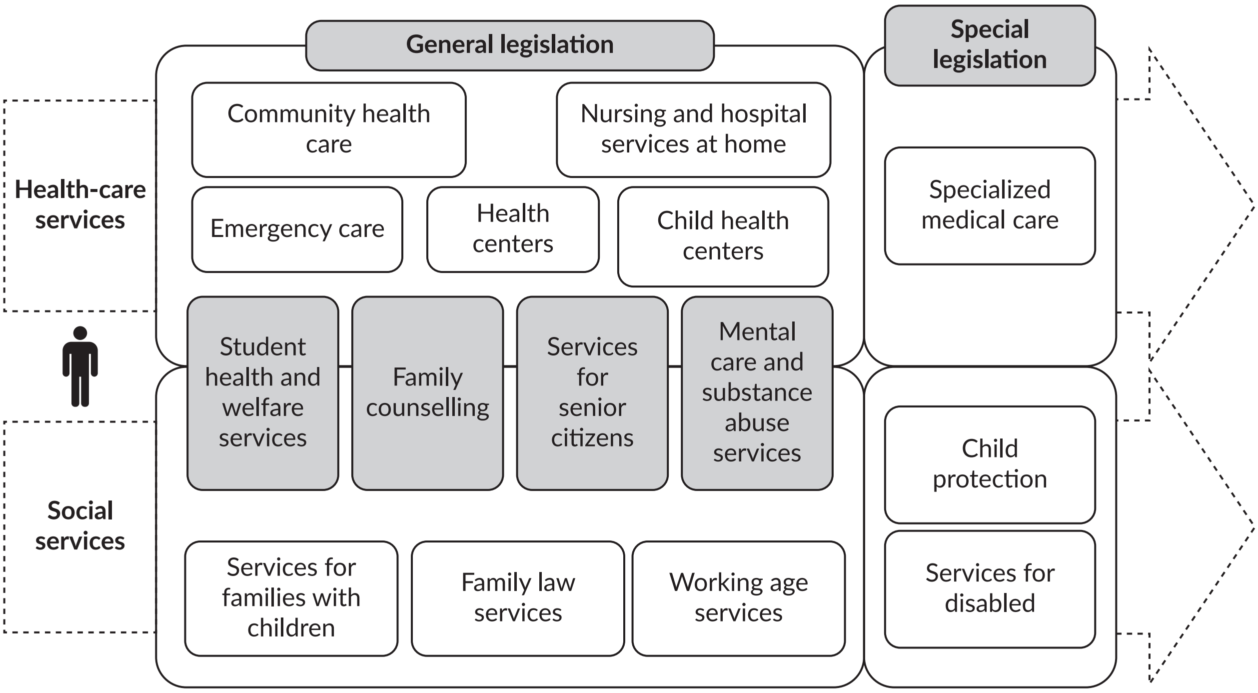


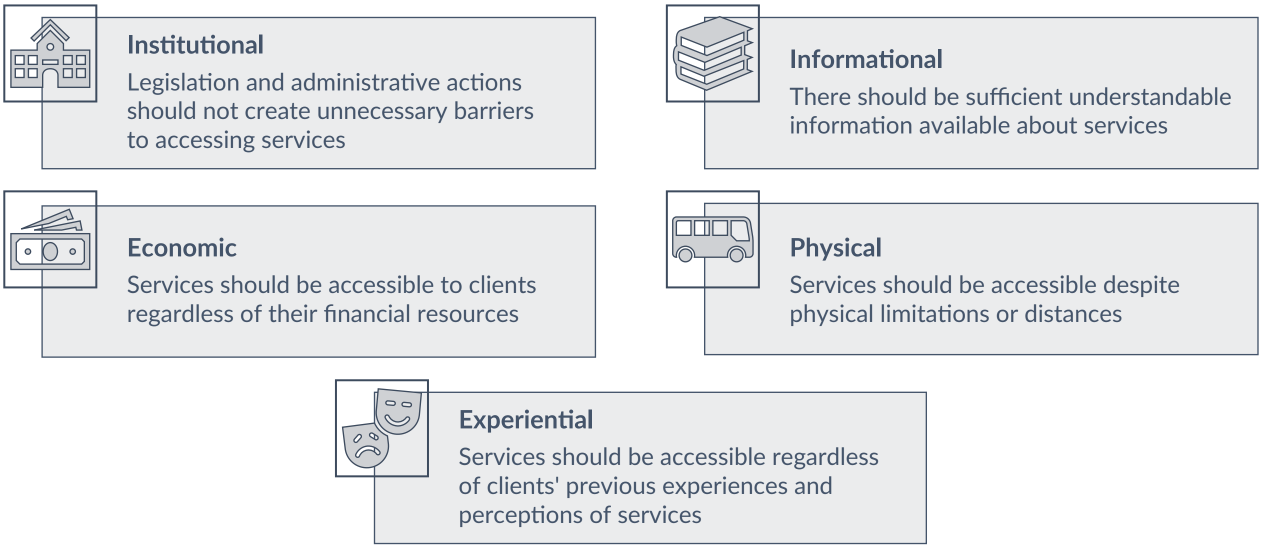
Figure 2. Finnish healthcare and social welfare services divisions (Finnish Government, 2010, 2014, 2022a, 2023).

3.2. Accessibility as a Theoretical Framework

Accessibility has been categorized in different ways in research, and the concept has been used particularly in studies related to health services. For example, Penchansky and Thomas (1981) examine access to health services from the perspective of consumer satisfaction. As Penchansky and Thomas were based in the United States, their context focuses on private health service markets, unlike the primarily public service provision in Finland; their categorization better reflects the consumerism of market-based health services (Penchansky & Thomas, 1981, pp. 128–129).

In our legal research, naturally, we especially sought support from legal sources. The term "accessibility" is used in Finnish healthcare and social service legislation and its legislative drafts (e.g., Finnish Government, 2020, p. 150) mainly as a complement to availability, but its content is not explicitly defined and thus remains vague. Since accessibility is not given a clear legal definition in the legislation, its interpretation is always context-dependent. However, the categorization of accessibility used in our study is supported by the definition provided by the UN Committee on Economic, Social, and Cultural Rights regarding what should be considered to effectively realize the right to health. According to the Committee, every individual's right to health is linked to a dignified life.

Also according to the Committee, member states must consider the following dimensions of the right to health when organizing healthcare, taking into account the individual circumstances of the state in question: (a) availability, referring to the existence of services; (b) accessibility; (c) acceptability, referring to the respectfulness, ethics, and professionalism of services; and (d) quality, referring to the adequacy of staff competence and the appropriateness of infrastructure (e.g., facilities, equipment, and medicines). The Committee defines what should be considered for the right to health to be implemented effectively and divides accessibility into four different overlapping dimensions: equal access, informational accessibility, economic accessibility, and physical accessibility (UN Committee on Economic, Social and Cultural Rights, 2000, pp. 1, 3–5). As can be seen in Figure 3, our study's division of accessibility into dimensions is more detailed.



Institutional
Legislation and administrative actions should not create unnecessary barriers to accessing services

Informational
There should be sufficient understandable information available about services

Economic
Services should be accessible to clients regardless of their financial resources

Physical
Services should be accessible despite physical limitations or distances

Experiential
Services should be accessible regardless of clients' previous experiences and perceptions of services

Figure 3. Division of accessibility. Source: Vanjusov (2022, p. 70).

Accessibility can also be divided into five different dimensions: institutional, informational, economic, physical, and experiential. The cross-cutting and unifying theme of these dimensions is equal access to healthcare and social services. Comprehensive consideration of accessibility is the implementation of equality, because the idea is to secure the opportunity for all individuals to access the services necessary for their needs to be satisfied. In addition, equality should also be seen as the goal of accessibility: That is, one should look at accessibility in a versatile way in the context of welfare services, especially healthcare and social services. When examining the accessibility of healthcare and social services, it is essential to examine the implementation of the services as a whole. It is not enough that the services are accessible in a form that does not meet a client's needs. In this case, quality factors should also be considered: for example, sufficient human resources and respect for the integrity of clients (Vanjusov, 2022, pp. 69–72).

On the one hand, this classification of accessibility dimensions can be seen as a theoretical framework for our research, but on the other hand, it is also partly the result of our research. It builds on a legal-dogmatic analysis of existing law, but is also supported by findings from empirical data. We now turn to our key findings from the empirical research data. In line with the empirical legal research approach, our research also engages in a dialogue with existing legal-dogmatic findings. Our results are presented through a breakdown of the five dimensions of accessibility. Our aim was to address the challenges related to the accessibility of welfare services, which on one hand are connected to legislation and on the other to how regulations are applied in healthcare and social welfare in Finland. Above all, our goal was to make practical observations and touch upon social phenomena related to legislation.

Below, we present and analyze the interview data through the different dimensions of accessibility. As this is an empirical legal study, our analysis is conducted through a legislative lens.

4. Accessibility of Healthcare and Social Care Services

4.1. Institutional Accessibility

Institutional accessibility refers to the fact that the organization and operations of the authorities should not cause obstacles to service access. In terms of institutional accessibility, it is essential that the authorities comply with general procedural regulations and that clients receive the services to which they are entitled based on their need for services under general or special legislation. Please note the importance of the practical implementation of the responsibility for organizing substance abuse services. Equal accessibility requires investigation into potential challenges within service organization. Figure 4 illustrates the key institutional accessibility challenges that emerged from the data (Vanjusov, 2022, pp. 103–104, 112, 130).

Finnish substance abuse services have in the past been organized in diverse ways, which could, on one hand, lead to inconsistency in services, but, on the other, large operating units have been seen to enable the development, quality, and specialization of services. However, a great deal of regional variation can, in practice, lead to regional inequality. Vanjusov's interviews raised the hope that reform in the organization of Finnish healthcare and social services could change this situation and promote equality. However, regional variation is also justified to some extent, as regional needs should determine the organization of services, and the needs of different regions may vary (Vanjusov, 2022, pp. 104–106).

Figure 4. Challenges of institutional accessibility.

Substance abuse services should be organized so that people can apply for services on their own initiative, with a low application threshold. The system does not necessarily react flexibly enough to client needs. When a client is motivated to access substance abuse services, it should be possible for the system to respond quickly and flexibly. However, this is not necessarily what happens, and this can dissuade clients from seeking services. A person suffering from substance abuse problems cannot necessarily wait: Their expressed desire to seek treatment should be responded to as quickly as possible. Being placed on a waiting list can have a deterrent effect, as one interviewee describes: “It’s possible that there will be a date that you can get in two weeks. That way, your motivation will have time to change many times along the way” (Vanjusov, 2022, p. 112).

Each client has a statutory right to have their need for substance abuse services assessed both on social grounds and on medical grounds. Simply accessing a substitution treatment or other single point-based service does not necessarily mean that a client’s needs will actually be met as required by law. In this case, the authorities cannot acknowledge their responsibility for organizing services by only responding to one part of the package of service needs. The key challenge in the substance abuse sector is apparently the comprehensiveness of responding to service needs and securing service continuums. On the other hand, the policies made by the authorities leave room to take individual needs into account (Vanjusov, 2022, pp. 111, 117–118).

Problematic substance use is a multifaceted phenomenon: Such a client’s service needs cannot be met by the expertise of a single professional sector alone. People working in the field of substance abuse care see multiprofessional cooperation as something that improves their work as well as fulfills clients’ interests, as shown in the following quote:

> This multiprofessional collaboration, as it improves and grows. Then comes the new kind of know-how—learning from each other's work—and there's going to be a whole new way of operating, which is really the client. It is helpful that neither side, nor any sector, can help or act on its own, but can work together in the right way. (Social worker, interview 11)

Also apparent from the data was the workers' concern that healthcare and social welfare services have gone in the direction of viewing the client more and more as a consumer who can select and demand services and, if necessary, complain about the quality of services. In substance abuse treatment, the client's role as a quality supervisor might be too challenging. A substance abuse service client may not have the ability to act in the role of a consumer and monitor the quality of service. Several interviewees believed this to be too challenging for vulnerable and operationally limited clients (Vanjusov, 2022, pp. 111, 115, 117–118).

4.2. Informational Accessibility

Securing informational accessibility of services requires that the authorities communicate sufficiently, comprehensibly, flexibly, and in a timely manner about their services, both within the organization and to clients. Informative accessibility includes not only communication that considers different needs, but also basing the organization of healthcare and social services on sufficient knowledge and expertise. In addition to client involvement and the sharing of understandable and sufficient information, informative accessibility is linked with the authorities' activities being based on sufficient knowledge. Figure 5 illustrates the key informational accessibility challenges that emerged from the data (Vanjusov, 2022, p. 141).

Figure 5. Challenges of informational accessibility.

Wellbeing services counties are obliged to provide information on their activities and services (Finnish Government, 1999). Accessibility can be related, on one hand, to the form of information required, or, on the other, to the ability of clients to access and understand the information. If clients are to apply for self-assessed services, the authorities must provide information about the services that are effectively accessible to clients, and such information must be in a form that allows clients to obtain it and understand its contents. Professionals working with clients must ensure that the clients truly understand the consequences of the information they are given and of their own choices (Vanjusov, 2022, pp. 152–153, 158). A quote from an interviewee illustrates this:

> The employee should make it clear to the client what it means when you choose this way, that you won't get anything. Now it's kind of a dismissive feeling. It leaves a bit of a feeling of being left behind. Yeah, he chose all by himself, his opinion was listened to, and he's not interested. It feels like these underprivileged [people] are being cheated out of the choice. (Expert working in care-providing organization, interview 14)

There can be great differences in people's information-seeking abilities and opportunities. It should be noted that the client may not realize what they do not understand or may not be willing to admit their incomprehension. The process of interaction between clients and social workers, doctors, or nurses is essential for collecting the information needed in the service process. The authorities must base their decisions on adequate information about the client's situation. Substance addiction can involve a variety of different challenges and service needs, the identification of which can be challenging and require long-term work (Vanjusov, 2022, pp. 146–148, 159).

In addition to knowledge gained from professional know-how, the necessary information is gleaned from each individual client, also information about their situation. The data producers are the clients themselves, but also the authorities and other parties in clients' lives, such as those close to the clients. Information from other actors may be needed to make an assessment of service needs. It is important to support clients by providing sufficient information, but it is also important to take into account that clients may not be able to articulate what they need. The interviews highlighted the responsibility of professionals in making the assessment (Vanjusov, 2022, pp. 159–160).

The importance of long-term and systematic action emerged from the research data. Too much and constant change can lead to a lack of communication, and clients may not get the services they need. What makes counselling and guidance complicated is that the decision-making processes of the service system may stray far from individual clients. The employee dealing with a client does not necessarily make the decisions in their specific case (Vanjusov, 2022, pp. 152–153, 158).

Problematic substance use is a medical and social challenge of its own that should be addressed in the way it requires. Our data created an image of a disease discourse in which the disease itself is identified, but treated with a rather paternalistic approach. That is, the status of substance abuse is recognized, but not necessarily its nature, i.e., what follows from it. Our research data showed that different forms of substance abuse services are provided based on different ideologies, especially in large cities. The ideologies of service providers regarding substance abuse and rehabilitation vary. For example, some are in favor of medical rehabilitation, and some are strongly opposed to it. The field can be described as diverse and uneven. The desire to provide necessary services is common, but there are great differences in the means that are employed (Vanjusov, 2022, pp. 142–143, 147, 156).

Assessment of the need for treatment in healthcare should be based on medically acceptable criteria. Unambiguous research results on differences in the effectiveness of various treatments are a challenge to find. On the other hand, the choices available may not even be justified. The implementation of substitution treatment in only one of the two possible treatment options serves as an example of a policy crafted by the authorities that is not necessarily based on anything at all, and choices made are not necessarily justified by either worker or client. This perception is supported by a quote from an interviewee who was a doctor:

> In opioid substitution therapy, it has been said that we only offer methadone, not buprenorphine, although there are basically two different drugs for that, and the reason is, I don't know, politics? I think that's an extreme example. (Doctor, interview 21)

According to the law, both drugs can be used in the treatment of diagnosed opioid addiction. The doctor in the previous quote does not know why methadone was chosen as the standard of care in his field, but another doctor interviewed unequivocally attributed the reasons behind favoring methadone to money. Money and the need to save resources came up several times in the interviews and were generally perceived as decisive factors in decision-making, rather than the needs of clients (Vanjusov, 2022, pp. 143–144, 158).

4.3. Physical and Economic Accessibility

Physical accessibility means that individual physical limitations and needs must be considered to a sufficient degree. Services should be accessible regardless of limitations caused by, for example, problems with physical mobility or long distances. The spaces used in the provision of services must be accessible. Accessibility can be defined socio-geographically to cover spatial, physical relationships and distances in outdoor space, but accessibility can also be considered in indoor spaces. Barriers to service access can arise from the locations where the services are provided and to what degree client financial resources are required for their use. Economic accessibility means that services should also be accessible to clients who lack financial resources to pay not only service fees but also travel expenses. Figure 6 illustrates the key physical and economic accessibility challenges that emerged from the data (Vanjusov, 2022, pp. 165–167).

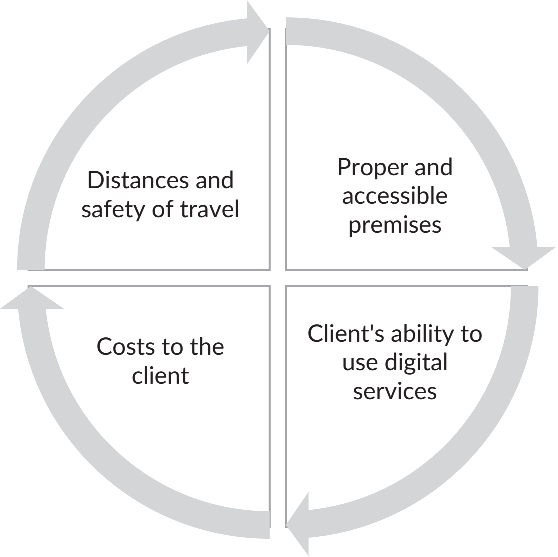


Figure 6. Challenges of physical and economic accessibility.

On a national level, the physical accessibility of services across Finland is greatly unequal. In sparsely populated areas, access to services and social contacts can be a significant distance away. The concentration of services in cities in wellbeing services counties may lead to not all services being available to all clients. Some substance abuse services may require the client to visit a treatment facility, for example, once a day. This can affect the accessibility of services, such as in the following interviewee example:

> We can't even start providing patients with [medical replacement treatment] here, because it means the patient has to come here once a day. It's unreasonable to expect them to make it here every day if they live a hundred kilometers away. (Doctor, interview 24)

On the other hand, physical accessibility is not just a question of sparsely populated areas. Service may be too far away from a client's point of view. Travel to another district can be regarded as a burden, no matter how "local" it is. Travel burden is one factor of spatial accessibility that can be influenced by considering the location of service points (e.g., Bachhuber et al., 2025; Cantor et al., 2021). Of course, it is natural that services are more diverse in large cities because the volume of needs there is different from that in rural areas. It emerged from the interview data that substance abuse rehabilitees may actually move to the Helsinki Metropolitan Area in search of better services (Vanjusov, 2022, pp. 167–169).

Physical accessibility is also connected with safety and security. For example, having to travel for services may involve safety problems for clients. The provision of substance abuse services requires the assessment and consideration of various risks in order to comprehensively ensure the safety of clients and others (Holst Jensen et al., 2014, p. 32; Vanjusov et al., 2021, pp. 204–205).

Accessibility includes non-physical accessibility: that is, the ability to access services, information, or people remotely through digital services. With the development of our information society, the hope was that remote work and remote services would reduce the necessity for physical movement. Electronic services can be fast and smooth, and can also have effects that promote equality and support independent living at home for many people who otherwise need institutional care. However, a decrease in both social interaction and beneficial exercise could be considered a threat, especially for the elderly and people with reduced mobility (Vanjusov, 2022, pp. 173–174).

Digital services can also become an economic barrier. It may not be financially possible for clients to obtain the necessary equipment or an internet connection. On the other hand, the practice of active substance use can also often result in phones being lost, and people may not respond to calls from substance abuse workers or other authorities. For example, when visiting a primary care doctor, a client may not want to highlight their problematic use of drugs, their financial situation, or other social support needs, making it difficult to determine what the client needs in terms of comprehensive care and support. A lack of money can also weaken treatment adherence. The following interviewee quote describes the effects of economic factors:

> Well, at least in the case of those with substance abuse problems, there is a lot of that money problem, of course, and you can already see in it how it can be difficult to commit to those treatments, whether there is enough money to buy those drugs or something like that, to get rehabilitation. (Doctor, interview 19)

It has been reported that user fees remain an important issue for many households in Finland (OECD, 2023, p. 14). Financial aspects must be taken into account when planning a patient's treatment and its continuation. Can a client actually afford the drugs prescribed? Can a client go to another location if travel is required? A client's living conditions may also be affecting their well-being and health (Vanjusov, 2022, pp. 175–176).

4.4. Experiential Accessibility

The four dimensions of accessibility mentioned above were clear categories, but the experiential side emerged later. The data revealed aspects that did not quite fit into any of the other categories but were united by the subjective perspective of the individual and thus by their experiential nature. When experientialism is perceived as a dimension, the entirety takes better account of the various factors affecting accessibility. Experiential accessibility concerns the meaningfulness of the service experience and the preconceptions clients have about the services. It can be an image created by logical thinking or an emotional reaction. Figure 7 illustrates the key experiential accessibility challenges that emerged from the data (Vanjusov, 2022, pp. 71, 181–182).

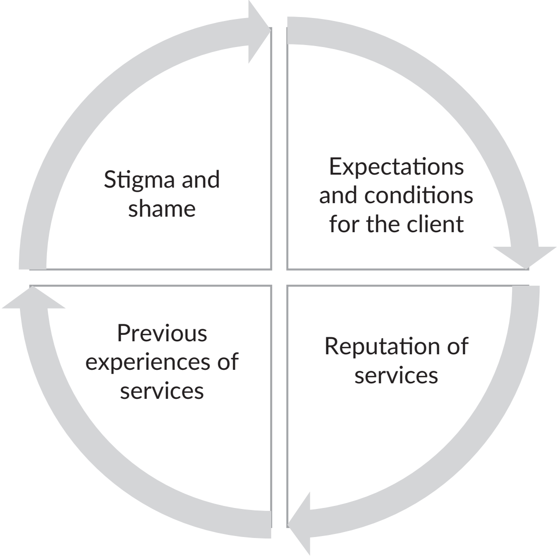


Figure 7. Challenges of physical and economic accessibility.

Some services may actually be inaccessible to a client due to the reputation of the service, the client's previous experience with the service, or the stigma associated with substance dependence and substance abuse care. Clients may feel undeserving of the services because they do not perceive themselves to be problematic substance users or for other related reasons. Clients may also be subject to expectations that they are unable to meet (Vanjusov, 2022, p. 182).

A significant factor in the accessibility of substance abuse services is the prevailing attitudes in society. The following interviewee quote illustrates this: "That is not a central perspective from the authorities' point of view, that substance abuse aspect, unfortunately." During elections, additional resources are promised to whatever group is perceived to be the most attractive to voters, such as children and the elderly, rather than to substance abuse services. Substance abuse and substance abuse services are still subject to stigma (Vanjusov, 2022, pp. 184, 213–214). Stigma is a mechanism that marginalizes the non-existent and the non-acceptable. When individuals are stigmatized, they often begin to see themselves as deviant in a negative way. A cycle is created in which the stigmatized individuals see themselves as the same as—and are generally seen through the perspective of—their negative quality. Stigma and prejudice can lead to understatement and poor service, for example (Goffman, 1963, pp. 11–13).

Stigma can have a significant impact on the substance abuse services provided to clients. The shame that a person feels about their situation can lead them to not seek services. People who use drugs problematically can also be the worst judges of themselves. Clients can be ashamed of their condition and feel that they do not deserve to receive anything from anywhere or anyone. Experts "by experience" who have already been rehabilitated may also carry a self-maintained stigma about their past. One interviewee described stigmatizing himself in many situations, especially if things came up that were not familiar to him but were mundane to others (Vanjusov, 2022, pp. 186–187).

In addition to stigma and shame, client preconceptions about services can be a barrier to accessibility. These preconceptions may be based on clients' or other people's own previous experiences of services. Misconceptions or gossip can also play a role. These preconceptions may lead clients to believe that they will not get the services they need or that they will not be treated well. The interviews revealed the importance that clients attach to the experience of being heard, which can be a crucial factor in building a successful client relationship and a starting point for rehabilitation. Clients may express appreciation of the fact that, for the first time, they were treated as equals and genuinely listened to (Vanjusov, 2022, pp. 191–197).

They may also have expectations that they may not be able to meet because of their capacity to function or lack thereof. They are expected to play a certain role and get value for the services provided to them. It could be, for example, the pursuit of a certain ideal of normality that is defined by service providers (see Kuusisto et al., 2023). However, not fitting into the stereotypical role of a client of substance misuse services can be a problem. Clients have very different needs, and one type of service does not fit all. Addiction also includes the possibility of relapse, but the substance misuse system does not seem to properly take this into account (Vanjusov, 2022, pp. 186–189).

5. Discussion

In summary, it can be stated that the same types of themes were repeated in different dimensions of accessibility as cutting-edge themes. In practice, the content of services seemed to be dictated more by available resources than the individual needs of the client. The organization of services is characterized by fragmentation, short-sightedness, and pacing, which leads to various potentials being wasted. A more efficient use of resources would benefit both clients and the system. The reality of the substance abuse service system also frustrates substance abuse professionals (Vanjusov, 2022, p. 203). The accessibility challenges are depicted in Figure 8.

The interview data tells two different stories about the accessibility of substance abuse services. On one hand, it describes various barriers to accessing services and, on the other, the factors that should be considered from the perspective of the characteristics of the substance abuse care client group in order to make the accessibility of substance abuse services a reality in practice. There can be challenges to clients' obtaining the services they need. For example, the system can inadvertently create obstacles, or the

Institutional

Lack of resources
Suboptimal dimensioning of services
Long waiting times
The misconception that “one size fits all”
Services provided don’t fullfill the client’s actual needs
Constant changes and their effects

Informational

There is not enough information about the available services
The information provided should be understandable
Shortcomings in the coverage and format of information sharing
Making decisions without enough information about a client’s actual situation and needs

Financial/economic

Client and user fees
Cost of transportation and other travel expences
Cost of medication, aids or devices
Cost of telephone and internet

Physical

Physical distance to the services
Problems with safe travel to the services
Facilities not being physically accessible for everyone
Use of digital services requires skills and devices

Experiental

Reputation of the services
Previous experiences
Possible stigma related to use of the services
Shame and other emotions related to the need for help

Figure 8. Accessibility challenges. Source: Vanjusov (2022, p. 205).

individual’s functional capacity can cause difficulties in accessing services because the system does not sufficiently consider individual needs and circumstances (Vanjusov, 2022, p. 204). These results are very similar to those of a Belgian study on access to mental health services for problematic substance users, for example. The fragmentation of services, genuine encounters and listening, attention to individual needs, and stigma are also highlighted in that study. The researchers stress that people with substance use disorders should not be seen as a particularly challenging client group, but as part of a diverse group of service users (De Ruysscher et al., 2024).

The Finnish legislation emphasizes needs, but, in practice, the needs of clients and the substance abuse services provided do not necessarily match each other. Individuals may have rights laid out in legislation, but these remain empty promises if these rights are not realized in practice. Assessing an individual's need for services or treatment and providing services are goal-oriented activities intended in the best interests of the client. This requires sufficient, long-term substance abuse services that meet clients' service needs in a timely and diverse manner. However, it seems that activities regarding substance abuse treatment may focus on the needs of the system more than the needs of clients. The resources available and administrative arrangements determine how and what decisions are made. This can result in clients' need for services not being met and their right to services that fulfill their needs not being respected. As Virokannas points out, the Finnish service system should be reformed to take better account of the individual needs of clients. The problems are more institutional than individual (Virokannas, 2020, pp. 493–494).

These service needs require simultaneous, overlapping, or consecutive assessment from both social welfare services and healthcare services. Multidisciplinary assessment of clients' service needs is an essential part of healthcare and social welfare service integration. Both healthcare and social services have their own purview of legislation, which means that both administrative domains handle their own statutory assessments: assessment of the need for social welfare services, and assessment of the need for healthcare services (Finnish Government, 2010, 2014). These assessments are required to make use of multidisciplinary information when available. The exchange of data between administrations is regulated by the Finnish Act on Processing Client Data in Healthcare and Social Welfare (Finnish Government, 2023). An important part of integration is the collaborative distribution of administrative responsibilities based on client needs. This is the basis for intra-administrative assessment, which usually requires multidisciplinary information to achieve adequate quality.

Coordination and collaboration between social services and health services have been called for in previous studies (e.g., Kosonen & Kuusisto, 2023; Virokannas, 2020), and the same theme is strongly present in our research data. The delicate point within healthcare and social welfare integration is whether the professionals have the ability or knowledge to assess whether a client needs services from another administrative sector. Healthcare professionals are obliged to report it when a client is in obvious need of social welfare services (Finnish Government, 2010, 2014). On the other hand, social welfare professionals have a responsibility to inform healthcare services, for example, if clients require additional healthcare services (Finnish Government, 2014). The remaining question is whether these professionals have enough knowledge of each other's services and jurisdiction to fulfill this responsibility. Barriers to accessibility can also arise from an experiential point of view: this could be a matter of misunderstanding or outdated information, and comprehensive information could make a significant difference. Barriers to accessibility can also arise from an experiential point of view: a matter of misunderstanding or outdated information, for example, when comprehensive information could make a significant difference (Notley et al., 2012, p. 46). Information should be provided within the organization, but also, of course, to clients.

The dimensions of accessibility presented above are based on those presented in Vanjusov's doctoral dissertation. Once we re-analyzed the data, we discovered a new and different angle of entry. Based on the interview data, we concluded that social relationships can have a significant effect on accessibility. An individual's social relationships affect how well they get information, help, support, and encouragement in seeking services and accessing services physically and financially. It can be a question of encouragement and reducing stigma, as well as sharing information in a way that the individual understands. These relationships can involve a person's family, friends, and/or other personal contacts and relations from private-sector organizations, or even in the healthcare and social care sectors in the past. In other words, it is about existing social contacts that make it easier to attach to the system and understand its requirements. Thus, relational accessibility intersects all the dimensions of accessibility outlined above.

Previous research on relational accessibility differs from our perspective in terms of focus and definition. The topic has been approached from the perspective of, for example, the relationship between nature and man (Forleo & Palmieri, 2018), social geography and the continuity of the care relationship (Locatelli et al., 2014). The relational definitions of accessibility differ significantly from one another in different fields of research. It is not always necessarily even a question of human relationships and interactions, but instead human choices in terms of nature, environment, and movement. In our review, the focus is explicitly on the impact of interactive relationships between people and the help and support they provide. Our analysis indicated that an individual's relationships have a positive effect on access to public healthcare and social welfare services; conversely, it is more difficult for those who do not have social networks to access services. This puts clients in an unequal position relative to others. An individual has the right to receive healthcare and social services without having a social support network. We did not conduct an in-depth analysis of the impact of relationships on the accessibility of services in this context. However, we feel that it is an essential aspect that should be explored further, allowing us to define the concept of relational accessibility more precisely.

Good practices related to relational accessibility emerged from the interview data. Former addicts with previous client experience can act as experience experts in the system and thus lower the barrier between the system and client, and the system can use the knowledge these experts acquired on the client perspective to improve the design and implementation of services and in communicating about them. Based on their own experiences, such experts can offer peer support and understanding to clients. Peer support has been identified as a means of improving accessibility in previous research (e.g., Parkes et al., 2022). One Finnish social welfare organization has a scheme in which former substance abusers are trained as support persons for substance abuse rehabilitees who have difficulty dealing with the authorities. These support people advise and help in very concrete ways: for example, they can accompany clients when they go to meetings with healthcare and social support staff. Their activities are based on volunteerism. It is an innovative way to provide actual assistance to individuals at risk of social exclusion (Muikku, 2018). At the same time, however, it must be said that it is worrying if and when a client needs a "system interpreter" to be able to deal with public services.

6. Conclusion

In welfare states, vulnerability and problems leading to inequality are mainly handled through social welfare systems (see Kildal & Kuhnle, 2005). This includes economic support, social care, and healthcare. In this study, we focused on healthcare and social services. The main problem is that individuals have a legal right to the services they need, but, in practice, decisions seem to be made on the basis of economic factors rather than client needs. The most significant problem in achieving equal accessibility to appropriate services is the semblance of protecting clients' rights: that there may be an ostensible effort to implement client rights, but not in a way that sufficiently respects individual needs. Formally, the solutions may appear to meet legislative requirements, but may not withstand closer examination and do not take equality aspects into account. The aim seems to be to meet minimum requirements rather than to implement a genuine individual assessment.

The Finnish system seems to be, at least in places, insensitive to what comprehensive treatment of problematic substance use requires from a service package. It is generally acknowledged that substance addiction has the status of a disease, but its nature is not accepted as part of the structure of the substance abuse service system. The voice of the client and the “expertise of experience” can be heard at the strategic level, but their actual significance remains minor. Clients with impaired functional capacity and vulnerability end up in a position where they are expected to comply with various demands, but, at the same time, due to the root causes of their service needs, they are unable to fulfill them. A cycle is created in which the system rejects a client whose needs it should meet so that underlying problems do not worsen, and rejection can, in turn, affect the client in such a way that their shame deepens and they may not feel entitled to welfare services. In addition, the question arises whether the system requires existing relational support from the client to access its services. Can a lonely person not be covered by services in the same way as a person with a social support network?

The problems of accessibility in the light of this study seem to be less about the legislation than about how the legislation is implemented in practice. The data used in this study is ten years old. It seems, though, that similar challenges are still occurring in Finnish healthcare and social welfare (Mäenpää et al., 2025). At this time, wellbeing services counties are struggling to meet their legal obligations and keep their finances balanced. However, it is worth remembering that timely access to services can save on costs by preventing problems and service needs from increasing (Kaukonen, 2005, p. 312). Wellbeing services counties should build their service palette according to genuine regional needs. Accessibility should be considered when organizing such services so that everyone has an equal opportunity to have their rights respected and their needs fulfilled. To ensure that potential clients can actually obtain the services they need, accessibility of services should be considered in different dimensions. Ultimately, the issue is equality.

The purpose of this article was to bring the results of Vanjusov’s dissertation to the reach of an international audience. The key contribution of the research was outlining the concept of accessibility in a legal context. We hope to see more research on equal access to healthcare and social welfare. In the Finnish context alone, we need more information on how we can effectively ensure equal access to services and rights.

Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The data of this study is not publicly available due to ethical reasons.

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ARTICLE

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Responding to Clients’ Descriptions of Experiential Inaccessibility in Multiprofessional Team Meetings

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Abstract

This article scrutinises clients’ descriptions of experiential inaccessibility and the ways they were attended to in multiprofessional meetings that integrated clients, various professionals, and “experts by experience.” The research’s theoretical framework was the concept of experiential (in)accessibility and studies concerning the premises and dynamics of interactions in multiprofessional meetings. Data consisted of seven audio-recorded multiprofessional team meetings with six clients in a welfare centre located in a large Finnish city. The analytical focus was the different kinds of interactional strategies that are used when responding to clients’ descriptions of experiential inaccessibility, which were related to the ways they had been treated, how they did not access the services they needed, or how they did not want the offered services because of their own or their close one’s previous negative experiences or stigmatisation. Their descriptions were addressed differently through a variety of interactional strategies. They were mostly accepted by the other participants, but their experiences were also negotiated and, in some cases, bypassed or not accepted. Finally, consideration was given to whether the multiprofessional team meetings advanced the accessibility and social inclusion of the clients or whether they had become settings for further negative experiences.

Keywords

experience; inaccessibility; interaction; multiprofessional; team meetings

1. Introduction

“Accessibility” has been studied from different angles and perspectives (e.g., Grymonprez et al., 2017; Levesque et al., 2013; Raitakari et al., 2025; Vanjusov, 2022). In this article, the focus is on “experiential accessibility," which refers to a person's experiences with services and their preconceptions related to these services (Vanjusov, 2022, pp. 181–182; Vanjusov & Ranta, 2023, p. 236). Experiential accessibility denotes the experience of being ignored or stigmatised, which can produce strong resistance towards authorities and services (Vanjusov, 2022; Vanjusov & Ranta, 2023, pp. 237–253). In this sense, accessibility is ultimately based on "issues of communication, interaction and encounter" (Raitakari et al., 2023, p. 78) and is approached in this article as a question of "experiential inaccessibility."

The background to this study is the topical issue of the social and health care reform in Finland, which involves the integration of social and healthcare services and collaboration between different professionals. Different kinds of policy trends that promote interprofessional collaboration, especially for clients with complex problems and several service needs, are intended to improve clients' participation and inclusion (Juhila et al., 2021a, 2021b; Ritala-Koskinen et al., 2025). It is thus important to study "the implementation of collaborative and integrated practice" (Juhila et al., 2021b, p. 235)—in this case, the multiprofessional meetings in a welfare centre located in a large Finnish city that were set up to develop collaborative working practices to help clients with complex problems and service needs. What happens during the interactions in the meetings is critical for shaping successful policies (Juhila et al., 2021b, p. 235) and showing how these policies are enacted (Hall & Dall, 2021, p. 43; Ritala-Koskinen et al., 2025).

The definite focus of this article is on how clients describe their (often negative) experiences, that is, the experiential inaccessibility of services, in the studied multiprofessional meetings, and how the other participants respond to them. The data consisted of seven audio-recorded multiprofessional team meetings that included six clients. They comprised various professionals working in a particular welfare centre, an expert by (lived) experience, and other professionals associated with each client's case. The clients, who had been selected and invited to the meetings, all had complex, long-term social and health problems and a history of several contacts with different social and healthcare services. The analytical focus of this study was on the interactional strategies applied by the other participants in the meetings in their responses to the clients' descriptions. For example, did they align with them, address them with understanding and empathy, or did they ignore or even deny their experiences? Studying interactional strategies from this point of view can provide insights into how to build alliances in professional encounters (Lee et al., 2019, p. 499). Focusing on the descriptions of the clients' experiences highlights their difficulties in relation to services and service encounters and provides information on how to improve such services and encounters (Vanjusov & Ranta, 2023, pp. 253–255).

This article proceeds as follows: In the next section, the concept of experiential (in)accessibility is defined in more detail, and the role of multiprofessional meeting interactions is addressed as a space in which these experiences are attended to. The data, methodology, and process of analysis are then introduced. In the results section, three illustrative extracts from the data are presented and analysed to demonstrate the different responses to clients' descriptions of experiential inaccessibility. The discussion and conclusions section includes a summary and discussion of the results in relation to earlier research as well as recommendations for interactions that support clients' participation and agency. For example, consideration is given to whether multiprofessional meetings and the interactional strategies used during them strengthened the clients' participation and inclusion or whether these meetings added to the clients' experiences of bad encounters and inaccessible services.

2. Experiential (In)Accessibility

Experiential accessibility is based on people's experiences of services, the poor reputation of services, and stigmatisation, for example, related to the use of intoxicants (Vanjusov, 2022, pp. 181–182; Vanjusov & Ranta, 2023, p. 237). It can be based on other people's opinions and perceptions of services, which can further affect an individual's perceptions of these services (Vanjusov, 2022, pp. 181–182; Vanjusov & Ranta, 2023, pp. 237, 247). In this article, the term experiential inaccessibility is used, as clients' descriptions often indicate that services and encounters are not accessible to them.

In Finland, the right to use the services without discrimination and the right to be treated appropriately are founded in social and healthcare legislation (Ministry of Social Affairs and Health of Finland, 1992, 2000; Vanjusov, 2022; Vanjusov & Ranta, 2023). Nevertheless, people who live in vulnerable situations are not always "able to ask for help because of structural barriers or shame they are experiencing" (Ranta, 2020, p. 7). It is also shown that, for example, people who use injectable drugs are fearful of negative reactions, hostile and judgmental attitudes, ignorance, accusations, and stigmatisation related to their drug use when accessing services (Neale et al., 2008; Ranta, 2020). Many individuals in European countries do not receive the benefits they are entitled to (Eurofound et al., 2015). The reasons and risk factors reported for this kind of "non-take-up of benefits" on an individual level relate to, for instance, the experience of stigmatisation (Eurofound et al., 2015). People's experiences of being treated badly and being disrespected, bypassed, underestimated, questioned, overpowered, and demoralised all inevitably cause experiential inaccessibility and people avoiding seeking help, even when they need it (Raitakari et al., 2023, p. 78; see also Maeseele et al., 2013; Ranta, 2020; Räsänen & Juhila, 2025). It has been argued that social welfare services have remained inaccessible for some groups because of their "selective" nature, which suggests that "access means only the 'right' persons and the 'right' target groups can gain access" to them (Grymonprez et al., 2017, p. 464). Access is often negotiated from the point of view of who has the right to services and benefits (e.g., Clarke, 2004; Fargion et al., 2019).

The premise behind integration and multiprofessional collaboration is to prevent clients from falling between services and to decrease the boundaries between the different service sectors (e.g., Juhila et al., 2021a). Multiprofessional work also "constitute[s] an opportunity for shared discussions that may increase both cooperation and understanding between different professionals and service users" (Juhila et al., 2021a, p. 1). Multiprofessional collaboration, which also involves the client, may prevent the "revolving door" phenomenon, which has been provided as one explanation for clients not obtaining help, e.g., from adult social work services (Juhila & Raitakari, 2024). When clients have opportunities to negotiate and define their problems (Fargion et al., 2019) and have positive experiences in service encounters, it can have a supportive and empowering effect on them (Raitakari, 2023, p. 193).

3. Responding to Clients' Experiences in Multiprofessional Interactions

Multiprofessional team meetings are one form of institutional interaction. Traditionally, the participants in institutional interactions are oriented towards their specific roles and tasks (Drew & Heritage, 1992; Drew & Sorjonen, 2011), with problem-solving as their focal activity (Ruusuvuori, 2005). This results in asymmetrical power relations between the participants and their knowledge (Drew & Heritage, 1992). In multiprofessional interactions, professionals and clients do not necessarily share the same goals (Juhila et al., 2021b, p. 226), and professionals usually determine the topics and how the meeting proceeds (Juhila et al., 2021b; Räsänen & Juhila, 2025). Multiprofessional meetings are regarded as quite ritualised and ceremonial due to, e.g., their highly structured formats (Hall & Dall, 2021). They can take the form of "degrading ceremonies" (Garfinkel, 1956, as cited in Hall & Dall, 2021), in which clients are subjected to shaming, and their problems and perspectives are not heard (Hall & Dall, 2021; Juhila et al., 2021b). Multiprofessional interactions can thus be authority-driven, and clients may remain in marginal positions (Hitzler & Messner, 2010; Koprowska, 2021). Multiprofessional meetings can be demanding and are not suitable for all clients (e.g., Räsänen & Juhila, 2025). However, they can also be "integration ceremonies," where clients are included as active participants in discussions about their personal experience (Hall & Dall, 2021; Juhila et al., 2021b, p. 226), thereby improving the experiential accessibility. The organisational rituals and the elements of different ceremonies are momentarily constructed and negotiated in the meetings, as the participants can orient "to [a] wide range of discourses and interactional resources to manage the meeting" (Hall & Dall, 2021, p. 42).

In institutional interactions, professionals traditionally treat clients' responses as the delivery of information about their problems; thus, professionals are expected to provide task-related responses and solutions to the clients' problems (Drew & Heritage, 1992; Ruusuvuori, 2005, pp. 204–205). During institutional encounters, clients may search for not only solutions to their problems but also understanding and compassion (Ruusuvuori, 2007, p. 598). In these situations, professionals must "fit together their institutional task of resolving the patient's problem and the affective task of showing compassion and understanding to [the] patient" (Ruusuvuori, 2007, p. 598). This involves displays of empathy, namely, showing understanding and knowledge of another person's experience (Ruusuvuori, 2005, pp. 205–206) and providing affiliative responses (Raitakari et al., 2021; Ruusuvuori, 2005, 2007). These interactional practices of alignment enable cooperation between participants and provide the opportunity for client participation in multiprofessional meetings (Kalari, 2024; Raitakari et al., 2021). In everyday conversations, people perform acts of understanding in response to another person's negative experience by, for example, sharing their own similar experiences (Ruusuvuori, 2005, p. 204). These are referred to as "second stories" (Sacks, 1992, as cited in Ruusuvuori, 2005, p. 204) and are rare in institutional settings (Ruusuvuori, 2005, p. 204).

In institutional encounters, clients' expressions of their negative experiences with services or mistreatment by professionals can be considered "complaints" (e.g., Drew & Holt, 1988; Ruusuvuori et al., 2019). The professionals, as "complaint recipients" (Drew & Holt, 1988), orient to complaints differently (Ruusuvuori et al., 2019, p. 42) and may affiliate or align with a specific side (Drew & Holt, 1988, p. 408). Thus, complaints in institutional settings are co-constructed (Drew & Walker, 2009). Differences may also arise regarding who is responsible for the issue in the complaint and who is responsible for solving it (Ruusuvuori et al., 2019), as the complaints can be about an absent third party (Drew & Holt, 1988).

One way to display understanding and show clients that they are being heard is to position them as "knowers of their own experience" (Lee et al., 2019; see also Räsänen & Juhila, 2025). This recognition, known as "epistemic justice" (Fricker, 2007), implies that the client's story and knowledge of their situation are taken seriously and not overlooked. For example, as delineated in a previous paper (Räsänen & Juhila, 2025), when professionals downgrade and "soften" their proposals, they give clients epistemic rights to either refuse or accept the proposals, e.g., based on their earlier experiences and lack of trust in the services. The interactional strategies are thus manifold, and they may momentarily either demonstrate understanding and empathy for a client's experiences or they can lead to misalignment and the client's experience being bypassed (see Lee et al., 2019).

4. Aim and Data

The focus of this article is sequences in which clients describe experiential inaccessibility and how other participants (professionals and experts by experience) orient to them based on their respective roles and duties: Do they accept the client's experience or bypass it, and what kinds of interactional strategies do they employ while doing so? The research question in this study was therefore:

> How are clients' descriptions of experiential inaccessibility oriented and responded to in multiprofessional team meeting interactions?

The data were collected as part of the Integrated Work in the Renewable Health and Social Services Centre: Towards Dialogue, Participation and Spatiality project during 2021. The focus of the project was the integration of social and healthcare services from a social work perspective, as well as from the point of view of enhancing client participation. The project took place in the planning phase of the extensive reform of the Finnish social and health care system, as well as the nationwide development of social and health care centres that integrate different professionals and services (Ritala-Koskinen et al., 2025). The welfare centre referred to in this article, represents one form of social and health care centre that integrates professionals from different fields.

The data consist of seven audio-recorded multiprofessional team meetings with clients, which lasted 60–90 minutes each. The meetings were held with six clients in total (one client attended two recordings). The multiprofessional teams comprised different professionals who were working in a welfare centre: a social worker, a social advisor, a doctor, a nurse, a dental nurse, a psychiatric nurse, a physiotherapist, and a person representing third sector services. An expert by experience was present in each meeting, as was the chair who coordinated the teams. There were some variations in those who attended the meetings, as other professionals relevant to each client's case were also invited. They included professionals who had been working with the client for longer and knew their history.

The initial purpose of this multiprofessional teamwork was, for example, to assemble different professionals and the central actors related to each client's case and to find solutions for these clients' complex situations. The multiprofessional teams were so-called pilot teams which had just started to work together, and their aim was to develop multiprofessional and client-centred practices in the welfare centre (Kalari, 2024, p. 243; Räsänen & Juhila, 2025). The team meetings and their agendas were not strictly organised, and the clients had the opportunity to participate or, for example, to refuse the services and support the team was offering (Kalari, 2024; Räsänen & Juhila, 2025).

The clients' participation in the teams was voluntary. All the invited clients had long-term, complex social and health issues and histories of mental health and addiction problems. They had also had several contacts with different social and healthcare services. Some of them had faced homelessness, violent relationships, or severe somatic conditions (see Kalari, 2024, pp. 242–243). They were, or at least had been, clients of adult social work services. These clients could thus be categorised as clients who needed a lot of services (Juhila et al., 2021a, 2021b) and, as stated in the Finnish legislation, clients with specific needs (Ministry of Social Affairs and Health of Finland, 2014, § 3). They could also be characterised as clients who were found and reached (Juhila & Raitakari, 2024) and subsequently recognised as persons who need and could benefit from multiprofessional work.

5. Methodology and Process of Analysis

The analysis was based on institutional interaction studies of how participants in multiprofessional meetings orient in turn to clients' experiences of inaccessibility by using different kinds of interactional strategies (see Section 3). The meetings were understood as "joint endeavours," that is, they were created in situ: The participants views and ideas were seen as negotiated and produced during the meetings (Juhila et al., 2014, pp. 9–10). The analysis, therefore, demonstrates the ways the participants momentarily oriented to the different interactional strategies employed during the meetings (p. 13).

In the first phase of the analysis, clients' descriptions of experiential inaccessibility were coded from the data using the Atlas.ti 24 program. The codes were formed after reading the data carefully and combining these observations with the definition of experiential accessibility introduced by Heidi Vanjusov (2022). The clients' descriptions were divided into four codes: (a) experiences of being treated badly; (b) experiences of not receiving the help or services they needed; (c) stigma related to their situations, for example, to the use intoxicants, and (d) other people's views and experiences that reflect the client's own negative experiences of services. The first two themes were the most common in the data, while the other two were reported infrequently. It should be noted that two or even three of these codes could appear within one description.

In the second phase of the analysis, the responses of the members of the multiprofessional teams to these descriptions were coded into three categories, in which the description of experiential inaccessibility was (a) accepted (72), (b) negotiated (36), or (c) bypassed or not accepted (16). All these different ways of responding could appear within one sequence or at least within one meeting. No situations were found in which the client's experience was denied outright by the others.

The results of the second phase of the analysis are reported in Section 7 of this article, which includes three illustrative extracts from the data that best demonstrate the different interactional strategies applied in the meetings by the participants when responding to the clients' descriptions of experiential inaccessibility.

6. Ethics

Official permission for the research project was received from the organisations that arrange the services. Each meeting participant was informed about the purpose of the research project and the data collection. Each participant signed a written consent form and was informed that they were free to withdraw from the research at any time. Although the clients had experienced many services and negative encounters, they were nevertheless willing to participate in the data collection, as they wished their contributions to assist other people with complex and similar problems in their lives (Kalari, 2024, p. 243). One or two of the researchers attended each meeting, but they did not participate in the conversations. The data were stored and handled confidentially in line with the ethical principles of the Finnish National Board on Research Integrity TENK (2019). All the participants' names and other identifying data were removed from the extracts.

7. Responding to Clients' Descriptions of Experiential Inaccessibility

Table 1 presents the transcription symbols used throughout the extracts in this article.

Table 1. Transcription symbols.

P	Professional (+ number indicating the different speakers and their roles/professional titles)
C	Client
E	Expert by experience
((…))	Researcher's comment
(…)	Deleted or unclear speech
(1)	Pauses in seconds
—	a cut-off

7.1. Experience Is Accepted

When accepting a description of experiential inaccessibility, the members of a team display an understanding of the client's situation, give affiliative responses, and focus on the client's experience (Ruusuvuori, 2005, p. 208). The first extract demonstrates the ways a client's description of experiential inaccessibility was accepted in a multiprofessional meeting. Prior to the discussion transcribed in the extract, the client and the rest of the team had been talking about the client's somatic condition, use of intoxicants, and experiences of not being acknowledged in a substance use service she attends, and the difficulty of establishing a trustworthy relationship with the workers. Extract 1 is a continuation of this discussion, with the social worker, who was invited to the team and who knows the client's history, speaking first:

Extract 1

1. P4 (social worker): What I think stands out now and it's a very sad situation that in that ((substance use services)), that kind of personal worker relationship didn't come up, as that's the place you regularly attend to. So that'd be a clear space for it. But certainly, this is ((an issue)) that we need to think about in this group.

2. C: I was not able to speak this much ((referring to this meeting)) to that ((worker in the substance use service)), as he probably thought that I was being snappy or something, as I was so fed up. There can't be this kind of setting where I become uneasy on behalf of the nurse, as he is so young and unexperienced. So, I can't (7) we can't teach our world to anyone when someone is fishing for information. It must come some other way.

3. P4 (social worker): But then that comment about the expert by experience could be something to think about. Of course, there's also a need to find a proper common history and then to find that connection, but that could be an issue to think about.

   ((Omitted talk in which the expert by experience describes his previous experiences with finally getting help from another expert by experience))

4. P1 (chair): Good. Do you ((talks to the expert by experience)) have anything else to say about this conversation as you've been listening?

5. E: Yeah, I was thinking quite a lot about my own history, background, as there's not that much time from it. More than five years or about five years ago approximately, it was then exactly that people changed and there'd be some kind of trustworthy person also here on the professionals' side, so to say. The expert by experience really isn't, that there was always a different person, and then you tell them. I say it's very frustrating when you tell the same story from one week to another; there's always some new person and (…). That feels like the situation is not going anywhere; you're just stuck with the same shit all along.

6. C: Yes.

7. E: That there'd be so to say a trustworthy person or contact person who kind of views the big picture and takes on it. Takes the other needed pieces, ((and)) the professionals along to it and gathers your service package.

8. C: Indeed

9. E: These kinds are in many other service (…) fields that I have ran into. There's talk about the responsibility, someone in charge of a client and takes care of all issues related to it. Dunno how it can be organised in practise, but that'd be optimal ((situation))

The extract begins with the social worker's reflection on and understanding of the client's earlier description of her situation and her experience of not having a functional relationship with the worker in the substance use service, which the client regularly attends. She ends her turn by noting that this is a joint issue for consideration in the multiprofessional group. Her strategy is thus to align with the client's experience, to grasp the situation, and to try to find a solution for it together with the team. The client continues to describe the problems she faced in the substance use service that complicated the formation of a trust-based relationship with the worker. This can be interpreted as a complaint about the service she experienced and the ways she was treated there. The complaint is not addressed through action taken by the multiprofessional team; nevertheless, they take the client's side and assume responsibility to solve the problem (see Drew & Holt, 1988; Ruusuvuori et al., 2019). The social worker notes an earlier proposal to solve the situation, that is, to connect the client with an expert by experience who has shared the same experience.

A few turns have been omitted, in which the expert by experience described his similar experiences and how he finally received help from another expert by experience. Their strategy is thus to strengthen the professional's proposal to obtain help from a peer. The chair then joins the conversation and proposes the strategy of using the expert by experience as a resource by asking whether he has anything else to say in this situation. In turn 6, the expert by experience adopts the strategy of aligning with the client's story and providing justifications and evidence to the multiprofessional team that the client's experience is valid and needs to be addressed. His strategy is also to give (turns 5, 7, and 9) advice (Hall & Slembrouck, 2014) to the rest of the team on how to handle the situation: Another expert by experience is not the only solution; rather, a trustworthy, stable professional in the service field is needed—someone who will take responsibility and gather the necessary professionals. The client acknowledges these with minimal responses ("yes," "indeed").

The solution the multi-professional team arrives at is that a nurse—a member of the multiprofessional team who was absent from the meeting—will be the client's long-term contact person. The nurse will take responsibility for the situation and gather the relevant professionals and services as needed.

7.2. The Experience Is Negotiated

When negotiating a client's descriptions of experiential inaccessibility, meeting participants may not accept them verbatim but may try to negotiate them, for example, by trying to look at the experiences from another perspective. Extract 2 demonstrates how the client's experiential inaccessibility based on other people's experiences and knowledge about the service is not taken as such but is negotiated using different approaches. The problems of housing and money and the client's severe illness were on the agenda in the meeting:

Extract 2

1. P (chair): What about, as ((social worker from the adult social services)) proposed, this intermediate account service ((voluntary service where one's finances are managed by the social services)), so do you still have same view that you don't
2. C: Yes.
3. P (chair):—want it-
4. C: No, I don't.
5. P (chair):—for your assistance? It's like kind of that you'll have your own money for you to spend-
6. C: Because I know people-
7. P (chair):—just saying
8. C:—who have intermediate account service and, no, and I know their experience, so no.
9. P (chair): It's like, intermediate account service is quite mild in relation to guardianship. From intermediate account service, you'll get your own money for yourself if, for example, rent and power ((bills)) have been paid.
10. C: Well, power has never been cut in my house
11. P (chair): Yes, you've been able to handle it.
12. C: Yes (...) And my sister is, she is like, she is a guardian and like, indeed, she is a social worker in the field of alcohol ((likely a social worker in substance use services))

13. P (chair): So she also knows a lot—
14. C: She knows, she knows
15. P (chair):—about these
16. C:—so not by any means that kind of.
17. P (chair): ((asks from the expert by experience)) You haven't ever had intermediate account service, have you?
18. E: No, I haven't.
19. P (chair): As I was thinking just that, as I've had ((when working as a social worker)), these clients and many of them refused first, that no way this intermediate account service. But then, somehow, many of them, what I remember when working with clients, finally were pleased about it, as it eases the pressure of money, like handling rent or the like. But I understand the resistance well. But I have many times seen that it has helped. And then, it doesn't have to be a solution for the rest of life at all, but only for a certain time, so you'll get over the hardest crisis, especially securing housing, which is an extremely important thing. But you can think about it; maybe you can think together with ((social worker from adult social services)), as there's also this housing under question ((the client wants to move away from her current apartment as there are some problems)). Sometimes it can be that some landlords say that you can have ((the apartment)), but they require a contract of intermediate account service. But I don't know the situation, for example, with this ((refers to a company that rents apartments)).
20. C: It's like, these people have been on this intermediate account service, then they have to ask for the money, and the money comes at certain time, and they run to the ATM and so on, as there's no money, the money has not come. As I'll definitely not agree with that kind at all.

The extract begins with a discussion initiated by the chair (whose background is in social work) regarding an earlier proposal by the adult social worker (who is absent from the meeting) to introduce the intermediate account service. This indicates that the proposal is not new, and it originally came from a party that is not in attendance at the meeting. The chair asks for the client's opinion by referring to her previous comment. The client sticks to her viewpoint and refuses to take up the option of the intermediate account service. The chair adopts the strategy of persuading (see Suoninen & Jokinen, 2005) the client to use the service by explaining the intermediate account service and downplaying its seriousness (turn 9): "((It)) is quite mild in relation to guardianship." The chair seems to aim to soften the client's resistance by offering indirect advice and information about the service in question.

The client continues to refuse to take up the service, as she has second-hand knowledge and experience about it from other people who have used it. Other people's perceptions thus influence her decision not to use the service (Vanjusov, 2022). The client also provides evidence of her ability to use money (turn 10): "Power has never been cut in my house." The chair aligns with the client: "Yes, you've been able to handle it." The client continues to justify her resistance with a reference to a family member's expertise and knowledge of the intermediate account service as inaccessible. The client has a strong viewpoint and is resistant to using the service, but the chair does not completely align with her.

The chair continues to try to persuade the client to consider the possibility of using the intermediate account service. In turn 17, the chair adopts the strategy of asking for support from the expert by experience, whose opinion the client would likely respect more, but she does not receive support from them, as they do not have any experience with the intermediate account service. The chair again speaks of her second-hand knowledge to persuade the client; she talks about her previous clients who initially did not want the service (like the client) but eventually benefited from it, as it "eases the pressure about the money, like handling the rent" (turn 19). The chair adopts the strategy of minimising the situation by explaining that there is no need for the client to use the service for the rest of her life but only to secure housing at this point (turn 19), "which is an extremely important thing." She then softens her proposal ("But you can think about it") and suggests that the client also consult the adult social worker about it. As part of her persuasion strategy, the chair shares her knowledge of the possible requirement from landlords to have the intermediate account service when renting an apartment. The client again refers to her second-hand knowledge and experience to justify her resistance to using the service (turn 20). The extract continues:

21. P (chair): What if I can still propose, as I don't know any expert by experience, who has been on intermediate account service, but if I run into one, would you be willing to talk with them? They could talk about their own experiences. I understand that there's a lot of bad experiences, but then the service has not been so (…), or whatever the reason is. But it could be, as now you have this team behind you, so we'd definitely try ((to cross)) the pitfalls, if there are any, as where does this feeling come from that this doesn't work and I have to demand my own money, so we'd try to mend it the best we can.

22. C: These people, they have been forced to fight for these issues. I trust in what they are saying.

23. P (chair): You have such strong experience with it.

24. C: Yes.

25. P (chair): But would you be willing to talk with an expert by experience if I find one?

26. C: No, I'm not. I have these experts by experience in my personal circle, and their experiences, I believe in them completely.

27. P (chair): This is something you have clearly, that you have thought about a lot and

28. C: Yes

29. P (chair): You have strong thoughts about it

30. C: Yeah, yeah.

The chair does not completely accept the client's refusal, as she continues to try to extract a small concession from the client—whether the client would be willing to talk to a person with the same experience. She also orients to align with the client's second-hand knowledge and experience but tries to convince the client that the team will be there for her and could counteract possible problems. The client again orients to experiential accessibility and refuses the offer by stating that she trusts the experience of the people she knows. The chair acknowledges this but questions the client's willingness to talk to another person who has experience. The client refuses: the service is rendered redundant because she has such people in her personal circle. The chair then recognises that the client has already considered the issue and accessed second-hand knowledge regarding the issue. The chair confirms the client's view, thereby respecting and finally aligning with her decision.

7.3. Experience Is Bypassed or Not Accepted

Although in the minority in this study, some of the participants' responses bypassed or did not reflect the clients' descriptions of experiential inaccessibility. This means that the experiences were not addressed in any way, and the participants either changed the topic or returned to discussing the issue at hand before the experience was first mentioned. The final extract demonstrates a moment in a meeting when the client's description of experiential inaccessibility was bypassed. During the meeting, the client described several experiences of underestimation and stigmatising service encounters. The meeting participants have shown an understanding of and alignment with the client's descriptions. The client's difficulty leaving his home and engaging in social activities was one item on the agenda in the meeting. The extract begins with a professional's question regarding a low-threshold coaching service that is designed to help people with out-of-home activities:

Extract 3

1. P (psychiatric nurse): You've had this Social Insurance Institute's ((low threshold coaching for young adults)), isn't that so? So how it has benefited you, how'd you assess it?

2. C: So, it was useful (...), as it helped to keep me active, but I just complained about it or cursed that in practice, when it was over, the Social Insurance Institute started to make things difficult in the final stage, as they regulated the allowances without me knowing. No one informed me that first they cut the housing allowance and then the rehabilitation allowance. No one informed me about these in advance so that I could do something about it.

   ((A few sentences omitted about an incorrect tax percentage and how the client tried to fix it and how it did not work out))

   C: I can't do business with Social Insurance Institute, as when I open my mouth, that you have a mistake there, they start to yell at me. So, I find it impossible to handle anything at all, as the treatment is like that in every area. When I tried to inform the employment office that I'm incapable of working, they started to imply that the healthcare centre knows something that I don't and that's why I need to pee in a cup. How do you react properly to things, as it's like that in every place and that's why I have started to lose my temper in every place? ((a few sentences deleted)) (3)

3. P (psychiatric nurse): That ((low threshold coaching)) has ended this year, the latest ((coaching)), hasn't it?

4. C: Yes.

5. P (psychiatric nurse): When did it end, in which month?

6. C: I don't remember (...) at the end of the summer.

7. P (psychiatric nurse): But you got out of your home with the coach (C: Yes) and was it active, ((did)) you gain that sort of encouragement?

8. C: Yeah.

The professional asks about the low threshold coaching service the client attended, including how useful it was. The client answers the question by saying that it was useful, and it helped him remain active. He then starts to describe the mistreatment he experienced when the coaching was over and the reasons he complained about them. He has had many experiences of being bypassed and is suspicious of authorities, hence descriptions of experiential and interactional inaccessibility. The client's points can be treated as a complaint, but in turn 3, neither the professional nor anyone else in the meeting orients to the client's complaint in any way (at least, this is not audible on the recording). Instead, the professional adopts the strategy of keeping to the original agenda, that is, to discuss the low threshold coaching service. As the multiprofessional team is not identified as responsible for the complaint issue, they do not, at this point, take responsibility for solving it (Ruusuvuori et al., 2019). In this moment during the meeting, the team does not orient towards dismantling the client's experiences, but rather, they maintain the institutional task of helping by trying to find a solution so that the client will have enough courage to go outside of his home.

8. Discussion and Conclusions

In the studied multiprofessional meetings, the clients identified and described a variety of experiences with different kinds of services and authorities. The clients were also given time and space to talk about their experiences, which is not always the case in multiprofessional meetings (Juhila et al., 2021b). Their experiences of inaccessibility often concerned past encounters with different authorities, which relates to the notion of interactional accessibility (Ranta & Juhila, 2025)—with accessibility being based on "issues of communication, interaction and encounter" (Raitakari et al., 2023, p. 78).

In the meetings, the clients' earlier experiences were addressed via a variety of interactional strategies; they were mostly accepted and received by the other participants, who focused on the clients' experiences and validated, were aligned with, and displayed an understanding of them. These observations connect with the notion of meetings as integration ceremonies (Hall & Dall, 2021), in which clients are oriented as active participants when discussing their personal problems (Juhila et al., 2021b, p. 226). This also relates to recognition of the client's experience and knowledge as valid (Fricker, 2007; Lee et al., 2019) and the meetings having a supportive and empowering effect on clients (Fargion et al., 2019; Raitakari, 2023, p. 193).

Notwithstanding, the clients' experiences were negotiated and not received verbatim. The other team participants used the strategies of persuasion (Suoninen & Jokinen, 2005), advice giving (Hall & Slembrouck, 2014), appeals to factual or experiential knowledge, downplaying the seriousness of the services offered, or proposals advocating for concessions from the clients to encourage them to use the services. They leveraged the other participants as resources to convince the clients to accept the proposed services because they would be beneficial for them. In particular, the experts by experience were oriented as resources to persuade the clients to accept the proposed services or to justify the clients' previous experiences. In their accounts, the experts by experience validated the clients' experiences and gave advice to the rest of the team on how to manage the situation. Most importantly, they performed acts of understanding by sharing their similar experiences, that is, second stories (Sacks, 1992, as cited in Ruusuvuori, 2005), and they provided "evidence of their ability to understand and to relate to" the clients' situations (Ruusuvuori, 2005, p. 219). The role of the experts by experience in institutional interactions is thus distinct, as their attendance is based more on being clients' peers and positioning themselves as role models who can encourage clients to change (Palukka et al., 2019, p. 33). This study thus confirms the importance of experts by experience in multiprofessional meetings, as they can build a bridge between clients and professionals, enable professionals to understand clients' experiences (Palukka et al., 2019), and strengthen clients' experiential accessibility (Vanjusov & Ranta, 2023, pp. 252, 254).

In some instances, the client's experience was bypassed; the other participants did not adopt the strategy of acknowledging the experience; rather, they challenged the experience, changed the topic under discussion, or continued with the topic that had been discussed prior to the client mentioning the experience. These moments in the meetings were similar to degradation ceremonies (Garfinkel, 1956, as cited in Hall & Dall, 2021), as they devalued the knowledge of the client (Juhila et al., 2021b, p. 236). From the client's perspective, this could have been construed as yet another experience of an inaccessible service.

When an experience was negotiated or bypassed, the professionals focused on their institutional tasks instead of the client's experience or complaint. This could be interpreted, as Raitakari et al. (2021, p. 134) noted, as displays of topic control or disconnect from the mutual collaboration, but it could also indicate the professionals' "responsibility to lead the interaction and get on with the institutional agenda." The professionals could not focus completely on the client's experience, as they needed to find a solution to the client's problem and ease their situation. Thus, the institution can set boundaries on how and the extent to which clients' negative experiences can be received (Ruusuvuori, 2005, p. 206). As shown in the respective extracts, the professionals' institutional agendas were to generate a long-term trustworthy professional–client relationship, to solve a client's housing and money issues, and to encourage a client to leave their home and engage in social activities. In this sense, the multiprofessional teams tried to improve the accessibility of the services for their clients, even though on the interactional level, they did not necessarily improve the clients' experiences of being heard and acknowledged. This is an issue that certainly needs to be studied more widely, especially from the perspectives of clients.

As this article focused on studying the multiprofessional meetings in a particular welfare centre located in a Finnish city, the results are not generalisable to all meetings and contexts, and further study of the subject is needed. Nevertheless, the analysis of the meeting interactions has made visible the various negative experiences and stigmatisation the clients or their close ones encountered and the importance of ensuring these experiences are heard, which resonates with earlier findings (e.g., Maeseele et al., 2013; Neale et al., 2008; Ranta, 2020; Ranta & Juhila, 2025). The meetings offered a setting for the clients to describe their situations and problems and gave an opportunity to refuse the offered services based on their experiences; thus, their epistemic rights were recognised (Fricker, 2007; Lee et al., 2019; Räsänen & Juhila, 2025). As there were no strict agendas or necessity for certain decisions to be reached, it also raises a question of the team's possibilities and boundaries of helping their clients (Räsänen & Juhila, 2025). The value of this study for professionals working in multiprofessional teams is that it illustrates the importance of experiential accessibility and the necessity of building trustful encounters and interactional relationships with clients. With regard to enabling accessibility, it is essential to dismantle the obstacles and thresholds related to client encounters (Raitakari et al., 2023, p. 76). This study will hopefully help individuals who have had experiences of inaccessibility to feel they can be heard and included in social and healthcare services, especially in multiprofessional meetings.

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Conflict of Interests

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Data Availability

The data of this study is not publicly available due to ethical reasons.

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ARTICLE

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Normative Boundaries Limiting Accessibility to Social Work for Queer People with a Refugee Background

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Abstract

This article discusses the accessibility of social work from the viewpoints of queer people with a refugee background in Finland. It analyzes how intersecting norms create boundaries that limit accessibility to social work. Earlier research on social work with queer populations is scarce, especially in the Nordic context. This article aims to fill this gap. The data consist of qualitative interviews with queer people with a refugee background and with social workers carried out in Finland in 2019–2020 and are analyzed with thematic analysis. The theoretical approach follows critical social work research, queer studies, and decolonizing studies. The results suggest that accessibility to social work in reception centers and immigrant social services is shaped by heteronormativity and white normative neoliberalism. The normative boundaries become visible as silences, stereotypes, queer blindfolding, a sense of rush, a sense of distance, and a sense of alienation. The results suggest that anti-oppressive practice is crucial in providing accessible social work to queer people with a refugee background. This calls for structural changes in social work education and neoliberal social work institutions.

Keywords

accessibility; boundaries; heteronormativity; neoliberalism; queer; refugees; social work; white normativity

1. Introduction

Jamal, a queer research participant with a refugee background, explained their experiences with a social worker in the following way:

> Jamal: I never felt when I was living in the reception center that a social worker exists….The way how they were working, the way how they were behaving, they closed the bridge to communicate together. And they didn't let me feel safe to be open with them about my feelings, about my life.

Social work with people with a refugee background is a vivid research area, but the specific questions about social work with queer people with a refugee background require more scientific attention. My goal with this article is to understand what social work looks like from the perspectives of people applying for asylum in Finland because of their non-normative sexuality and gender. Thus, the research question is: How do the normative boundaries of social work shape social work accessibility for queer people with a refugee background in Finland? The article focuses on one empirical section of my doctoral monograph, published in Finnish in 2024, and aims to strengthen its theoretical discussion.

In this article, I use the word queer to describe sexuality or gender that differs from the norms of heterosexuality and/or cisgenderism (meaning that the gender corresponds with the sex assigned at birth). Sometimes I write about non-normative sexuality or gender to refer to the same. By using the word queer, I do not aim to define anyone's identity. I am aware that "queer" is an English word, with a history in US activism and academia. Despite its shortcomings, queer is a word that aims to oppose Western categorizations and focus on norms instead of identities (see Akin, 2017; Ali, 2023, p. 27). With the words "refugee background," I refer to anyone who has applied for asylum or refugee status in their recent past. By using those words, I have tried to avoid often artificial categorizations of residence status but, at the same time, bring out the experiences of seeking refuge (see Baltra-Ulloa, 2016; Schröder, 2023). With social work, I mainly mean professional social work conducted by a licensed social worker, although the service-user participants also occasionally referred to social counselors as social workers.

Research on social work with queer people with a refugee background is limited but growing. Research has outlined the service needs of queer people with a refugee background in the US and Canada (Heller, 2009; Mulé, 2022), possibilities of anti-oppressive practice with queer refugees in Canada (Lee & Brotman, 2013), questions related to accommodating queer asylum seekers in Serbia (Badali, 2019), and taking faith into account in social work with queer Muslim asylum seekers in the US (Kahn, 2015). The literature review by Lee et al. (2021) outlines what research in other fields has to offer for social work. In Finland, there is a gap in social work research on queer people with a refugee background, as well as social work research with queer populations in general, which this research seeks to fill.

In the following sections, I highlight existing research on the social work service needs of queer people with a refugee background. I then move on to discuss the concepts of normativity, boundaries, and accessibility, paying special attention to heteronormativity, white normativity, and neoliberalism. Subsequently, I present my methods and research participants. In the empirical section of the article, I first report how heteronormative boundaries shape the accessibility of social work, and then move on to report how white normative, neoliberal boundaries do so.

2. Social Work With Queer People With a Refugee Background

Queer people with a refugee background might have specific social work service needs that need to be considered in the service provision. The specific service needs include access to peer support groups, securing safety in housing, support in the asylum process, and psychosocial support. For many, peer support groups for queer people with a refugee background act as places of safety, community, belonging, and identity work (Akin, 2017; Ali, 2023; Pullen & Franklin, 2024; Wimark, 2021). Safe spaces to feel belonging and share experiences are important for many minorities and help them to cope with minority stress caused by discrimination and negative attitudes (Meyer, 1995).

One of the key factors creating social work service needs for queer asylum seekers is the risk of mental, physical, and sexual violence in reception centers or private accommodations (e.g., Danisi et al., 2021, pp. 331–387; Wimark, 2021). The violence can also be honor-related, which makes it particularly wide reaching (Czimbalmos & Rask, 2022, pp. 42–44, 76). It is crucial that social workers recognize the risks of discrimination and violence and support their service users in finding secure accommodation (Badali, 2019). When providing psychosocial support, it is important to understand that many queer people have experienced violence, abandonment, and abuse already in their childhood families, home countries, or during their journey to seek asylum (Alessi et al., 2016; Bhagat, 2023; Lee et al., 2021; Wimark, 2021). This highlights the importance of trauma-informed and anti-oppressive practice while working with queer people with a refugee background (Alessi et al., 2016; Czimbalmos & Rask, 2022).

Transgender, non-binary, and intersex people are particularly vulnerable in the context of seeking refuge. There is little research specifically on transgender people with a refugee background, and in research on queer refugees, transgender refugees are usually a small minority (Camminga, 2019; Lee et al., 2021). One of the major challenges that transgender asylum seekers face is the barrier to accessing gender-affirming care. In Finland, gender-affirming care is not usually regarded as an acute and necessary medical treatment that asylum seekers have the right to (Czimbalmos & Rask, 2022, p. 45). Reception centers often have gendered bedrooms or bathrooms, which expose transgender asylum seekers to transphobic violence. The right to self-determination and safety should always guide the provision of housing for transgender, non-binary, and intersex asylum seekers (Camminga, 2019, p. 10).

Additionally, social workers in reception centers hold a crucial role in providing information about the rights of queer asylum seekers and finding a lawyer with expertise on queer asylum cases (Heller, 2009; Lee & Brotman, 2013). Granting asylum because of persecution based on non-normative sexuality or gender is based on the UN Refugee Convention from 1951, where belonging to a particular social group has been listed as a ground for asylum (Danisi et al., 2021, pp. 8–11). The EU asylum system places numerous barriers for queer asylum seekers to have their needs for international protection recognized, such as pressuring them to express their non-normative sexuality or gender in Western terms and to be openly “out of the closet” (see Akin, 2017; Bhagat, 2023; Schröder, 2023). Lunau and Schröder (2025) see this as a form of colonial surveillance of sexual and gender binaries. Structurally, social workers should advocate for more decolonial, inclusive, and just asylum policies (Lee et al., 2021).

3. Normativity, Boundaries, and Accessibility

I approach social work accessibility through the concept of normative boundaries. I understand norms as characteristics or actions classified as normal and thus separated from those classified as abnormal (Foucault, 1975/1977). Foucault’s (1975/1977) notion of normalizing power describes the techniques of control used to evaluate and categorize people in relation to norms. Norms are often used as a tool for restriction and violence, although they also contain the possibility for change and resistance (Butler, 1993).

This article draws from critical, queer, and decolonial theories, all of which critically examine oppressive norms and try to dismantle them. Queer theory is particularly focused on heteronormativity, which refers to a social structure in which heterosexuality is considered more natural and legitimate than other forms of sexuality (Argüello, 2021). Heteronormativity also limits gender because it contains the assumption of two binary gender categories that are oriented toward each other (Butler, 1990). One ideology that strongly influenced the normative control of non-heterosexual behavior in Europe and its colonies was the development of eugenics in the 19th century (Lunau & Schröder, 2025; Somerville, 2000, pp. 25–29). In Finland, eugenics strongly affected the medicalization, criminalization, and social stigma of homosexuality (Hagman, 2014, p. 1). Homosexuality was removed from the Finnish disease classification in 1981, but heteronormativity continues to structure Nordic societies in a form of benevolent homotolerance that fails to address the inequalities affecting the lives of queer populations (Røthing & Svendsen, 2010).

In decolonial theory, the focus is on the critique of coloniality and whiteness. Whiteness does not directly refer to being white or light-skinned but more broadly to the ways of thinking, knowing, and doing that naturalize white epistemologies and practices (Tascón, 2020; Ward, 2008). By using the term white normativity, I want to pay particular attention to whiteness as the standard by which "normal" people, ideas, and practices are measured (Ward, 2008). Whiteness and coloniality have shaped the foundations of the modern social work profession that, according to Tascón (2020), was born white. Social work draws from Eurocentric knowledge production and practice where colonial beliefs, structures, and policies promote white worldviews as universal (Udah et al., 2025). This white epistemology in the broader social work culture "trickles down" into social work institutions as white normative social work culture (Yassine, 2020; see also Ward, 2008).

Eurocentric, white normative values, such as individualism, rationality, objectivity, and universality, became the cornerstones of the rising professionalism in social work in the 19th century (Clarke & Yellow Bird, 2020, pp. 2, 34; Mathebane & Sekudu, 2018; Tascón, 2020). The same values are promoted by neoliberalism—a political project launched in the 1980s that aims to reformulate the state through the logic of marketization (Herz & Lalander, 2018). Neoliberalism has increased professional surveillance, performance measures, and overwhelming caseload volume in social work, further reinforcing the white normative social work culture of individualism, universality, and inflexibility (Cosgrove & Pyles, 2023). Neoliberal social work can be seen as a continuum of the white social work history, coalescing into a storm that Cosgrove and Pyles (2023) call "white, neoliberal social work."

Norms and normativity are linked to boundaries. I understand boundaries as metaphorical dividing lines drawn between what is considered normal and what is not (Anzaldúa, 1987). According to Anzaldúa (1987), borders are intended to push undesirable things to the margins. The boundaries that influence social work practice, such as heteronormativity, push queer people and their service needs to the margins of social work by rendering queer people invisible and reducing their trust in social work (Argüello, 2021). Thus, the normative boundaries are linked to the accessibility of social work, which refers to the extent to which people can access social work and have their service needs met (Vanjusov, 2022, p. 64, 71). Vanjusov (2022, p. 70) has divided accessibility to services into five dimensions that I loosely follow in my analysis: institutional, informational, economic, physical, and experiential.

4. Methodology

This research draws on 23 qualitative interviews with queer people with a refugee background and with social workers conducted in the years 2019–2020 as part of my doctoral research project. What is notable in the timing of the interviews is that the narratives of the participants largely focused on years following 2015, when social work in reception centers and immigrant social services was overloaded because of the rapid increase in the number of service users. The interviews were also conducted before Russia's invasion of Ukraine, after which the number of queer refugees from Ukraine and Russia increased. Thus, the interviews are conducted in a particular social moment, but much of their content can be thought of as still relevant to today's social work.

4.1. Participants

Eleven of the participants arrived in Finland from African or West Asian countries in the 2010s and applied for asylum based on their non-normative sexuality or gender. They all had met a social worker in reception centers or immigrant social services, or both. Most of them referred to themselves as homosexual, gay, LGBT, or a sexual minority, and two of them identified as transgender or expressed gender nonconformity. The recruitment of nine participants happened through two NGOs in southern Finland offering peer support activities for queer people with a refugee or migrant background. For the participants to remain anonymous, I have not named the NGOs. The recruitment of two participants happened through my personal contacts.

Twelve of the participants were social workers who had work experience either in reception centers or immigrant social services, which is a special social office for people who receive international protection in Finland. Among the participants' work experiences, the two different work environments were represented by more or less the same number of people. I recruited nine of the social worker participants by contacting two cities in southern Finland and asking the city administration to circulate the call for social workers in the relevant services. Three social workers I reached independently by publishing a call in a closed Facebook group for social workers. Most participants were licensed social workers, and all of them had the right to temporarily work as a social worker. Around half of the participants had 7–18 years of work experience as a social worker, while the other half had 1–5 years of work experience.

4.2. Interviews and Analysis

Interviews with the service users were individual, semi-structured thematic interviews. I loosely followed an interview framework that contained questions about their experiences with social work services in Finland, bringing out non-normative sexuality or gender with the social worker, and experiences with the asylum process. Sometimes I also drew references to interviews with social workers to create dialogue between the two datasets and asked the service user questions like: "Do you agree or disagree?" and "What would you like to say to the social workers?" On average, the interview with each service user lasted less than two hours. To secure the privacy of the service user participants, I transcribed their interviews myself. In the interpreted interviews, I transcribed the speech of the interpreter without having access to the original speech, which may have affected the analysis. I respected the participants' preferences about the interpreter and the place of the interview to create a safe atmosphere. Seven of the interviews were conducted with an interpreter who interpreted the responses either into Finnish or English, and four were conducted in English. The interpreters were either professional, workers in the NGOs, or, in one case, a friend of the participant.

In most cases, the interpreter was already familiar with the participant and could even make the interview situation more relaxed.

Interviews with the social workers were semi-structured thematic interviews. Most of them were conducted individually, but one was conducted in a pair. I followed an interview framework containing questions about the presence of sexual or gender minorities in their work, such as: "How visible is the theme of belonging to a sexual or gender minority among your clients?" I also asked, for example, about the work content with sexual or gender minority service users and their views about the life situations or service needs of queer service users. On average, the interviews with each social worker lasted around 1.5 hours. For transcribing, I used a private transcription service (Tutkimustie). The interviews were conducted in Finnish and I have translated the Finnish quotes into English for this article.

I analyzed all the interviews by following the six steps of thematic analysis: (a) familiarizing myself with the data, (b) generalizing initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report (Braun & Clarke, 2006). I started the analysis inductively, examining how both the service users and social workers have experienced social work services and interactions, and by generalizing initial codes in ATLAS.ti (version 9.1.7.0 for Windows; phases 1 and 2). I coded interviews from both datasets alternately, so that the same codes and themes ran throughout all of the data. I continued arranging the potential themes and subthemes in a Word document (phase 3). Once the process proceeded, I noticed an emphasis on social work accessibility and different boundaries limiting it. After that, the boundaries of accessibility became a central focus in the research and guided the revision and final definition of the themes (phases 4 and 5). I also used theoretical concepts such as heteronormativity, white normativity, and neoliberalism when defining and naming the themes and producing the report (phases 5 and 6). The themes are distributed relatively evenly across the two groups of participants, except for the subtheme "stereotypes," which was mostly drawn from the social worker interviews. The themes and subthemes are demonstrated in Table 1.

Table 1. Themes and subthemes formulated via thematic analysis.

Focus of the article	Themes	Subthemes
Normative boundaries limiting accessibility to social work	Heteronormative boundaries	Silences Stereotypes Queer blindfolding
	White normative, neoliberal boundaries	Sense of rush Sense of distance Sense of alienation

4.3. Ethical Aspects

The research was conducted with people in vulnerable positions and deals with potentially sensitive topics, which places particular emphasis on research ethics. I have paid special attention to the ethical principles of informed consent, minimizing the risk of harm, and protecting the anonymity and confidentiality of all research participants, but especially those with a refugee background (see Clark-Kazak, 2017). I have made sure the information about the research is accessible by organizing interpreted informational sessions about the research and translating the information sheets and consent forms into several languages. To minimize the risk of harm in the interview situations, I tried to build trust beforehand by working as a volunteer in one NGO before and after the interviews. Data security is linked to minimizing the risk of harm when leaking information could form a safety risk for the participants (Clark-Kazak, 2017), as was the case with the service user participants. I paid extra attention to data security and anonymity by carefully protecting the data and anonymizing any personal information in the publications. I have used pseudonyms for all the participants, and to secure anonymity, I mixed the pseudonyms so that the same pseudonym does not always refer to the same participant.

The research is rooted in critical, queer, and decolonial methodologies, which increases the importance of research ethics by calling for reflexive, responsible, anti-oppressive, and participatory ways of doing research (Brown & Strega, 2005; Smith, 2012). Conducting the research as a queer, non-binary, white Finnish social worker with social work experience with refugees and on migration activism, but without migrating myself affected my reasons for choosing this topic and the research process itself in various ways. I was able to share my experiences about queerness and heteronormativity with the service user participants, but my lack of experience with refugeeness or racism might have affected how comfortable they felt describing these experiences. Interview situations with social workers were less personal on both sides, but experiences about working as a social worker with refugees formed a common ground. For ethical reasons, I aimed to stay open and reciprocal about the research process, also after the interviews. I organized two interpreted update events about the research process for service user participants. I also sent the interview quotes for all participants to check and comment on before publishing them and translated the quotes to the language of the participant if necessary.

5. Findings

When analyzing normative boundaries in social work practice with queer people with a refugee background, two different themes stood out: heteronormative boundaries and white normative, neoliberal boundaries. These normative boundaries created practices that shaped the accessibility to social work for many of the interviewed service users. Above all, they made it more difficult for them to raise service needs related to non-normative sexuality or gender and, thus, to have their needs met.

5.1. Heteronormative Boundaries

Heteronormativity was particularly reflected in silences, stereotypes, and queer blindfolding, each of which I will discuss below more deeply.

5.1.1. Silences

Speaking about non-normative sexuality or gender felt difficult for both social workers and service users. If social work interactions and information materials only reflect the lives of heterosexual and cisgender people, it requires extra effort to disclose non-normative sexuality or gender. One central place of heteronormative silence was the informational session about social work provided for new asylum seekers in reception centers. Both social workers and service users expressed that the informational sessions were usually built in a heteronormative way and seldom had any information about queer rights or communities in Finland. Many queer service users emphasized how meaningful it would have been if the social workers had discussed queer rights. This would have made them feel that social work was there for them. This reflects informational inaccessibility, which can also lead to experiential inaccessibility (Vanjusov, 2022, p. 152). In the next quote, service user participant Wisam describes the multifaceted effects of gaining enough information:

> Wisam: That you talk about gay rights….For example, you give papers that have information about rights, obligations, gay organizations, organizations in general….That's very important, more than you can imagine. It gives people the courage to mention this when applying for asylum, and it also affects integration. It also affects the psychological side, if you talk about these things. (Interpretation to Finnish)

One of the key issues that created silences was that, according to the interviews, it was seldom that the social worker touched upon the possibility of being queer. Several social workers raised their concern that, if they had brought up the possibility of queerness in the appointment, it would have reinforced the stigma of queerness. This reflects the heteronormative homotolerance characteristic in Nordic societies, where passive ideas of homotolerance prevail instead of active forms of disrupting the heteronormativity (Røthing & Svendsen, 2010). Social worker Taneli's description of their well-meaning strategy of silence when meeting with a queer person with a refugee background mirrored many other social workers' descriptions as well:

> Taneli: My tactic is that I don't bring it up myself. I kind of show that I am interested in you as a person, and it doesn't matter to me. Kind of trying to create the atmosphere that you can talk about anything here. And I appreciate the other person as they are.

Consequently, bringing up non-normative sexuality or gender and possible service needs related to that was left to the service user's responsibility. However, disclosing their non-normative sexuality or gender to the social worker did not feel like an option for several service user participants. For many, it felt like a jump to the unknown (see Røthing & Svendsen, 2010)—they did not know whether the social worker would be supportive or discriminatory. Minority stress makes many queer people prepare themselves mentally for encountering discrimination (Argüello, 2021; Meyer, 1995), and some of the participants had previous experiences of homo/transphobic discrimination by authorities. This affected their preconception of social work and limited the experiential accessibility of the service (Vanjusov, 2022, p. 181). As follows, Florent describes how they were forced to take the risk of disclosing their non-normative sexuality to the social worker even though it was frightening:

> Florent: [Disclosing my sexuality] was frightening, it was not easy. It was the first time, and I could not anticipate how [the social worker] would take it. Of course it was scary, but I didn't have any other choice. So I talked to them and threw myself on it. And thank God I stretched out to them and told my story, and they took it in a great way. (Interpretation to Finnish)

Navigating the continuous "closet" and being cautious about where to come out and to whom is an everyday reality for many queer people with a refugee background (Schröder, 2023). If queer people with a refugee background do not feel like disclosing their sexuality or gender to the social worker is safe enough, it often renders some of their service needs invisible as well. For many service user participants, the idea of a social worker opening the discussion on queer topics would have been a sign that they care—something that the bare silence did not convey. However, many participants also highlighted that non-normative sexuality or gender must be touched upon very sensitively. One participant expressed that it must be mutual—social workers could also reveal something about themselves. Another participant encouraged social workers to use examples, stories, and metaphors to offer some hints that the service users could grab.

A few social workers described their strategies to bring up non-normative sexuality or gender in conversation in a sensitive manner. Social worker Anna-Maija describes their habits of letting the service user know that they are aware of their queerness without creating pressure to talk about it. This way, they help to break the heteronormative boundary while allowing the service user to stay discreet, as the following quote demonstrates:

> Anna-Maija: Often the clients want you to take it up [sexuality or gender] because it matters so much in the asylum process. In that case, there is no problem. But then again, some people want to be very quiet about it. Sometimes, if I notice it is a very sensitive issue for someone, I don't feel appropriate to poke at it as a stranger. Not in the beginning, or maybe never. Then...[pause, 7 seconds] For some clients, I just say, "Did I understand right, that you moved here because you are gay?" [laughter] Then they know that I know, and maybe you don't need to speak more about it. I just ask if they are interested in participating in a [peer support group] or not.

5.1.2. Stereotypes

Stereotypes about what a queer person looks like created another heteronormative boundary in social work practice. Most often, the stereotypes were constructed around the concept of vulnerability, especially in social work carried out in reception centers. Because of limited time resources, particularly in years 2015–2016, the idea of vulnerability affected social workers' decisions on who to invite for an appointment, as social worker Ida describes:

> Ida: A social worker cannot meet all [newly arrived asylum seekers]. So I meet the vulnerable ones, including sexual and gender minorities and families. That is the division.

Consequently, being classified as "vulnerable" enhanced the chances for asylum seekers to build contact with their social workers and have their service needs met. The importance of the category of "vulnerable" is linked to the EU directive laying down standards for the reception of applicants for international protection (Council of the European Union, 2024), where certain groups are categorized as likely having special reception needs. This requires reception center professionals to identify asylum seekers who may have special reception needs, including sexual and gender minorities. Several interviewed social workers described their various strategies to recognize asylum seekers who were potentially queer. Among them was social worker Ida:

> Ida: Nobody has like a stamp on their forehead [laughter] about belonging to a sexual or gender minority. Of course, sometimes a certain kind of habitus or something else makes you think that this could be, and on that basis, I meet them. Maybe also some kind of sensitivity or such in body language tells you that this would be good to meet. It is a message that there is some trauma package or something.

Characteristics that were mentioned by other social workers, implying potential queerness, comprised certain kinds of hand gestures, the number of rings, or a soft handshake. Other hints mentioned were conversion to Christianity, a bad relationship with parents, the wish to have a female interpreter, and studying to become a barber.

As a social worker, it is crucial to remain sensitive to the body language, emotions, and appearance of service users because they can carry important information about possible service needs. However, social workers' strategies to recognize potentially queer service users seem to rely on a stereotypical image of a gay male asylum seeker who is feminine-presenting, soft, vulnerable, and in need of protection (see Akin, 2019). This image is in line with the dominant Western expectation of queer refugees expressing their non-normative sexuality or gender publicly, which makes them more likely to be deemed "credible" by the asylum authorities (Bhagat, 2023; Schröder, 2023). As the stereotypical image narrows the possibilities of international protection for queer people with a refugee background, it also narrows their possibilities to have their service needs met by a social worker. This applies, for example, to masculine-presenting gay men as well as lesbian, bisexual, transgender, and intersex people. Heteronormativity narrows social workers' perceptions of queer people, who are not regarded as a diverse group as cis-heterosexual people. This might be influenced by the general and othering way of addressing queer populations in social work education and research that does not sufficiently recognize the within-group diversity (Mehrotra et al., 2023).

5.1.3. Queer Blindfolding

In reception centers, social workers regarded queer people as vulnerable once they fit the stereotype, but in immigrant social services, social workers tended to embrace queer blindfolding (Smith & Shin, 2014), which is a well-intended approach that emphasizes that queer people are just like everybody else. Most of the interviewed social workers highlighted that it is the responsibility of the service user to talk about issues related to their non-normative sexuality or gender if they want to. They emphasized that queerness is a personal matter and not appropriate to ask about. Even in situations where social workers were aware of the non-normative sexuality or gender of the service user, some workers were waiting for the service user to bring it up in conversation. The view presented in the next quote by social worker Helena was shared by several colleagues:

> Helena: There might have been a mention [of the client's queerness] in the papers from UNHCR [United Nations High Commissioner for Refugees] or Migri [the Finnish Immigration Service], but it is a bit so that these are private issues....I don't think we have the possibilities to start....Some issues, like this one, are private issues so you cannot, I will not start like....Especially if there is a risk to start, I don't want to start a destructive conversation.

Even though most of the interviewed social workers thought that asking about the service user's non-normative sexuality or gender was not appropriate, many of them reflected on it. They saw advantages when the issue came up, such as possibilities to guide the service user to peer support activities or support them in the asylum process (Lee & Brotman, 2013; Mulé, 2022). Some of them started to reflect on whether they should more often initiate discussions about the possibility of queerness. They also pondered how they could create an environment where the service user could more easily bring up issues related to sexuality or gender. These practices included creating a confidential atmosphere, having enough time, and bringing an open and anti-oppressive approach, as the next quote demonstrates:

> Taneli: To not bring it up first yourself so that the other wouldn't feel like it, for me would be an issue I want to know more about or pry into. Kind of creating the atmosphere that, for me, it is not a characteristic that defines this person. Because probably, I assume, also for them it is one characteristic among others that they can choose to either speak about or not.

Although social workers expressed efforts to create safer spaces, both quotes reveal a mindset that sexualities and genders outside cis-heteronormativity are something private and sensitive that the social worker should not pry into. Like Taneli, many social workers highlighted their own acceptance and view that queerness is "one characteristic among others" that should not require any special attention. However sensitive and homotolerant (Røthing & Svendsen, 2010) this mindset is, it reflects an individualistic approach. Seeing non-normative sexuality or gender only as a personal characteristic often leads to the conclusion that they belong merely to the private sphere instead of the social sphere and, thus, should not be the focus in social work practice (Argüello, 2021).

However, non-normative sexuality and gender—like normative ones—are essentially social issues. Focusing only on the personal dimension of queerness means ignoring the social and structural dimensions, which is in line with the individualistic approach of neoliberal social work (Smith & Shin, 2014). Queer blindfolding renders the non-normative sexuality or gender of the service user—as well as of the social worker—as an invisible curiosity that does not have a place in social work practice (Argüello, 2021). It creates institutional inaccessibility in social work because it limits the ways social work meets the individual service needs of queer service users (see Vanjusov, 2022, p. 111).

5.2. White Normative, Neoliberal Boundaries

The boundaries for accessibility caused by structural heteronormativity in social work practice intersected with the boundaries caused by white normative neoliberal practice. White normative neoliberalism was particularly reflected in a sense of rush, a sense of distance, and a sense of alienation, all of which have also been identified as features of white normative neoliberal social work practice in earlier research (Cosgrove & Pyles, 2023; Gatwiri, 2020; Lauri, 2018; Udah et al., 2025). When coexisting with heteronormativity, the boundaries become even thicker.

5.2.1. A Sense of Rush

> Jamal: Because we were so many people then, so I think the social worker also doesn't have time to meet all of us. So if you want to see the social worker, you have to be lucky.

Accessing social work is often about very concrete issues, such as how to contact a social worker, how often one can have appointments, and how long the appointments are. Several interviewed service users brought up difficulties in making the appointment and the sense of rush during the appointment as the most important things limiting accessibility to social work. The research participants who had good experiences with social work mostly had a long-lasting and close relationship with their social worker. The social worker had invited them for regular appointments, and contacting the social worker had been effortless. However, these experiences were quite rare, possibly due to the time of conducting the interviews (2019–2020). In 2015–2016, the number of asylum seekers in reception centers increased almost tenfold in Finland. New social workers were recruited, but not in proportion to new service users, which made the caseload grow manifold beyond the recommended number.

The social workers described how the constant rush affected the quality of service and even the issues discussed during an appointment. This is in line with the results of Cosgrove and Pyles (2023), who noted how the culture of busyness in white neoliberal social work presents challenges to being emotionally available for clients. In the next quote, social worker Lotta describes a situation in the immigrant social services of a big city in 2016–2017 when the caseload increased manifold in a short period of time:

> Lotta: The reality was that I met all clients once, and if it seemed so, mostly maybe another time after a month, and, at best, even a third time….So it was like maybe 10, or max 20 clients who I met more than that. The main rule with these 20-plus Iraqi men, of which there were a whole lot at that time, was that we meet once and then wait and see. If you speak English, try to manage, and if not, then maybe we can meet another time. There wasn't any time left for processing any issues or, like, talking.

According to Lotta, the low-quality service fell particularly on the "20-plus Iraqi men." Other service user groups, like women, families, and older people, were prioritized due to the lack of resources. However, young, single men are also overrepresented among queer asylum seekers (Danisi et al., 2021, p. 7). As discussed earlier, not all queer service users with a refugee background end up classified as vulnerable by social workers because of the narrow, stereotypical image of a gay refugee (Akin, 2019). These people risk being ranked last in the order of priority, no matter the service needs they might have.

The lack of adequate resources is a common factor that increases institutional inaccessibility (Vanjusov, 2022, p. 130). Scarce resources forced the interviewed social workers to prioritize not only service user groups but also issues to be dealt with. Many social workers described how they must prioritize issues they assume to be urgent, such as housing, income, or domestic violence. They acknowledged that this created boundaries for the service users to bring up issues that were not part of the regular script, but they felt like they did not have a choice. In the next quote, Wisam describes how a sense of rush during an appointment affects the issues that are possible to bring up as a service user:

> Wisam: When I go there [to meet a social worker], and they start, for example, [to say that] we are in [a] rush and we have only one hour, and here is the translator, and….It's so much, you don't feel, like, you want to talk but you don't have time. And they start to talk, not you. They ask, they just do the work that they have, why they meet you. So you don't feel so comfortable talking about stuff.

Because of heteronormativity, the "stuff" that the service users were not comfortable talking about in a hasty atmosphere could be queer identities and life situations, and it could also be racism. When asking social workers their views about what kinds of challenges or service needs queer people with a refugee background face, only one out of 12 interviewees explicitly mentioned racism. Anna-Maija, the interviewed social worker, highlighted the importance of having enough time to be able to discuss racism with the service users:

> Anna-Maija: In my current work, I have more time….Sometimes a client may come to my room just like, do you have time, and then we talk for an hour about something, just like that, without an appointment.

> And often the things we talk about are experiences of discrimination and racism. The clients bring it up, in many different ways, and sometimes in a way like “was this that” (racism).

The quote demonstrates how the lack of time particularly marginalizes issues that are already marginalized in social work practice because of normative understandings about what is important. Creating trust and providing enough time and peace during the appointments was mentioned by both social workers and queer service users as a key to making it possible to bring up non-normative service needs, but the chronic sense of rush does not allow that (see Cosgrove & Pyles, 2023). The sense of rush is embedded in 21st-century white normative social work. This reflects a neoliberal emphasis on efficiency and standardization, which assumes that service users with a refugee background will adapt to these practices (Herz & Lalander, 2018; Lauri, 2018). Rush and prioritization created particularly thick boundaries when colliding with the structural heteronormativity and white normativity of the social work field.

5.2.2. A Sense of Distance

The sense of rush was not the only factor the interviewed service users brought up when discussing difficulties in making an appointment with the social worker. Another important issue was the sense of distance to the social worker, especially in reception centers. Most asylum seekers interviewed did not have a direct phone number for their social worker, but they needed to book an appointment at an information desk. Many of them described the interaction at the information desk as unpleasant and insensitive because expressing their service needs related to non-normative sexuality or gender may have outed them in front of other asylum seekers overhearing the discussion and could potentially form a risk for their safety. In the next quote, service user Florent describes a situation at an information desk:

> Researcher: When you booked the very first appointment,…what made you book that appointment with the social worker? (Interpretation)
>
> Florent: The reason was I was very lonely, and I wanted to enter this [peer support group of the local queer NGO]. But it was extremely difficult. I needed to go to that info desk, which is an open space for all, everyone can hear, and those people there did not understand me at all. They asked a lady from [the same country] to interpret, like “what’s his problem?” And there, with the help of the interpreter who was actually a friend, in front of everybody, I needed to explain my problem, that I want to enter [the peer support group]. I don’t think it was nice. (Interpretation to Finnish)

Some service users did have a direct phone number for the social worker, and they experienced direct contact with the social worker as a reflection of trust, care, and respect. Correspondingly, not having direct contact information for the social worker but being forced to use the information desk was experienced as dehumanizing. Concealing the social worker’s direct phone number from the service users makes the social worker a distant figure—“only a name, not a worker,” as service user Jamal expressed in an interview. I interpret the need to protect the direct contact information as an extreme sign of maintaining professional boundaries, a central feature of white normative social work. Gatwiri (2020) highlights that extreme professional boundaries sterilize the authenticity of interactions and minimize the humanity of both the service user and the social worker, as the image of a service user trying to talk to their social worker through an information desk demonstrates.

The distance to the social worker was not always material but could be a sense of a lack of connection. Several interviewed service users described the feeling of inhumanity when the social worker had a ready-made agenda for an appointment and there was no space for the service users to talk about themselves, as Ikram demonstrates:

> Researcher: What do you think, what would be a good kind of social worker for LGBTQ asylum seekers? What should the social worker do?
>
> Ikram: …I met many social workers, they are very structured on explaining, but they don't give you a human feeling. We need a person who gives you a human feeling, who can guide me in the conversation, and let me speak about myself. Because there are many times the social worker doesn't give you this chance. Her questions and way of talking doesn't give me the chance to open up. I want someone to guide me to tell who I am.

Issues that were experienced as increasing the "human feeling" by the interviewed service users were, for example, having enough time and connection, having the social worker share something personal, meeting sometimes outside of the office, and using metaphors, stories, and music when discussing sensitive issues—features that are more common in social work practice in the Global South (Gatwiri, 2020; Yassine, 2020). The interviewed social workers were also pondering their possibilities to share something personal with their queer service users, such as their own relationship to queerness, but this idea made them uncomfortable, and they wished to find other ways to create trust.

According to Cosgrove and Pyles (2023), the professional boundaries of not showing vulnerability or sharing anything personal are results of the neoliberal structures that force social workers and service users into distanced roles that fail to recognize shared human experiences. The lack of relationality in white normative social work has been criticized by decolonial and indigenous social work scholars, especially when working with people from diverse cultural contexts. For example, integrative healing and Ubuntu have been suggested as alternative, indigenous practices that produce holistic and relational connections that inspire dignity both among social workers and service users (Clarke & Yellow Bird, 2020; Udah et al., 2025).

5.2.3. A Sense of Alienation

Insufficient knowledge about who will get access to the service users' personal information was a factor that diminished the sense of belonging in the services. Several interviewed service users explained that they did not know who the social workers were allowed to give their personal information to and what they would document in the client information system. This uncertainty diminished trust for the social worker and created significant boundaries to open up about the service needs related to non-normative sexuality or gender, as service user Noor describes:

> Noor: When I met the social worker, all the people who worked in the reception center in general, it was very difficult for me to share who I am. To share what I feel about my sexuality….I was afraid that things [would go] somewhere. Because I don't want anyone to know anything about [it]. And I was scared. I didn't tell the social worker, I didn't know the system about what they write, what they do, where it goes, you know….I didn't trust the law or anything, because I'm thinking they can put it somewhere and they are gonna show it [the information] like this.

Because of the fear of leaking information, Noor did not tell their social worker about their non-normative sexuality and need for peer support, which led to several lonely years in the reception center. Only after receiving a residence permit, Noor managed to find their way to like-minded friends and communities. Had social work been more accessible from the beginning, Noor could have managed to enter the peer support group earlier. Noor's expression—"I didn't know the system about what they write, what they do, where it goes"—catches the problem with the neoliberal practice of upward accountability. Instead of being accountable for their service users, social workers are guided toward enhanced accountability to senior management by the neoliberal system (Udah et al., 2025).

When asking the interviewed service users what the social worker could have done to ease the fear of leaking information, many participants highlighted the importance of explaining in detail the confidentiality and documentation practices. Sharing information with service users about the practices is an important part of increasing informational accessibility (Vanjusov, 2022, p. 152). This reflects the ongoing change toward more participatory and relational documentation practices that are not, however, easy to implement in the neoliberal social work system marked by the culture of busyness and upward accountability (Cosgrove & Pyles, 2023). When accountability is practiced only upward and not downward to service users and communities, it can create a sense of alienation from the services (see Lauri, 2018; Udah et al., 2025).

Another factor potentially creating a sense of alienation and lack of trust in social work was the use of interpreters. Several interviewed service users expressed a fear that the interpreter would break confidentiality and leak personal information about their sexuality or gender to the shared ethnic or religious community, which could increase their risk of violence (Wimark, 2021). What dismantles the boundaries created by interpretation is open communication, as was the case with documentation. The interviewed service users had varying preferences about interpretation in terms of face-to-face or online interpretation, as well as the ethnicity, gender, or sexuality of the interpreter. Most of the interviewed social workers were trying to respect the interpretation preferences of the service user, although standardization pressures from the neoliberal system make flexibility when booking the interpreter more difficult (Lauri, 2018). Some social workers deny thinking about who they book as an interpreter, especially if they are not prepared to discuss non-normative sexuality or gender at the appointment, as social worker Lotta, working in immigrant social services, describes:

> Researcher: What kind of role have the interpreters had in these situations? Is interpretation something you have thought about particularly with these clients?
>
> Lotta: If I try to think, I don't remember anything about the presence of an interpreter in any of these [appointments]….Yes, maybe I didn't think, but it can also be that they happened to be English-speaking people. And like, being honest, if I had booked an interpreter, I wouldn't necessarily have thought about it terribly lot at the first appointment. I kind of assume that the first meeting is not focused on talking about sexuality. And I do also trust the interpreters, that they must be able to work with anybody and stay in their role.

In the quote, Lotta explains that if it is assumed that the appointment "is not focused on talking about sexuality," then it does not matter who the interpreter is. However, the interviewed service users described situations where they had made an appointment with a social worker seemingly for another purpose, such as a school-related issue, but planned to ask a question related to sexuality or gender. Social workers should assume that non-normative sexuality and gender can always come up in appointments, and that is why downward accountability (Udah et al., 2025), also in terms of interpretation preferences, is important with every service user. Interpretation is an important tool to enhance access to social work, but it may bring another layer to the sense of alienation and distance if the service user is not allowed to affect who the interpreter is.

6. Discussion

The results show that accessibility to social work for queer people with a refugee background is impeded by heteronormative and white normative, neoliberal boundaries. These boundaries marginalize their service needs, such as the need for safe housing, peer support, and support in the asylum system (see Badali, 2019; Heller, 2009; Wimark, 2021). Heteronormative boundaries were reflected in silences, stereotypes, and queer blindfolding, whereas white normative, neoliberal boundaries were reflected in a sense of rush, of distance, and of alienation.

The inaccessibility that these normative boundaries created was experiential, institutional, and informational (Vanjusov, 2022). It was experiential, because the normative boundaries increased service users' minority stress and distrust that the social worker would treat them with respect. It was institutional, because the normative boundaries made it difficult for social workers to meet queer service users' individual needs. It was also informational because social workers did not always share information that was relevant for queer people, such as queer rights or services, nor did they share enough information about their documentation or interpretation practices. Institutional and informational inaccessibility reinforced the sense of exclusion from services and thus amplified experiential inaccessibility as well.

Heteronormativity, white normativity, and neoliberalism all strengthen each other in social work practice. Neoliberalism boosts the white normative features of social work practice, like the sense of rush, of distance, and of alienation. These features do affect all service users and all practitioners—not only people with a refugee background. However, they are more exclusionary to people who are raised in a culture where collectivity, closeness, relationality, and flexibility are valued (Udah et al., 2025; Yassine, 2020). White normative, neoliberal social work practice has resulted in chronic rush and a need to prioritize service user groups and service needs (Cosgrove & Pyles, 2023). This prioritization reinforces norms about what service needs are at the heart of social work, and further marginalizes service needs that are not, like those related to non-normative sexuality or gender.

White normativity, combined with neoliberalism, is also individualistic, which makes it even more difficult to discuss issues like racism or homo/transphobia with a social worker (Herz & Lalander, 2018; Mathebane & Sekudu, 2018). This leads to ignorance about racialization or non-normative sexuality and gender in Finnish social work practice, as Eliassi (2017) has concluded in the Swedish context. The social workers interviewed justified this ignorance with a benevolent argument that queerness, for example, is "just one characteristic among others" and thus does not need to be discussed in social work. However, this simplified attitude bypasses the structural inequalities that affect the lives of queer people (Argüello, 2021; Smith & Shin, 2014).

To increase accessibility to social work for queer people with a refugee background, it is crucial to strengthen the structural understanding of the effects of heteronormativity and white normative neoliberalism in social work practice. This requires creating a social work culture that acts against the neoliberal pressure and promotes flexibility, connection, and structural understanding (see Cosgrove & Pyles, 2023). Developing social work education to be more anti-oppressive, norm-critical, and queer affirmative is key to reshaping the future of social work accessibility in Finland.

7. Conclusion

In this article, I have asked and explored how the normative boundaries of social work shape its accessibility for queer people with a refugee background in Finland. Through interviews with social workers and queer people with a refugee background, I have come to understand that both heteronormativity and white normative neoliberalism undermine the accessibility of social work and marginalize the service needs of queer people with a refugee background. This inaccessibility is experiential, institutional, and informational. Increasing the accessibility of social work requires adopting an anti-oppressive and norm-critical approach and more queer affirmative social work education. More research on social work with queer people with a refugee background, as well as with queer people in general, is needed in the Nordic contexts.

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Conflict of Interests

The author collaborated with two NGOs in southern Finland, offering peer support activities for queer people with a refugee or migrant background. As mentioned in the article, the author has committed to not naming the NGOs for the participants to remain anonymous. Both NGOs helped the author recruit research participants. In one of the NGOs, the author also worked as a volunteer in 2019–2021 and organized informational sessions and update events as part of their peer support activities. Before starting the research process, the author has also been employed by the social welfare office that later distributed the invitation to participate in the research to its current employees.

Data Availability

Due to the nature of the research, data sharing is not applicable to this article.

LLMs Disclosure

DeepL Translate was used to translate interview quotes from Finnish to English and to help the author with the early formatting of text in the English language.

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ARTICLE

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Multi-Placed Outreach Work With People Who Use Drugs: Promoting Social and Health Service Accessibility

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Abstract

People who use drugs (PWUD) may face problems accessing social and health service facilities, for instance, due to the fear of stigmatising encounters. This may prevent them from receiving the support they need. Outreach work has been developed to promote service accessibility by encountering PWUD in their everyday environments, such as on streets, in parks, in homes, and online. We define this as multi-placed outreach work to understand the need for workers' mobility in various places, as well as the importance of place-related meanings in reaching PWUD. Drawing on a theoretical framework that notes places' situational and personal meanings, we employed discursive methods to analyse outreach worker interviews conducted in Finland. We asked what kinds of meanings workers attach to various places in terms of service accessibility in their interview talk and how they reflect on the promotion of service accessibility through multi-placed outreach work with PWUD. We identified five place-related meanings, which varied in relation to the situationally set aim to reach either new, potential service users or previously known PWUD: (a) places of seeking and finding, (b) places of observation and becoming visible and familiar, (c) places as permanent "anchor points," (d) pre-arranged and individually selected places, and (e) places requiring escorting. We conclude that places have a variety of meanings in outreach work practices in terms of both outreach work and general social and healthcare accessibility. Workers' place-sensitive understanding is crucial to promoting service accessibility and, therefore, the realisation of PWUD's social inclusion.

Keywords

accessibility; discursive analysis; drug use; harm reduction; human geography; multi-placed work; outreach work; place; social and health services

1. Introduction

Social and health services often categorise people who use drugs (PWUD) as "hard to reach." However, a growing body of literature argues that rather than defining individuals as hard to reach, the critical focus should be on recognised problems in service accessibility, that is, practices that make services hard to reach for individuals (Duvnjak & Fraser, 2013). For PWUD, poor accessibility often relates to inflexible practices and criteria that exclude them from services or to drug-related stigma and associated degrading treatment (Notley et al., 2012; Vanjusov, 2022). PWUD are at risk of being labelled as "criminals" in societies where drug use is criminalised (Scher et al., 2023); this is the case in Finland, where our study is located (see Finnish Ministry of Social Affairs and Health, 2008). This also increases the risk of being stigmatised in service encounters (Vanjusov, 2022). At worst, these stigma-related "thresholds" or other "barriers"—as conceptualised in previous studies—prevent PWUD from seeking help, being honest about their drug use, and, thus, from receiving help in their acute needs (Edland-Gryt & Skatvedt, 2013; Notley et al., 2012; Nygaard-Christensen, 2024; Virokannas, 2019). Eventually, accessibility problems lead to the non-fulfilment of their social rights and increased social exclusion in society (Vanjusov, 2022).

The concept of accessibility has drawn increasing attention and has been defined in multiple ways in research on social and health services. The United Nations (2007) broadly defines it as the premise that services should be equally accessible to everyone needing them. In Finland, Vanjusov (2022) argues that substance use services may be available but are not actually accessible to all who need them. Our starting point in discussing accessibility is the observation that not all PWUD can access the physical buildings of services targeted at them due to, for instance, the shame they experience, fear of stigmatising encounters, or mental health conditions (Ranta et al., 2024). They may also wish to avoid official recording of their drug use or showing their faces in substance use services and thus being labelled "drug users" by other citizens (Ranta et al., 2024).

This article considers how service accessibility is promoted through outreach work, a professional approach developed to reach and encounter people to provide support in their living environments instead of office-bound work and to demand that service users enter organisations' facilities (Rowe, 1999). Outreach work is a holistic, flexible approach that accommodates the situational needs of people in vulnerable and often marginalised positions (Andersson, 2013; Hall, 2017; Rowe, 1999; Strike et al., 2004). It aims to reach people who have not been reached by other services (Andersson, 2013; Grymonprez et al., 2017). Outreach workers play a significant and active role in promoting accessibility, creating contacts with previously unreached people, identifying and responding to their needs "in situ" and building bridges between service users and the entire social and healthcare system to support access to services (Andersson, 2013). Thus, outreach work is essential to comprehensively support PWUD in their "service journeys" (Nygaard-Christensen, 2024); it has proven accessible to many PWUD who cannot be reached through other services (e.g., Nygaard-Christensen, 2024; Strike et al., 2004).

Outreach work is traditionally conducted, for example, on streets and in parks, homes, and service facilities (Strike et al., 2004). In the previous decade, outreach work with PWUD has become more popular in various online environments where drug trafficking occurs, for example, in public dark web forums, social media, and anonymity-securing instant messaging applications (Ranta et al., 2024; Vale Pires et al., 2016). However, what makes outreach services particularly accessible to PWUD in these various places has not been examined in detail. Although its kernel is encountering people in diverse places, outreach work as a concept does not sufficiently embrace the multiple meanings of *places*. To date, the intertwining of places and institutional encounters has been examined particularly in home visit work (e.g., Dyck et al., 2015; Ferguson, 2018; Juhila et al., 2016); we aim to bring this discussion into the context of outreach work. We use the term "multi-placed outreach work" to underline the need for workers' mobility to various places to reach PWUD outside services and to address the need for workers' "place sensitivity," which considers the situational meanings of places. We contend that this place sensitivity is central to promoting accessibility for people who may have negative associations of places of previous service experiences (Fahnøe, 2018) and may perceive those services as emotionally unsafe and thus hard to reach.

We aim to show that in outreach work, places have more meanings than a service's physical accessibility or geographical location. However, to comprehensively promote service accessibility for PWUD, physical accessibility and workers' mobility must be taken as the starting points of outreach work. For a detailed understanding of the meanings of the places of multi-placed outreach work for PWUD, we analyse interviews with outreach workers conducted in Finland 2021–2022 from the perspective of how workers describe these meanings. Taking a discursive approach and drawing on the framework that notes places' situational meanings, we answer the following questions: What kinds of meanings do outreach workers attach to different places in terms of service accessibility in their interview talk? How do they reflect the promotion of service accessibility through multi-placed outreach work with PWUD?

2. Place: The Core of Outreach Work

We base our analysis on human geographical space theory, which approaches spaces as processual and relationally constituted—not merely as empty and passive backdrops for human encounters and activities but as shaped by physical objects and interactions with other people (Cresswell, 2004; Fuller & Löw, 2017; Lefebvre, 1991; Massey, 2008). Our particular interest lies in how people make spaces—such as parks, streets, service users' flats, shopping centres, and online platforms—into meaningful places by forming attachments to them in various ways (Cresswell, 2004, p. 7)—in other words, how individuals attach meanings to these places and their materiality through verbal and physical activities and interactions with others, thereby forming personal bonds with them. These meanings can be positive, negative, or somewhere in between, and they are not static but constantly evolving through human interaction, always creating unique meeting places (Massey, 2008). Therefore, the meanings that emerge in outreach work encounters are continually modified and renewed. For instance, public or private spaces that PWUD have previously experienced as unsafe due to threats of abuse may begin to feel safe through the safety-promoting practices of outreach workers.

In line with the above, the concept of "sense of place" underlines the interactional, dynamic, and changing bond between people and place (Cresswell, 2004; Holloway & Hubbard, 2013), "as people construct places, places construct people" (Holloway & Hubbard, 2013, p. 7). People identify with and belong to certain places, can use those places, and can act as themselves in them (Žlender & Gemin, 2020). We define outreach work as a "place-sensitive" approach that challenges cultural perceptions of "good" and "right" places to conduct social and healthcare work. By this, we mean that workers respect PWUD's personal place-related meanings; they encounter PWUD in their everyday environments, for example, on the streets, in their homes, or online, which often reflect their belonging to certain communities.

People construct place-related meanings through intertwining personal memories, emotions, and sensory experiences (Cresswell, 2004; Holloway & Hubbard, 2013). These meanings affect whether PWUD consider services sufficiently safe to access. Fahnøe (2018) observed that people experiencing homelessness linked emotions of fear and disgust to the "spatial dynamics" of places providing social services, making them avoid those places. This shows that emotional aspects can complicate or prevent PWUD's service access and extends the discussion of service accessibility beyond geographical or physical accessibility. We assume that outreach work aims to promote services' emotional accessibility, that is, to mitigate negative experiences by associating places providing social and health services with experiences of trust and acceptance (see Juhila, 2022).

Places are inseparable components of human verbal and bodily interactions (Holloway & Hubbard, 2013), also in institutional encounters (Juhila, 2022). How individuals orient to one another and places in outreach work encounters affects emotional and interactional service accessibility. This determines whether PWUD perceive those encounters as accessible enough to talk about their personal lives and contact the service again. In text-based online encounters, verbal interactions are emphasised. In person, outreach work involves the bodily activity of moving outside the organisation's facilities. In addition, facial expressions and touching become very meaningful, regulating the physical distance and closeness of participants; for some, it may be more natural to sit beside unfamiliar outreach workers rather than look them in the eye (Ranta, 2023).

Institutional interaction is constructed in relation to who sets the "rules" for verbal and bodily actions in certain places—workers often lead interactions in their offices and service users in their homes (Juhila et al., 2016). Outreach work often happens in public outdoor or online places, where everyone has access and the right to spend time. In this sense, those places shared by all citizens do not regulate the participants' institutional positions as precisely as offices or private homes. Nevertheless, the places where PWUD spend time and meet their communities can be interpreted as personally meaningful to them, again highlighting the need for outreach workers' place sensitivity; they aim to recognise PWUD's "cultural meeting places" (see Van Hout & Bingham, 2013) and respect the "ownership" of those environments. However, the accessibility efforts of outreach workers are shaped by the power relations of their organisations; therefore, those environments inevitably become professionalised. Professional workers thus have the power to regulate the dynamics of those urban or online territories while conducting outreach work in those places (Smith & Hall, 2018). Hence, workers must carefully consider these power relations, for example, in assessing when and how to contact potential service users in certain places (see Andersson, 2013).

The above discussion indicates the usefulness of the multi-placed outreach work concept; it summarises our assumption that successfully promoting service accessibility requires workers' place-sensitive expertise and understanding of (a) the situational and changing meanings of places and their relation to individuals' memories, senses and emotions, (b) the intertwining of places and verbal and bodily interactions, (c) the use of public urban and online spaces, especially those constructed as PWUD's cultural meeting places, and (d) the importance of mobility to various places while respecting PWUD's privacy.

3. Data

The data comprise interviews with 15 outreach workers in either homelessness work or social and health counselling among PWUD. The first author conducted the interviews in three Finnish cities from 2021–2022 (Table 1).

Table 1. Data of this study.

Service	Number of interviewees	Number of interviews	Length of interviews	Type of interview
Social and health counselling	12	6	586 min	5 group, 1 individual
Homelessness work	3	2	124 min	1 group, 1 individual
Total	15	8	710 min (72–152 min per interview)	6 group, 2 individual

All services examined in this study are free and voluntary for their users and aim to reach PWUD who are not accessing other services for drug-related issues. Social and health counselling's comprehensive approach aims to reduce a variety of health and social risks related to drug use. Typical tasks relate to service access, sharing information on drug-related risks, screening for blood-borne viruses, and providing sterile injection equipment. Homelessness work aims to reach a narrower target group of unhoused PWUD who are outside services to support them in issues of housing, social and health services, social security, and other matters.

The interviewed workers conduct their outreach using a harm reduction approach based on non-judgemental pragmatic principles and practices, meaning that using drugs does not define individuals' human dignity or right to support from social and health services. Service users can contact workers using pseudonyms instead of revealing personal data. The multi-placed outreach work conducted in pairs is based on workers' active mobility and presence in various places to reach and encounter (potential) service users. Workers encounter service users in public outdoor places, in their homes, in other social and health services, and on social media and anonymity-securing online platforms. From the perspective of interaction, online platforms differ from face-to-face environments. However, we included them both in our analysis, as they are both topical everyday environments of PWUD in different life situations. Outreach work on the streets may better reach homeless PWUD (e.g., Hall, 2017; Rowe, 1999), while online environments can, for example, make it possible to reach students and employees (Ranta et al., 2024). To get a complete picture of multi-placed outreach work with PWUD in terms of service accessibility, this kind of comprehensive view of current outreach work environments is essential.

The face-to-face thematic interviews addressed the following themes: the content and nature of outreach work; mobile work, meeting places, and interaction with service users; Covid-19 in outreach work; and personal experiences of doing outreach work. The interviews were conducted in groups or pairs, except for two individual interviews. In one homelessness work interview, the pair had been previously interviewed, as the same worker used to work in social and health counselling (i.e., another context of this study). In one interview, another participant was unexpectedly prevented from attending, so we conducted an individual interview; otherwise, the interview might have been completely missed due to uncertain future service funding. Although we note this interview type differs from group interviews and both types have their special features, strengths, and limitations, we decided to combine these two types in our data. We see this as a justified solution, as the structure of the interview schedule was identical in both interview types and the interview corpus offered a coherent, yet complementary, understanding of multi-placed outreach work. Therefore, we argue that the corpus is valuable data for our analysis and offers much relevant information for this research.

The Regional Ethics Committee provided ethical approval (statement 89/2021) for the study. We adhered to the guidelines of the National Board on Research Integrity regarding responsible and ethical research. The services' parent organisation gave permission to conduct this research. All participants signed written research consent forms and were informed that the study was confidential and voluntary.

4. Method

In this study, we draw on the theoretical framework that notes places' situational and personal meaning-making. We employ a discursive method to analyse how outreach workers construct meanings for different places by connecting certain work activities and service user categories to each place (Potter & Wetherell, 1987). Our focus is on examining these meanings from the perspective of promoting social and health service accessibility.

We started the analysis by simply coding the data corpus to identify all the places where workers encountered and sought (potential) service users. We identified 40 different place types (353 mentions) in the workers' talk (Table 2). The large number of places confirmed that outreach work is justifiably described as multi-placed work and that reaching and helping PWUD requires visiting many places.

Table 2. Places where multi-placed outreach work service users are sought and encountered.

Place	Number of mentions in the data
Streets (also a general term for public outdoor spaces)	71
Anonymity-securing instant messengers (WickrMe)	24
Service users' homes	22
Other organisations' facilities (no specified service type)	21
Home or housing company yards; (nearby) parking lots	18
Instant messengers that do not secure anonymity (WhatsApp, Facebook Messenger)	17
Various districts (city centre and others)	15
Day centres/low-threshold meeting places	14
Parks	14
Outreach work organisations' facilities	13
Shopping centres and environs	12
Dark web public discussion forums	10
Cafés/restaurants	9
Cars	8
Environs of substance use services facilities	8
Housing and temporary accommodation units	8
Social media (public posts, e.g., Instagram, Facebook)	7
PWUD's everyday environments (not further specified)	6
Phone calls	6
Other places needed and/or chosen by service users	5
Needle-exchange services	5
Outpatient substance use treatment/opioid substitution treatment	4

Table 2. (Cont.) Places where multi-placed outreach work service users are sought and encountered.

Place	Number of mentions in the data
First aid/emergency unit	4
Public transport stations	4
Police stations	4
Groceries	4
Social services	3
Blood testing laboratories	2
Parking garages	2
Primary or specialised healthcare	2
Inpatient substance use detoxification or rehabilitation units	2
Underpasses	1
Birth control clinics	1
Public toilets	1
Psychiatric services	1
Prison and probation service	1
Breadlines	1
Sex shops	1
Prisons	1
Video calls (Teams)	1

In the second phase, we proceeded to an actual discourse analysis by examining the meanings workers attached to those places in terms of service accessibility. We identified five kinds of place-related meanings, which varied in relation to the type of sought or encountered service user category. In some places, workers tried to reach new service users, and in others, they attempted to reach familiar users or both. Some places enabled workers to contact service users, whereas others enabled users to contact workers on their own initiative. Place-related meanings were also discussed in relation to the service whose accessibility was promoted. This place-related talk mostly reflected the aim of promoting outreach work accessibility specifically, but some concerned overall social and healthcare accessibility. This phase confirmed places' key roles and a wide range of meanings in outreach work. Thus, we concluded that workers' place-sensitive understanding is crucial in promoting service accessibility for PWUD.

Next, we describe the third phase of the analysis and scrutinise in detail the workers' reflections on how service accessibility is promoted in practice when they seek and encounter (potential) service users in various places. We illustrate how they intertwine this "accessibility work" with place-related meanings and specific service user categories and the kinds of place-related knowledge this requires in outreach workers.

5. Results

The Results section comprises five subsections. First, we discuss the most generally discussed places in the data: those where new and missing people are specifically sought. The next two subsections concern the meanings associated with places where workers are intentionally visible to PWUD and accessible at the service users' own initiative. The final two subsections illustrate meetings arranged in specific places. The first four subsections consider place-related meanings that promote outreach work accessibility. The last section describes the promotion of general social and healthcare accessibility. In the data extracts, W1 refers to Worker 1, I1 to Interview 1, etc.

5.1. Places of Seeking and Finding: Promoting Outreach Work Accessibility for New and Lost-to-Contact Service Users Reached by Chance

Most often, places' meanings in outreach workers' talk are related to their aim to seek and find both new service users, that is, PWUD outside services, and familiar lost-to-contact service users with whom they had lost touch after previous outreach work contact. The aim is to promote outreach work accessibility. Workers portray encounters in these public outdoor and indoor places as unpredictable both for workers, who cannot know whom they will meet, where, or when, and for PWUD, who cannot know workers' locations in advance.

In the data, workers often describe how they deliberately and regularly seek potential service users in public indoor spaces targeted at PWUD:

> One place where I go once a week is a needle exchange unit. It's pretty good, because those people are all our target group. Everyone uses drugs intravenously, and then how they [in a unit] in the end talk about housing and other things. (W1, I1)

W1's argument regarding the effectiveness of visiting a service, particularly for PWUD, is relevant to accessibility; they aim to reach PWUD experiencing homelessness, who most probably can be found at needle exchange services. Outreach workers' presence in a needle exchange unit is also useful for homeless PWUD, as the unit's support is not focused on housing issues. This indicates that these outreach work places are carefully considered to seek potential service users among a certain group, differing from public outdoor spaces, where workers seek potential service users among all citizens. According to W1 (I1), outreach work on public streets is based on seeking and meeting new people by chance. Based on the workers' reflections, a key principle of outreach accessibility work is to offer support in PWUD's everyday environments:

> If you want to reach [PWUD] who are outside services, it is almost the only way. There's a reason why people aren't there [in services]. They can't get there, the threshold is too high or it [the service] is too hard to reach. So, we must go there where those people are. (W12, I7)

W12 stresses that no other possibility exists of reaching PWUD outside services than going "where those people are." According to W12, outreach work practices differ from other services; instead of waiting for PWUD to visit service facilities, workers take services to their everyday environments to reach the target group. This can be interpreted as accessibility work, especially for previously unreached PWUD who experience other services as "hard to reach" due to inaccessibility, which W12 illustrates with a metaphor of too-high threshold.

Workers' interview talk mirrors how promoting accessibility for PWUD who experience services as inaccessible requires considering situational factors when visiting the streets. If "people don't flock anywhere" in public, as in W11's (I6) city, reaching PWUD requires assessing when it is beneficial to take to the streets to seek people, such as considering the season or time of day: “In the early morning hours [in winter] you reach people who are completely outside services, sleep under the open sky and are in need of rapid help.”

“Patching” other services’ inaccessibility emerges in W4’s (I3) statement: when workers visit the outdoor area near substance use services, they often meet people committed to substitution treatment and therefore not outreach work’s target group. However, their “need to talk is great” because of the substitution treatment’s experiential inaccessibility (see Räsänen, 2025): “Sharing their lives, situations and personal issues may not be possible in the treatment unit, or there may not be time to listen.” This creates a need to promote experiential accessibility (see Vanjusov, 2022) through outreach work. Workers also reflect on situations when they have contacted familiar PWUD on the streets if they see an opportunity for a referral to new people accompanying familiar PWUD. W6 (I3) describes how they offer small bags containing clean needles and contact information so that those people can contact the outreach work service later, which is a discreet way of promoting accessibility. Discretion is underlined as a key strategy, especially in encountering new people:

> With the new and unknown people on the streets, we’re on their territories. In their spaces. We must think carefully about which group to approach and with what timing and with what agenda. Like, is it okay if we come and talk to you? They are spending their own time there. (W3, I2)

Conducting outreach work with “new and unknown” PWUD on the streets requires respecting their “territories” and “spaces.” W15’s description highlights how promoting accessibility is possible only when workers thoroughly consider not only where to conduct their work but also how to approach people, respect their self-determination, and behave as a “guest” (see Juhila et al., 2016) on the streets (W15, I8). The same worker argues that this requires PWUD to choose how to physically orient to places, for example, when discussing where to conduct bloodborne virus tests: “It can be in front of the main doors of the train station, or it can be anywhere, we will do the test wherever that person wants.” One service user’s feedback that W7 (I4) cites, “sometimes these things work out better when sitting on a kerb,” highlights the interactional accessibility (see Raitakari, 2023) of outreach work; the service user and worker sat quietly beside each other on the streets and “looked at clouds in the sky” without feeling oppressed to talk about heavy issues.

The moment of making contact requires careful consideration of how to begin talking with potential service users. Workers narrate how they avoid labelling them as “drug users.” Instead, they offer blood-borne virus tests that anyone might have (W15, I8) or woollen socks, mittens, or food to start a natural conversation with new people (W9, I6). This empathic gesture can be interpreted as the aim of promoting experiential accessibility (Vanjusov, 2022). According to W14 and W15, meeting PWUD on the streets promotes emotional and interactional accessibility; unlike in offices, encounters in public places are “natural,” “informal,” and “more safe and less stressful and exciting” for PWUD (I8).

Workers sometimes seek out previously known PWUD whom outreach work had lost touch with. They are often homeless and lack phones, making contacting them difficult:

> We called around and went looking for this person from [three day centres] because their appointment [in another service] will be soon, like, where we can find them? And then on the streets, we were like,

> "Oh, now you're over there" and "You have the appointment, do you to want to go there? We're here for you now, or don't you want to?" Then we called the substance use service and said that we'll come a little late. (W15, I8)

W15 indicates that finding this service user required concrete, persistent, and multi-placed seeking from day centres and streets. Consequently, they found the person to confirm by chance that they would be on time for an appointment. Based on W15's description, success in promoting accessibility relied on serendipity (Nygaard-Christensen, 2024); had the workers not found the person on the streets, they could not have ensured the visit to another service. In W15's narrative, promoting accessibility required many steps. First, the workers sought this person in various places. Second, they discreetly persuaded them to fulfil the appointment while respecting their right to self-determination. Third, they called the service during the street encounter to say they would arrive, albeit late. Had this accessibility work been absent, both the outreach work and the other service would likely have remained inaccessible to this person. Sometimes, workers also reflect on how they promote the accessibility of several outreach services simultaneously by visiting the streets in pairs with other services specialised in certain issues, such as sex work. As W12 (I7) puts it, PWUD often have multiple needs, so it is meaningful to offer as much support as possible in a single encounter.

5.2. Places of Observation and Becoming Visible and Familiar: Promoting Outreach Work Accessibility for People Seeking Help on Their Own Initiative and Reached by Chance

This subsection describes workers' reflections on physical and online places where the aim is to become visible and familiar to potential service users to enhance their future accessibility to outreach work. We interpret that this promotes accessibility, especially for PWUD who want to contact workers on their own initiative. In face-to-face work, this "visibility work" is often done via concrete "seeking work" on the streets (described in the previous subsection); workers often picture how they stop moving from place to place and spent time in certain places to be maximally accessible to potential service users. These encounters are described as unpredictable for both workers and service users, who cannot know in advance where, when, and how long workers will be "on call." Workers also state that they observe events in PWUD's everyday environments, increasing their understanding of where best to contact potential service users.

W7 (I4) argue that being visible on the streets is one of the most important outreach practices. From the perspective of accessibility, it promotes PWUD's understanding of the work's purpose—"Hey, this is what we do"—and thus lowers the threshold to contact them. It also sends the inviting signal to PWUD in public that "you are all allowed to talk to us." Based on many interviews, relevant to promoting accessibility is that visibility and familiarity make it easier for potential service users who have seen them in public places to trust and contact them in the future, even for sensitive matters: "It might start with giving syringes and needles, and in a year or two, it might be time to take care of a bit bigger issue together" (W12, I7).

W9 (I5) reflects that contacting new PWUD needing help require that they "sit down and be visible, present" instead of continually walking, so people would not have to chase them. This is deemed a condition for outreach work to be accessible to new people. According to this worker, outreach work was a new concept in their city, and people were surprised that workers could "sit on the bench in the middle of the streets" and talk about drug use. "Sitting" without strict time limits can be interpreted as promoting temporal accessibility; this worker describes a service user who was amazed that, unlike services offering 45-minute appointments, these workers were in no hurry. In this sense, outreach work "patches" other services' temporal inaccessibility. This worker continues with the following service user feedback:

> It's like one service user said that they think we are visible enough: "You are present, we know that even if we are sitting in the park, you are here where we can come and contact you and tell when there's an emergency. But what we're asking is that don't hang around here too much, like the police do." It's somehow their place of protection, place of safety. They're consuming drugs there, they need a peaceful moment for that too. So [quoting the service user], "if you are next to us or a little distance away, then yes, we will come [to take a contact], no problem." (W9, I5)

In this excerpt, promoting accessibility relies on respecting PWUD's "cultural meeting places" (see Van Hout & Bingham, 2013): public places where they consume drugs. W9 describes these as PWUD's places of "protection" and "safety," underlining the aim of respecting these places and those spending time there. In service users' talk, being accessible means something other than acting as a control agency, such as police who disrespectfully "hang around" in PWUD's places. The service user desired that outreach workers still be accessible; they can be "on call" "next to the park," that is, near the place important to PWUD, yet giving them adequate physical and personal space and the autonomy to decide when to contact workers. In sum, to enable offering outreach services in the first place, promoting accessibility must be based on the principle of respecting PWUD's self-determination and "territories" (W3, I2).

Promoting accessibility by being visible or making outreach workers' faces and names familiar appeares in many ways in our data. Workers describe that they publicise their activities by posting (W3, I2) and offering information to potential service users on social media (W4, I3). They also maintain long-term "ads" in public places, such as groceries' notice boards (W11, I6), and online, such as in dark web online forums. Workers see the dark web as a successful place to promote accessibility and reach PWUD outside services who do not want to show their faces in physical services and be labelled as "drug users" (W4, I3). The key is workers' visibility in drug market forums, that is, PWUD's "cultural meeting places" (Van Hout & Bingham, 2013). Their "pinned ad" resemble a "silent jungle drum that reaches people very well" (W9, I5). The metaphor reflects the ad's effectiveness; it reaches potential service users without workers putting in concrete effort to seek them and disturb their conversations in those forums.

Workers also reflect on how they used these places to observe events in PWUD's everyday environments. We interpret that this promotes service accessibility by increasing workers' understanding of where to initially contact potential service users and of phenomena related to illicit drug use, an aim of outreach work both on the streets (W2, I3) and online. Workers recognise the importance of belonging to local drug market groups on WickrMe, the anonymity-securing instant messaging application they also used for private chats:

> We don't send any messages there [in the groups]. But when we were added to those sale groups, we sent a message that we are not there to follow what everyone is selling or anything. And then, we founded our own Wickr[Me] group, to which people could then add each other. We announce there that, hey, we will go to the streets now or test or something. We just observe what drugs are being sold and at what price. (W11, I6)

W11 stresses that they do not use sale groups to send messages but to understand drug markets. They announced this in those groups, underlining that outreach work is not a control authority; this respects PWUD's territories and makes workers' presence there acceptable, thus making the service more accessible. Workers say that they founded their own WickrMe group to enhance outreach work accessibility. PWUD themselves determine whether to join it and are not forced to follow workers' posts. We interpret this voluntary approach as promoting the experiential accessibility of outreach work.

5.3. Places as Permanent "Anchor Points": Promoting Outreach Work Accessibility for Service Users Who Take Contact "in Situ" or Later on Their Own Initiative

This subsection presents descriptions of places as permanent "anchor points" to promote outreach work accessibility. New and familiar service users are informed that workers can always be reached in these exact physical and online places at service users' initiatives as needed.

A frequently mentioned physical "anchor point" is the day centre, whose facilities host some outreach work offices. According to W1 (I1), this place is important to confirm the continuity of relationships with service users. The phrase "we don't disappear, we can be found here" reflects the promotion of long-term accessibility; people know they could contact the workers later, if needed. W3 (I2) reflect on how they send text messages to remind people whom they had not seen lately, such as "we're here; you could visit us whenever you feel like it." This promotes accessibility for those who might otherwise "disappear" from services, lowering the threshold to contact the service later because people are welcomed to visit the day centre again. As evidence of such accessibility work, W2 (I1) describes service users who disappear for a long time but return to ring the centre's doorbell. They often look "very tired" and "cannot tell why they came; they just stand there," but the service remains accessible, even after a long break.

Many of the interviewees describe outreach work encounters that happened online as "anchor points" that PWUD could always reach. For instance, instant messengers, such as WhatsApp and Facebook Messenger, do not depend on where workers are and moved or where service users spend time. People lacking phones often visit day centres to use those applications on computers (W15, I8). The possibility of using these applications can be seen to promote accessibility for people who do not have money to call but have internet access. Furthermore, PWUD encourage one another to use the applications to contact outreach work (W6, I3), which promote service accessibility to a wide audience.

Whereas those applications reached familiar PWUD, WickrMe, an anonymity-securing instant messenger, especially reach PWUD outside physical services: "younger people," "hormone users," and "students" (W1, I4). Thus, we interpret that offering many online places comprehensively promotes accessibility to people in various circumstances. W12 (I7) explains how PWUD use WickrMe to contact workers to arrange face-to-face meetings and discuss other issues. For some, WickrMe is the only way to access services, that is, to contact outreach work without the risk of authorities discovering their drug use. It also has other benefits:

> I see the use of Wickr[Me] as a street-credible way to communicate. When we say, "hey, we have Wickr, you can contact through that," people are like, "what, you have Wickr, why are you there? That's where drugs are sold." I'm like, "well, doesn't it specifically serve the target group?" Then, someone might think,

> like, "okay, these people are in the right place," and I think that's why they contact us. I believe we reach a different target group there than somewhere else. (W5, I4)

The excerpt reflects how using "street-credible" applications promotes outreach work accessibility by inspiring confidence among PWUD who do not trust authorities or social and health services, assuring them that workers will not judge them and confirming that workers know about PWUD's everyday environments. This highlights again that without going to places that promise anonymity, services would not be accessible to all who need them.

5.4. Pre-Arranged and Individually Selected Places: Promoting Outreach Work Accessibility for Previously Reached Service Users

This subsection describes individually selected places where outreach work is conducted with familiar service users. These meetings are pre-arranged at a specific time and place to address a specific matter. Workers cite the importance of service users' opportunities to choose a place that promotes the emotional accessibility of outreach work.

All the interviews include discussions of service users' opportunities to choose the meeting place. Workers describe a spectrum of places where they meet PWUD (see Table 2), "anywhere" they need (W7, I4). One, a café, enabled service users to make other choices:

> W2: They can decide, like, where do you want to sit; the client always gets to choose what is the safest place for them in that café.
>
> W1: It's so easy to start the meeting with as ordinary a thing as ordering food. I think it's a great way to orient to the meeting and talking as well.
>
> W2: And maybe the possibility to eat something motivates and the fact that it's easier to arrive [in the café]; they know like, "Yeah, there's the park, it's there, I know the place, there's the door." (I1)

Workers describe their ways of promoting emotional accessibility by letting service users choose how to orient physically in the café to make the encounter feel safe. As W1 later put it: "They [PWUD] don't have to be stressed that is someone watching them" with a labelling gaze. The café allows workers to promote interactional accessibility by beginning the meeting with the "ordinary" topic of "ordering food"—a discussion between two equals—cultivating a safer atmosphere to discuss personal issues. W1 presents the café as an accessible place, as the opportunity to eat motivates PWUD to come. The café also makes it geographically accessible if the place is familiar to service users. Later, W1 and W2 describe the importance of service users being able to leave cafés quickly if they become anxious (I1).

Workers picture how giving people a clean needle bag in pre-arranged places might be as quick an event as buying drugs in public places: "We arrive, see each other in a grocery parking lot, give a bag, and they leave, like, 'Thanks, bye' " (W9, I4). The worker tells that they understand this, as some PWUD "do not want to be caught at any level," for example, if they are employed and their drug use is concealed from others. Thus, being able to conceal the use of a substance use service from public view is seen as essential to promoting accessibility.

W14 (I8) deemes quick "parking lot meetings" useful because they give PWUD a chance to begin trusting them and contact them later to "take care of other things...escort them to services and like that." Eventually, these encounters could promote accessibility not only to outreach work but also to other services.

In the interview talk, homes were described as common places for pre-arranged meetings. W15 (I8) states that some PWUD have severe health issues and "cannot go anywhere from their flats". Thus, we interpret that encounters in service users' homes both promote physical accessibility and conceal their face from public labelling, promoting experiential accessibility: "They might still keep up their appearances; they can still be working or self-employed, and the drug use has gone beyond control, but there is a very high threshold to contact any services." In addition, home constitutes a special place in terms of interaction:

> W4: I believe that people open up about their lives when we meet in their homes....It can also totally change their behaviour. They must play a certain role on the streets and can't show their sensitivity or bad feelings. But in a safe home, where there's no one else there but us, it's easier to show their sensitivity.
>
> W5: I can ask without rushing...what is the kind of thing that should be taken care of now, and I can focus on that person's situation. (I3)

W4 illustrates how place affects emotional accessibility and, thus, the content and process of interactions. On the streets, PWUD must play a "role" that promotes survival and cannot include sensitive features, whereas in private homes, they can abandon that role and show even "bad" feelings. When service users can act as they truly feel, they can receive the needed emotional support. W5 points out that home is a fruitful place to address issues that needed concentration, which is difficult on the streets, where many people have needs. We interpret that focusing on individual concerns without rushing promotes experiential accessibility.

5.5. Places Requiring Escorting: Promoting Overall Social and Health Service Accessibility for Previously Reached Service Users and Those Reached by Chance

This subsection includes workers' descriptions of their efforts to promote overall social and health service accessibility, which requires moving with service users from one place to another and concretely escorting PWUD to specific services. The escorts are often pre-assigned, but they are also conducted "in situ" with PWUD encountered by chance.

Workers contend that it is important to escort people wherever they need: "If necessary, there is no place where we can't go" (W9, I5). Promoting accessibility requires meeting PWUD's individual needs and going to any places of social and health services. Workers underline that this is particularly important among those physically or mentally in "bad condition" (W14, I8) and whose "life situation is so knotted"; in those situations, "it's very, very challenging to get to a certain place at a certain time" (W15, I8). Due to drug-related challenges in service users' lives, workers expend great effort to make social and health services accessible and offered to go "together" with those services. Sometimes, several transitions between many places make services truly accessible; workers describe how they might first persuade service users to a café to address housing issues and, after coffee, drive them by car to a substitution treatment clinic to get medicine (W9, I5). Generally, cars were deemed an inevitable tool for escorting people from one service place to another.

Based on the interviews, not all accessibility problems are related to PWUD's personal lives. Many PWUD have been treated badly in services and want the outreach worker to join the appointment "to be there for them" to make emotionally accessible places formerly associated with negative emotions, such as "anxiety" and "tension" (W3, I2; see Fahnøe, 2018). The presence of "familiar" workers make these encounters safer for service users and thus promotes interactional accessibility; they interpret professional talk to service users and tell their stories to professionals when needed (W3, I2). Workers highlight that all this is based on service users' wishes; they choose whether to go to places alone or with workers and choose whether workers introduce themselves as substance use workers or "support persons" (W15, I8). Accordingly, promoting experiential accessibility requires service users to decide whether their drug use is revealed to professionals. Sometimes, difficult emotions are handled "in situ" in places of services:

> I sat in the emergency room with one client for many, many hours….I remember that we got to see the doctor, and then the doctor said that they now have to find out about these and these things. When we went to wait again, this client asked me whether they could get to the ward or not. This young person was very pissed off: "What a fucking shitty doctor who doesn't know anything, they just gave an excuse, they're going to say soon that it won't work out." I was like: "You know, for me, it seemed that they really listened to you, and you listened well to this doctor. And you know, they must figure out these things first. But I feel that they're trying their best to get you into the ward, but they can't make that decision on their own." Right away, this person was like: "They were a nice doctor; there are rarely such nice doctors. Maybe they've just started, 'cause they don't have that [negative] attitude.'' (W15, I8)

W15 illustrates putting the promotion of emotional accessibility into practice by awaiting the decision of whether the service user could access the ward. Sitting "many, many hours" in an emergency room involved diverse place-related emotions, from the service user's frustration and anger to acceptance. In W15's narrative, they provided a relevant perspective to the service user, who was probably frustrated with health service practices generally, which felt personally unfair, rather than with the individual doctor. This accessibility work required the worker to negotiate the issue with the service user from the doctor's perspective and diplomatically give their own view of the doctor's behaviour. Making the visit feel something other than negative required that the outreach worker (a) concretely go there with the service user, (b) sit there for several hours, and (c) discuss with the service user the negative experiences related to that place.

6. Conclusion

This study analysed Finnish outreach worker interviews to understand the meanings attached to various places in terms of service accessibility and how they reflected on the promotion of service accessibility by conducting multi-placed outreach work with PWUD. Table 3 summarises the results.

Our results show that places have various meanings in outreach work and play a key role in promoting service accessibility for PWUD. Workers constructed places and activities there meaningful, especially when considering (a) to whom (e.g., new or previously reached service users) and how (e.g., by moving or staying still) service accessibility was promoted, (b) who was expected to make contact (outreach worker or service user), (c) what kind of encounter was sought (pre-arranged or unexpected), and (d) whose accessibility (outreach work or overall social and healthcare) was promoted.

Table 3. Places where multi-placed outreach work service users are sought and encountered.

	Meanings of places in terms of service accessibility	For whom accessibility is promoted	PWUD know in advance where to find workers	Promoting the accessibility of
1.	Places of seeking and finding	New and lost-to-contact service users (with whom outreach workers had lost touch after previous contact) reached by chance	No	Outreach work
2.	Places of observation and becoming visible and familiar	Service users reached by chance who make contact "in situ" on their own initiative	No	Outreach work
3.	Places as permanent "anchor points"	Service users who take contact "in situ" or later on their own initiative	Yes	Outreach work
4.	Pre-arranged and individually selected places	Previously reached individual service users	Yes	Outreach work
5.	Places requiring escorting	Previously reached individual service users or those reached by chance	Yes	Overall social and healthcare

The analysis indicates that a multi-placed approach promotes not only outreach work but also overall social and health service accessibility. The latter usually requires workers moving from place to place with service users to escort them to services. Our results also imply that many PWUD are at risk of dropping out of services or are users of some services whose support in practice remains experientially inaccessible to them (see Räsänen, 2025). Thus, for many PWUD, multi-placed outreach work may represent essential accessibility work that "patches" other services' inaccessibility; it is a prerequisite for integrating them into needed services. This aligns with findings suggesting that outreach work is central to the "chain of trust" between social and healthcare and people outside services (see Pauly, 2014). The finding of outreach work's task of "patching" other services' inaccessibility also comes near what Fahnøe (2017) calls "social repair": By encountering people in marginalised positions in their own living environments, outreach work aims to strengthen service users' rights, belonging and position as citizens through restoring or establishing beneficial social relationships with welfare organisations and nearby communities.

Our study suggests expanding the picture of who benefits from multi-placed outreach work in terms of accessibility. Compared to traditional "footwork" on the streets that often focuses on encountering homeless people face-to-face in public places (e.g., Hall, 2017; Nygaard-Christensen, 2024; Rowe, 1999; Smith & Hall, 2018), multi-placed work that combines online, public and private environments seems to reach PWUD in various life situations, from students and employees to people experiencing homelessness (see also Ranta et al., 2024). Service users can choose the safest place among the diverse options, which is essential to accommodating personal place-related meanings and emotions (see Cresswell, 2004; Holloway & Hubbard, 2013). The study illustrates that, according to workers, PWUD may associate negatively interpreted emotions with places of social and healthcare (see Fahnøe, 2018). In those cases, outreach work is meaningful in promoting emotional accessibility by acting as a two-way interpreter between services and PWUD, changing those meanings in a way that better enables PWUD to contact those services in the future (see Juhila, 2022). This observation led us to share Fahnøe's (2018) view that the intertwining of places, policies, and emotions must be broadly considered in social and healthcare policies and practices.

The analysis confirms the relevance of workers' expertise and place-related knowledge in outreach work. First, place sensitivity consists of understanding each service user's individual evolving meanings of places and their relation to memories and emotions. Second, it requires reflecting on how places and verbal and bodily interactions intertwine and giving service users the power to determine the flow of interactions in those places to make them safe. This shows how multi-placed work balances service user–worker power relations. Third, workers understand the importance of their mobility and to work concretely in various places while respecting PWUD's privacy. Fourth, outreach workers have relevant knowledge of how public places are at least partly segregated and how PWUD use and construct them as their "cultural meeting places" (see Van Hout & Bingham, 2013). In future research, it would be important to study how PWUD themselves reflect their views about the professionalisation of their urban or online "territories" when workers as professionals regulate the dynamics of those places by conducting outreach work there (see Smith & Hall, 2018).

We aimed to gain an understanding of workers' views regarding multi-placed work and its place-related meanings in terms of service accessibility. Therefore, we are not able to conclude how multi-placed work encounters appear in situ or how clients experience them. Future studies should analyse in detail how the meanings of individual places appear to PWUD and outreach workers and how these meanings are produced in real-life encounters between those participants. However, our analysis broadens the picture of outreach work and illustrates its diverse practices; it involves much more than the narrow understanding of seeking PWUD outside services in public places (i.e., the first subsection of the Results). It also means, for example, workers' visibility in PWUD's everyday environments, concretely seeking service users with whom outreach work had lost touch, and moving from place to place with PWUD. Our analysis highlights how multi-placed outreach work promotes service accessibility from multiple perspectives (about multiple aspects of accessibility, see, e.g., Raitakari, 2023; Vanjusov, 2022), such as physical, emotional, interactional, and experiential accessibility. While promoting accessibility requires workers to concretely move into PWUD's "territories," accessibility is not about physical accessibility alone. This study identifies, however, that with PWUD, physical accessibility is often a prerequisite for realising other aspects of accessibility.

To conclude, this study demonstrates the need for place-sensitive understanding in all social and health services for PWUD. For service accessibility, place really matters. Different places have situational purposes and serve work practices and individual encounters in diverse ways, depending on the situation and the work's aim. Moving to PWUD's everyday environments and individually selected places enables them to respond comprehensively to their situational needs, protecting their anonymity and avoiding the stigma of a "drug user" (Ranta et al., 2024). Multi-placed outreach work will not solve all service accessibility problems, but this study confirms that it is needed to promote a more equal society. Ultimately, PWUD's access to necessary services is also a question of their access to human rights and social inclusion.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The data of this study are not publicly available due to ethical reasons.

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ARTICLE

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Negotiating the Accessibility of Help: Signposting and Boundary Work in Social Services' Online Interactions

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Abstract

Easy, low-threshold access is widely regarded as a major advantage of online services. In Sweden, several municipalities are striving to increase the accessibility of their social services by responding to anonymous users online. This article considers the nature of the accessibility of these online services. Two online platforms were studied: (quasi-)synchronous online chats and asynchronous online enquiry forms. Online chat logs and question form exchanges were closely analysed using conversation analysis. Accessibility of online services was approached through the concept of boundary work, focusing on how social workers navigate the constraints of what they can and cannot do when responding to anonymous users online. The analysis revealed that users seeking personalised advice or requesting immediate interventions were redirected to instead contact the local social services in person. When directing users to seek help elsewhere, social workers invoked constraints in their online role to account for not providing the requested help. The study's findings are discussed in terms of the unmet expectations of online users due to limitations in the remit of online social workers. Although online facilities made social workers technically accessible, the range of services available online was limited to providing information and general guidance.

Keywords

accessibility; conversation analysis; institutional boundaries; online interaction; organisational remit; signposting; social services

1. Introduction

A relatively recent systematic review of 28 studies on technology-mediated social work practice suggests that one of its major benefits is enhanced accessibility (Afrouz & Lucas, 2023). Specifically, providing services via online platforms has been shown to make social services more accessible to individuals with special needs and “hard-to-reach populations,” such as those living in rural areas, as well as young people who prefer online communication to more traditional telephone and face-to-face encounters. Online service delivery is also critical for rural areas, given the increasing withdrawal of physical services (Hodge et al., 2017). One development in technology-based social work is communicating with users through online platforms, including text-based interactions (van de Luitgaarden & van der Tier, 2018) in which users are often anonymous (Höglund & Flinkfeldt, 2024). Anonymity has been shown to facilitate the disclosure of personal experiences, particularly when they are perceived as sensitive or shameful (Bambling et al., 2008; McKenna & Bargh, 2000). The anonymity and accessibility of online text-based services have been cited as two of the main reasons why people seek support online (Murphy et al., 2009).

This article examines the anonymous online enquiry forms and online chats offered by Swedish social services. These online services aim to provide information on how social services operate and the policies and routines they follow. One motivation for establishing online facilities is to offer convenient, low-threshold access to social services and to make them appear more visible, comprehensive, and user-friendly. Although these online services appear to be frequently used, they do not always meet users’ expectations. This study focuses on cases where online social workers signpost anonymous users to ordinary (non-online) social services to process their requests. The term “signposting” is used to describe the practice of rejecting immediate help and recommending that users seek help elsewhere (Alexander & Hofstetter, 2020). This is in contrast to the practice of referral, through which a service user is redirected by a professional acting as a gatekeeper—for example, a family doctor referring a patient to a medical specialist—or instances in which a user is guided to the correct department, as with a switchboard operator (for a discussion on referrals versus signposting, see Alexander & Hofstetter, 2020).

In this study, accessibility is approached as a discursive phenomenon that can be traced through the observable actions of participants in interaction (Stommel & Meijman, 2011). Access is examined by studying how it is constructed and negotiated in interactions between online social workers and anonymous users. Accessibility is operationalised using the concept of boundary work, which involves the management of role expectations and constraints in client–professional encounters (Slembrouck & Hall, 2014). For social workers, drawing boundaries entails making decisions on how to manage encounters with their clients in a way that enables cooperation within the constraints of their professional remit. Adopting a discursive perspective allows studying “how boundaries are presupposed, touched upon, discussed and negotiated in unfolding contacts with the client” (Slembrouck & Hall, 2014, pp. 63–64). Boundary work can, for example, be accomplished through delimiting and specifying the overall focus of the work and the target group, or by setting boundaries on the task itself to make it more manageable (Pedersen et al., 2017). By setting boundaries on the type of help they provide, social workers can grant or deny access to specific services.

Signposting users to another service provider along with describing a lack of professional remit (e.g., not having relevant expertise) is a way of performing boundary work (Bloch & Leydon, 2019; Kevoe-Feldman & Iversen, 2022). This is the case, for example, when help providers consider the user’s problem to fall outside of the scope of their organisation’s services. The present study focuses on boundaries within social services rather than between organisations or institutions. When signposting online users to non-online (telephone or in-person) social services, social workers reveal the boundaries within the Swedish social services system: which parts are responsible for what, and what help can and cannot be provided online, via text, and anonymously. Through boundary work in the form of signposting, online social workers negotiate and establish what can and cannot be enacted as service (Alexander & Hofstetter, 2020). This study examines how social workers, who respond to anonymous users online, invoke the limitations of their remit when redirecting users to other (non-online) services. The focus of the study lies in how, through this boundary work, participants negotiate the accessibility of the services requested by users.

2. Data and Method

Data were collected from the social services in three Swedish municipalities and consist of chat logs from 68 online chat sessions and 200 exchanges via online enquiry forms. This material was collected by qualified social workers who were involved in providing these online services. All users in the dataset were anonymous. The social workers further anonymised the data by deleting information that could compromise users' anonymity, such as the geographical names and contact details (e.g., telephone numbers) of local services. In the three municipalities where the data were collected, social services could be contacted either via an online enquiry form (one municipality), via an online chat (one municipality), or via both methods (one municipality). Online chat services were open for several hours per week or every working day, depending on the municipality. When using online enquiry forms, users could submit their inquiries at any time and would receive a response from within several hours to several days, depending on when the form was submitted (e.g., during the working day or at the weekend) and the social workers' workload. Users could not respond to the answer they received and had to submit a new enquiry form if they were not satisfied with the answer.

Online services were initially aimed at the municipality's population. However, it turned out that they were also used by people from all over the country and even abroad. Online services are intended to provide easily accessible information about the structure, procedures, and rules of social services, and to help citizens understand policy documents such as the Social Services Act. Users could also inquire about a wider range of issues, including seeking advice on their personal situations, and in some cases, users could request direct assistance (e.g., financial support or accommodation). In these cases, social workers could provide more emotional support and steer users toward seeking help outside online services.

The chat logs and online enquiry form exchanges were analysed using conversation analysis (CA; see Sidnell & Stivers, 2013), with a particular focus on its application to online, text-based interactions (for a discussion on "digital CA," see Giles et al., 2015). CA has a long tradition in the study of professional practice, including social work (Flinkfeldt et al., 2022; Hall et al., 2014). CA allows for a fine-grained examination of unfolding interactions, focusing on how verbal actions are understood by the participants. CA is a suitable approach for examining boundary work as an interactional accomplishment in professional encounters with clients (Slembrouck & Hall, 2014) and for investigating how this work can be accomplished through the practice of signposting (Alexander & Hofstetter, 2020). CA has previously been used to apply a discursive perspective to accessibility (Stommel & Meijman, 2011).

CA has proven useful in the study of internet-mediated written communication (Giles et al., 2015; Koivisto et al., 2023) and has been increasingly applied to the study of online, text-based encounters in social work (e.g., Höglund & Flinkfeldt, 2024). "Digital CA" (Giles et al., 2015) focuses on the position and composition of contributions (e.g., posts in an online chat) and exercises caution when applying concepts originating from the study of spoken interaction (e.g., the concept of a “turn” in conversational turn-taking), as these may not readily apply to written interaction (Koivisto et al., 2023). When applying CA to online interactions, researchers also consider how the affordances of a particular medium impact interactional practices (Meredith, 2019).

The analysis followed the procedure established in CA. It began with a thorough examination and observation of the entire dataset to identify recurring patterns and collectable phenomena. During this stage, it was observed that online social workers could claim or imply that they were unable to provide the requested help or answer the user’s question, recommending that online users instead contact social services by telephone or in person. These cases ($N = 47$), including both chat logs ($n = 13$) and online enquiry form exchanges ($n = 34$), were studied in detail to zoom in on how social workers rejected users’ requests and signposted them to telephone and local (non-online) services, thereby setting boundaries on what could and could not be accomplished online.

3. Analysis and Results

The practice of signposting has previously been shown to be intertwined with the activities of rejecting a help-seeker’s case for receiving a service while simultaneously offering a service by redirecting the help-seeker to a more suitable service provider (Alexander & Hofstetter, 2020). In this study, signposting to local (non-online) social services occurred when social workers refrained from passing judgement on individual cases, or when users sought practical assistance rather than information or advice. When steering anonymous users to seek help outside of online platforms, online social workers could account for doing so by stating that their professional remit was limited to providing general information. In this way, the social workers explicitly drew boundaries around what was and was not included in their remit when responding online. This explicit boundary work was typically observed in asynchronous online interactions via enquiry forms. By contrast, institutional boundaries within the social services system were drawn in a more subtle way in online chat interactions. The analysis and results below are structured according to the two online settings.

3.1. Signposting in Online Enquiry Forms: Explicit Boundary Work

Extract 1 (Table 1) shows an exchange via an online enquiry form. Here, the user submits a question beginning with a description of the problem and providing details such as the amount of money recently inherited (line 3). The user then asks whether they can receive financial support from social services. The extract shows the entire question submitted by the user and the beginning of the response from the social workers. All the extracts show the original posts in Swedish alongside their colloquial English translations. Any misspellings in the original text are preserved and translated accordingly, unless they make the translation incomprehensible.

The social worker’s response begins with a reformulation of the user’s enquiry as a question of eligibility for income support in lines 5–6, translating the user’s question into the language of the social services (Thell, 2022). This is followed by a sentence in which the social worker first declares what they cannot do via the online enquiry form (lines 7–9) and then signposts the user to their local municipality (lines 10–11). This declaration, placed within the same sentence as the signposting, serves to account for redirecting the user to seek answers elsewhere. In the original Swedish, the two parts of the sentence are joined by the conjunction “utan” (line 10), which can be translated as “instead” or “but rather,” indicating contrast or contradistinction.

Table 1. Extract 1: You need to apply to the municipality where you live.

Line	Sender	Text in original Swedish	Colloquial translation into English
1	AN	Hej, ärvt en bostadsrätt som jag	Hi, inherited a condominium that I
2		bott i 4år menar ingen inkomst,	have lived in for 4 years means no income,
3		fick för 1år sedan 170000 men nu är de	received 170000 1 year ago but now they are
4		slut, kan jag få ekonomisk hjälp av soc?	over, can I get financial aid from socials?
5	SW	Hej! Du har frågor om du	Hi! You have questions about whether you
6		är berättigad till försörjningsstöd.	are eligible for income support.
7		Socialarbetare på nätet kan inte gå in i	Online social workers cannot make
8		enskilda bedömningar eller göra	individual assessments or make
9		beräkningar för din specifika situation	calculations for your specific situation,
10		utan du måste ansöka i kommunen	instead you need to apply to the municipality
11		där du bor och få en individuell bedömning.	where you live for an individual assessment.
12		Många kommuner har en hemsida där	Many municipalities have a website where
13		du kan göra en provberäkning som kan	you can do a sample calculation that can
14		ge en indikation på om du är berättigad	give an indication of whether you are eligible
15		eller inte. För att kunna vara berättigad	or not. In order to be eligible
16		till försörjningsstöd ska du…	for income support you must…

Notes: AN = anonymous user, SW = social worker.

The social worker explicitly claims not to be able to provide the requested service, implying that the user's request falls outside the scope of what can be processed through the online platform. While accounting for their inability to act, the social worker simultaneously rejects the user's request (Alexander & Hofstetter, 2020). Furthermore, the social worker reshapes what can be seen as a straightforward question ("can I get financial aid from socials?" in line 4) into a matter requiring "individual assessment" and "calculation" (lines 8–9 and 11). The user is thus denied an answer to their question and is instead steered toward seeking it through a formal application procedure. While some Swedish municipalities offer the possibility of applying for economic benefits online, applicants in other municipalities need to visit the social services office. Therefore, when redirecting the user to make a formal application, the social worker is likely to direct them to contact the social services office in person.

Having refused to pass judgement on the user's individual case, the social worker moves on to providing tips on a webpage containing a sample calculation (lines 12–15) and explaining the criteria for eligibility for income support (starting in lines 15–16). In this way, the social worker shifts towards providing more general information. Thus, having rejected the user's request for a specific service and signposted them to their municipality, the social worker provides an alternative service that falls within the remit of online social workers. Rather than receiving a personalised judgment on their situation, the user is presented with information and it is up to the user to infer what it might suggest (Antaki & Bloch, 2020). The social worker enacts boundaries within the social services system by providing a specific service (offering information) and by redirecting the user to other parts of the system for different services (individual assessments).

A similar pattern can be seen in Extract 2 (Table 2), which is also from an online enquiry form. The extract shows the user's full question and the beginning of the social worker's response. Here, the user appears to be seeking support for ongoing contact with the social services. By using the self-categorisation "homeless" (line 1) and the institutional term "designated activity" (line 2), the user displays familiarity with social services' language. The reference to the designated activity suggests that the user is enrolled in a support programme. The social worker orients to this when referring to "your caseworker" in line 6.

Table 2. Extract 2: It is up to your caseworker.

Line	Sender	Text in original Swedish	Colloquial translation into English
1	AN	Kan jag som bostadslös nekas busskort	If I am homeless, can I be refused a bus pass
2		för att kunna delta i anvisad aktivitet?	to take part in a designated activity?
3	SW	Hej! Vi kan inte entydigt säga om du är	Hi! We cannot say definitively whether
4		berättigad till busskort eller ej för att	you are entitled to a bus pass or not to
5		du skall delta i anvisad aktivitet. Det är	attend a designated activity. It is
6		din socialsekreterare som gör	up to your caseworker to make
7		en bedömning om det är skäligt att du	a decision on whether it is reasonable for you
8		beviljas busskort för att du skall kunna ta	to be granted a bus pass to enable you to get
9		dig till aktiviteten. Du har dock rätt till	to the activity. However you are entitled to
10		ett skriftligt beslut på din ansökan om	a written decision on your application for
11		busskort så att du kan överklaga det	a bus pass so that you can appeal
12		om du fått avslag. (…)	if it is refused. (…)

Notes: AN = anonymous user, SW = social worker.

The user's question can be read as a request for a second opinion on a decision regarding their case (rejection of application for money for a bus pass), which has either already been made or is anticipated. After the greeting, the social worker begins the response by claiming limited ability to judge the user's case (lines 3–5), thus refusing to answer the user's question. As in Extract 1, the social worker reframes the user's question as one of entitlement or eligibility ("whether you are entitled" in lines 3–4 and "whether it is reasonable for you to be granted" in lines 7–8), which requires a formal assessment and decision. The social worker draws a demarcation between the roles of online social workers ("we cannot say definitely whether you are entitled" in lines 3–4) and caseworkers ("it is up to your caseworker to make a decision" in lines 6–7), thereby exposing the boundaries of responsibility within social services.

In this case, the signposting is accomplished indirectly by explaining the division of responsibilities, implying that the user should contact their caseworker instead of using online services. As this is likely to involve contacting the caseworker by phone or in person, the user is simultaneously redirected from online services to more traditional methods of service delivery. The signposting is formatted as a provision of information ("it is up to your caseworker to make a decision") rather than a suggestion for a course of action (e.g., you need to contact your caseworker). In the next sentence, the social worker continues to provide information on the application procedure ("you are entitled to a written decision" in lines 9–10) and the right to appeal. As in Extract 1, the social worker refrains from providing a specific answer to the user's question, instead offering general information.

Although the practice of signposting serves to reduce users' resistance to not receiving the service they request, it is still likely to result in rejection and resistance (Alexander & Hofstetter, 2020). It is not possible to trace how the social workers' responses are received in the data from online enquiry forms. Interactions through enquiry forms are asynchronous and consist of only two messages (comparable to two turns in oral interaction): the user's question or request, and the social worker's response. Technically, it is not possible for the user to respond to the answer they received (which could be seen as a third turn and an opportunity to display resistance).

3.2. Signposting in Online Chats: Implicit Boundaries and User Resistance

Unlike online enquiry forms, interactions through online chats are quasi-synchronous. Here, participants exchange messages in real time, even though they cannot monitor each other's actions during the production of the messages, such as hesitations and self-repairs (Arminen et al., 2016). In the data from the social services' online chats, resistance is a common response when social workers redirect users to seek help from their local municipality through more conventional (non-online) means.

Extract 3 (Table 3) shows the start of an online chat session, in which the user requests help with housing. In the first post (lines 1–3), the user provides a concise description of the problem, revealing a highly vulnerable life situation. Throughout the chat session, the user's posts are terse and often agrammatical; they lack punctuation and contain spelling errors.

Table 3. Extract 3: You can borrow a phone and call.

Line	Time, poster	Post in original Swedish	Colloquial translation into English
1 2 3	13:01:23 AN	Är gravid snart 7 månaden har varit utomlands 10 månader har ingenstans att bo när jag kommer till sverige	Am almost 7 months pregnant have been abroad 10 months have nowhere to live when I come to sweden
4	13:01:46 SW	Hej!	Hi!
5 6 7 8 9	13:02:21 SW	Okej, ja förstår det som att du varit utomlands en längre period och tänker flytta tillbaka till Sverige och känner oro för att du inte ännu hittat någonstans där du kan bo, stämmer det?	Okay, I understand that you have been abroad for a long period of time and are thinking of moving back to Sweden and are worried that you have not yet found a place to live, is that right?
10 11 12	13:04:14 AN	Ja har innan jag åkte varit med kotakt med er pga olika anledningar ni har hjälpt mig mig boende och bistånd	Before I left I was in contact with you for various reasons you have helped me with housing and [economic] aid
13 14 15	13:04:27 SW	Aha okej, så du har varit i kontakt med socialtjänsten tidigare och då fick du stöd med boende och pengar	Aha okay, so you've been in contact with social services before and then you got help then with housing and money
	Several posts are omitted		
16 17 18	13:07:14 SW	Okej, har du en tanke eller vilja om var du skulle vilja bo eller har bott tidigare?	Okay, do you have any thoughts or wishes about where you would like to live or have lived before?
19 20 21	13:07:33 SW	Jag tänker så att jag kan hjälpa dig att ta fram kontaktinformation till socialtjänsten	I am thinking so that I can help you find contact information for the social services
22 23 24	13: 07:45 SW	Så att du kan ta kontakt för att ansöka om pengar, till boende och annat nödvändigt	So that you can make contact to apply for money, for housing and other necessities
25	13:08:16 AN	Jag kan bara skriva här online	I can only write here online
26	13:08:18 SW	Okej	Okay
27	13:08:25 SW	När du väl landat/kommer till Sverige	When you have landed/arrive to Sweden
28	13:08:28 SW	Då kan du låna telefon och ringa	Then you can borrow a phone and call

Notes: AN = anonymous user, SW = social worker.

Although the user's initial post (lines 1–3) does not contain an explicit enquiry or request, it can be read as an urgent plea for help: the user's situation is presented in a manner that suggests the need for assistance (being heavily pregnant and having nowhere to stay). After sending a greeting (line 4), the social worker sends a post displaying a candidate understanding of what the user has written and invites the user to validate whether it is correct ("is that right?" in line 9). However, the user does not respond to this question, instead posting what can be read as an account of why she is writing in the online chat (having previously received help from the social services). The user refers to social services using the second-person pronoun "you" (plural form *ni* in the original Swedish in line 11), thus addressing those responding in the online chat as a part of the authority that helped the user in the past. In response (lines 13–15), the social worker reformulates what the user has written, replacing what the user referred to as "you" with the name of the authority in the third person: "social services" (line 14). The social worker seems to avoid using the institutional "we" that would place the online service in the same category as local social services through which citizens can apply for housing assistance. In doing so, the social worker may imply that the social services that provided help to the user are separate from the online chat service that the user is currently contacting.

Following several posts not included in the extract, in which more information about the user is gathered, the social worker sends a post asking where the user intends to live (lines 16–18). Then, in the next two posts, the social worker accounts for this question by projecting assistance with contact details (lines 19–21) and suggesting that the user contacts the local social services for help with money, housing, and "other necessities" (lines 22–24). Unlike Extracts 1–3, the social worker does not explicitly claim that they cannot provide help online; rather, they imply it. By signposting the user to the relevant local social services, the social worker indicates that the user's problem cannot be resolved via the online chat (Alexander & Hofstetter, 2020). The user appears to read this as a redirection to non-online services, as she resists the suggestion in the next post: "I can only write here online" (line 25), thereby pursuing the reception of help online. However, the social worker treats the user's post as being about the practical problem of not having access to a phone and suggests that the user borrow one (posts in lines 27–28). The user and the social worker appear to pursue different interactional projects (Levinson, 2013): While the user is seeking (immediate) online assistance with housing, the social worker is treating the user's problem as falling outside the scope of the online service and the user's request as an enquiry about contact details for a relevant social services' unit. In subsequent posts, the social worker establishes the user's place of arrival in Sweden and provides the telephone number and address of a local social emergency service.

In the next Extract 4 (Table 4), the user repeatedly resists the social worker's attempts at signposting. Here, the user contacts the online chat service for the third time in the course of two days with the same enquiry regarding their girlfriend, who has been refused financial assistance with paying rent. The user refers to this in line 1 ("I have already been in contact") and in line 17 ("the tips I got yesterday"). This time, a different online social worker responds, and several initial posts (omitted) are dedicated to what happened in the previous chat sessions. Previously, the user was advised to check the grounds for the refusal decision and reapply to the social services. Thus, the user had already been signposted back to local social services. In their first post, the user complains that social services "keep refusing to help" (line 5–6) and expresses strong discontent using an expletive intensifier (line 8).

Table 4. Extract 4: I can’t provide more concrete help.

Line	Time, poster	Post in original Swedish	Colloquial translation into English
1	15:26:55 AN	Jag har varit i kontakt redan å min tjejs	I have already been in contact on my girl’s
2		vägar då hon knappt har inkomster (bor	behalf as she barely has any income (lives
3		pga detta hos sin mor). Nu	with her mother because of this). Now
4		behöver de akut hjälp för att få ihop halva	they urgently need help to make up half
5		hyran men socialen nekar gång på gång	the rent, but the socials keep refusing
6		hjälp och menar mamman skall försörja	to help and say the mother should support
7		både sig själv och sin dotter. På sina låga	both herself and her daughter. On her low
8		inkomster. Såhär får det fan inte gå till	income. It’s not the fucking way it should be
	Several posts are omitted		
9	15:38:07 SW	Det jag funderar på när du berättar det här	What I’m wondering when you tell me this
10		är om de har fått ett formellt	is whether they have received a formal
11		beslut där det står varför de får avslag? Hon	decision stating why they are refused?
12		har alltid rätt att göra en ansökan	She has always right to make an application
13		och få den prövad, även rätt till	and have it considered, including the right
14		ett beslut. Det beslutet är nödvändigt om	to a decision. This decision is necessary for
15		hon ska kunna överklaga	her to be able to appeal
16	15:38:15 AN	Hon har berättat att trots de försökt med	She has told me that despite trying
17		tipsen jag fick igår dvs att ekonomin	the tips I got yesterday i.e., that the budget
18		inte skall räknas som gemensam	should not be counted as joint,
19		så har de nekats hjälp. Jag sitter själv	they have been refused help. I’m myself
20		också i trubbel med hyra så jag är grymt	in rent trouble too so I’m grimly
21		ilsk på vem det än är som ställt till det.	furious with whoever is responsible for this.
22	15:41:08 AN	Ett klagomål tar oavsett tid. Så hjälper inte	A complaint takes time anyway. So doesn’t
23		direkt om man akut behöver nåt för att	really help if you urgently need something
24		slippa gatan. Min tjej är arbetslös	to get off the streets. My girl is unemployed
25		dvs får hon överhuvudtaget pengar så	i.e., if she gets any money at all
26		behövs den till medicin så hon slipper	it is needed for her medication to avoid a lot
27		höga plågor och det är typ vad den	of suffering and that is about what this
28		inkomsten räcker till. Jag har varit tvungen	income is enough for. I have had to
29		assistera med pengar så inte hon är 100%	help with money so that she is not 100%
30		beroende av hennes mor som har låg	dependent on her mother who has low
31		lön. Ingen annan har gjort det. Nu sitter jag	salary. Nobody else did it. Now I am in the
32		i samma båt	same situation
	Several posts are omitted		
33	15:47:13 SW	Vad gäller pengar till medicine och annat	Regarding money for medication and other
34		livsviktigt—känner du till att man kan göra	essentials—do you know that you can make
35		en nödansökan till socialtjänsten?	an emergency request to social services?
36	15:48:45 AN	Vad jag förstått har alla vägar nu försökts	As far as I know everything has been tried
37		för hon frågar inte om snabblån för	because she doesn’t ask about instant loan
38		skojs skull. Dessutom skulle det inte räcka	for fun. Besides it would not be enough.
39		till. Med andra ord skall man hamna på	In other words should you end up on
40		gatan och SEDAN kanske få höra	the street and THEN maybe hear that
41		nån klantat till sig? Inte riktat mot dig men	someone screwed up? Not against you but
42		rätt ruttet system	pretty rotten system

Table 4. (Cont.) Extract 4: I can't provide more concrete help.

Line	Time, poster	Post in original Swedish	Colloquial translation into English
43 44 45 46 47 48 49 50 51 52 53 54 55	15:53:40 SW	Hamna på gatan låter inte som en bra lösning—det är självklart av stor vikt även för socialtjänsten att personer inte blir bostadslösa. Hmm, jag funderar på vilka tips jag kan ge för att hjälpa henne/er vidare. Här via chatten kan jag inte ge mer konkret hjälp, men jag har kollegor dit man kan vända sig om man behöver mer hjälp i kontakten med socialtjänsten, om man t.ex. riskerar att bli bostadslös. Vill du veta mer om vart hon kan vända sig för att få mer praktisk hjälp att hitta lösningar?	Ending up on the street doesn't sound like a good solution—of course it's extremely important for social services too that people don't become homeless. Hmm, I'm thinking what tips I can give to be helpful for her/you. Here via the chat I can't provide more concrete help, but I have colleagues who one can contact if one needs more help in contacting the social services, e.g., if one is at risk of being homeless. Do you want to know more about where she can turn for more practical help in finding solutions?
56 57 58	15:55:32 AN	Ja för det är bråttom. Tiden rinner ut i sanden och annars finns det inget annat val än snabblån	Yes because it's urgent. Time is running out and otherwise there is no other choice but instant loan

Notes: AN = anonymous user, SW = social worker.

In lines 9–15, the social worker sends a post formatted as general information on the application procedure, implicitly suggesting a possible course of action: appealing a formal decision (Antaki & Bloch, 2020; Silverman, 1997). The user's subsequent post (lines 16–21), reporting a failed attempt to follow the advice received during the previous online chats, appears to have been typed simultaneously with the social worker's post, as it is sent only eight seconds later. In their next post (lines 22–32), the user rejects the social worker's suggestion of appealing, deeming it irrelevant (the appeals process takes time, whereas the need for financial assistance is urgent; lines 22–24). In lines 33–35, the social worker makes another suggestion regarding an emergency application. This suggestion is also rejected by the user (lines 36–38). The social worker's suggestions imply that the user (or their girlfriend) should turn to the local social services again, despite having already sought help from them. The user's tone is emotional: note the capital letters in "THEN" (line 40), and the emotionally loaded expressions "end up on the street" (lines 39–40), "screwed up" (line 41), and "pretty rotten system" (line 42). The user explicitly complains about social services but clarifies that this criticism is not directed at the online social worker ("not against you" in line 41).

The social worker's response is delayed (see the timestamps in lines 36 and 43), which may indicate difficulties in responding to the user's persistent complaints and resistance. In the next post, the social worker first contests the user's negative view of the social services (lines 43–46). Over the next two sentences, the social worker displays a willingness to help the user ("Hmm, I'm thinking" in lines 46–47), while also claiming that the user's case falls outside the scope of the online guidance ("Here in the chat I can't provide more concrete help" in lines 48–49). The social worker thereby mitigates their personal accountability for rejecting the user's request for help (Alexander & Hofstetter, 2020). At the same time, the social worker reinforces the boundaries within the social services system (online guidance versus local offices). This is followed by signposting the user to "colleagues" (line 50). The post concludes with an offer of further information ("Do you want to know more about where she can turn…?" in lines 53–54), which the user accepts (line 56). In subsequent posts (not shown here), the social worker provides information about and contact details (addresses, telephone numbers, and emails) for community services that can support citizens in contacting social services; for example, in helping them to write an appeal. Thus, the user is signposted to local social services once more, albeit indirectly, to which the user continues to display resistance throughout the remainder of the chat session. As in Extract 3, the service enacted by the online social worker is providing information and redirecting the user to the relevant authorities. In Extract 4, where the user returns with the same case, the online counsellor appears to assume the role of a digital accompaniment in ongoing contacts with the local social services office.

4. Discussion and Conclusions

It has previously been suggested that, in contrast to mere "access," the concept of "accessibility" better captures the ambiguity and the dynamics of the practices through which welfare recipients are connected with social work, shifting the focus from the management of access towards a reflection on its meaning (Grymonprez et al., 2017). The practices of boundary work and signposting explored in this study can be seen as practices through which the accessibility of social services via online platforms is made visible. When negotiating and establishing boundaries, defining the responsibilities of the online services versus the local social services offices, social workers and users construct the conditions of online social work.

The online services studied in this article render social workers accessible to the general public. At the same time, online social workers orient to their remit as being limited to providing general information, which is substantially different from conventional social services, where citizens can receive more practical support. In the cases studied here, users sought personalised advice (e.g., judgements on their individual situations, as in Extract 1) or immediate interventions (e.g., help with accommodation or financial support, as in Extract 3), but were mostly redirected to contact their local social services office via non-online means (by telephone or in person). Users also turned to online services as an alternative to conventional social services when they did not trust or were dissatisfied with their existing contacts at the local municipality (see Extracts 2 and 4). In these cases, they were usually steered back to their caseworkers. In online chat interactions where users had the possibility to respond to the social worker, they resisted being redirected elsewhere and could pursue help online. In both online chats and online enquiry forms, social workers tended to provide an alternative service when rejecting the user's request; for example, by explaining general rules or procedures related to the user's situation. In this way, they aligned with the user's project of seeking help, while simultaneously reconfiguring the nature of this help so that it fell within their remit.

Alexander and Hofstetter (2020, pp. 121, 133) observed that "conversation analytic [CA] research on the topic of signposting appears to be minimal at best," and more broadly that "the resistance of professionals to provide a service is not frequently reported in interactional literature." The present study contributes to this field of research. It supports the assumption that non-emergency helplines and similar services may face specific challenges related to their remit, which may consequently make them a home environment for signposting practices (Alexander & Hofstetter, 2020). To our knowledge, signposting has thus far been studied in oral interactions. In this study, it is analysed in a different interactional environment: online, text-based, quasi-synchronous, and asynchronous interactions. One of the structural affordances of these interactions is the ability to routinely compose units consisting of multiple actions (Arminen et al., 2016). In oral interactions, it has been shown that users' resistance is mitigated by tying signposting actions to accounts that imply a rejection of the user's request, thereby allowing no space for the user to respond to the rejection itself (Alexander & Hofstetter, 2020). In online text-based interactions, a similar effect was achieved by combining accounts of limits to remit with signposting within a single post. However, as in oral interactions, users in the online exchanges could still resist the option to seek help elsewhere.

Previous studies of boundary work, including those focusing on signposting, have primarily addressed the boundaries between different professions or occupations (e.g., Slembrouck & Hall, 2014), and between organisations or agencies (e.g., Alexander & Hofstetter, 2020; Kevoe-Feldman & Iversen, 2022). This study sheds light on a different aspect of boundary work, when the boundaries are established between different departments within the same agency. The conventional, in-person social services in Sweden mainly deal with individual assessments and interventions. This is not possible with online services, where users are anonymous. While anonymity is an appreciated feature of online platforms, it limits what social workers can accomplish in this setting. Furthermore, the division of responsibilities may be related to specific challenges when the same service users are handled by different parts of the organisation. If an online social worker's judgement on the user's individual situation differs from that of the user's caseworker, this can lead to contradictions in the handling of the user's case. By limiting their remit to providing general information, online social workers may be striving to avoid creating tensions within the social services system.

This study has examined cases where online social workers operate within the scope of their remit. Meanwhile, Kevoe-Feldman and Iversen (2022) have shown that practitioners may push institutional boundaries to meet the needs of help-seekers that fall outside their organisational remit. A future study could examine whether and how online social workers accomplish boundary-pushing towards tasks belonging to the domain of the conventional, local social services or other parts of the welfare system.

The focus of this study has been on "negative cases," in which users are denied the service they requested. Notably, these cases comprise a comparatively small portion of the entire dataset: 47 out of 268 interactions (13 out of 68 chat logs and 34 out of 200 enquiry form exchanges). The online services studied in this article are frequently used, which suggests that they are a valued source of support. The Swedish social services system is complicated, and accessible information about its structure and procedures can help citizens navigate it. The accessibility of information about welfare services has been shown to be crucial in enabling citizens to make informed choices about their social support (Baxter et al., 2008). However, it might be important to consider how online services are presented to the public in order to ensure that users have realistic expectations when accessing these services.

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Data Availability

The data are not publicly available due to privacy or ethical restrictions.

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ARTICLE

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Toward Co-Production of Child Welfare Services With Immigrant Parents: Insights Into Enabling and Constraining Factors

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Abstract

This article explores the factors that facilitate or constrain the co-production of child welfare services (CWS) in the encounters between immigrant parents and child welfare systems. It draws on empirical data from interviews with ten parents who have experience with the Norwegian Child Welfare Services (NCWS) due to allegations of child maltreatment. The data were analyzed using reflexive thematic analysis, involving multiple iterative cycles and theme construction to identify factors that influence active parental participation in the process and, by extension, co-production of the services. The findings reveal that while a range of factors shape the co-production of CWS, they highlight the central role of: (a) parents' negative perceptions of the NCWS and limited awareness of how to engage with the system; (b) the impact of the child welfare system's approach to intervention; (c) the role of parental trust or distrust in the NCWS; and (d) the quality of relationships and the underlying power dynamics between parents and the NCWS. Yet, while some factors—such as parents' negative perceptions and limited awareness—appear to have a more pronounced impact on specific stages of co-production, like early engagement and collaborative planning, others, like trust and power dynamics, exert a crosscutting influence that shapes participation and co-production across the full spectrum of the intervention process.

Keywords

child welfare services; co-production; factors; immigrant parents; Norway

1. Introduction

There is growing awareness and consensus that public services, unlike products, are always co-produced, and value is created through interactions between professionals and service users (Bovaird, 2007; Osborne et al., 2018; Voorberg et al., 2015). The view of service as co-produced rather than a mere professional product has contributed to a shift away from the traditional model of public service provision, in which service professionals are endowed with immense power and responsibility for designing and delivering services to passive recipients toward a model of service production and delivery as a joint venture, where service users actively participate in designing, delivering, and improving services alongside professionals (Pestoff, 2006; Strokosch & Osborne, 2023; Whitaker, 1980). This is also integral to the trend toward the democratization of welfare services, as it empowers service users and promotes more accessible, inclusive, participative, and decentralized forms of service provision (Strokosch & Osborne, 2023; Walzer, 1988).

Co-production as an approach to service production and delivery can enhance accessibility, inclusivity, and responsiveness of services, particularly in fields like child welfare services (CWS), by allowing service users to engage based on their identity, values, background, and experiences. This is particularly important in cross-cultural CWS, involving encounters between immigrant parents (hereafter referred to as "parents") and CWS, as such meetings often involve value pluralism and normative complexity arising from competing or conflicting perspectives related to concepts such as the child's best interests, good care, the child–parent relationship, childhood, children's rights, child maltreatment, and child protection (Terrefe, 2023). Interventions based on a coproduction approach can help bridge this gap by facilitating shared understanding of the operationalization of normative concepts, such as good care and the child's best interests, through negotiated terms between parents and the child welfare system, as this approach acknowledges the resources and expertise of both professionals and service users in co-producing services. As such, it can enhance parents' trust and participation in the process, foster tailored interventions, and lead to more positive intervention outcomes. Yet, while co-production is increasingly recognized as a valuable approach to enhancing the accessibility, inclusiveness, and responsiveness of public services, its feasibility and implementation in child welfare settings remain underexplored.

A review of the literature reveals a growing body of research examining co-production across a range of disciplines, offering insights into the concept from different vantage points. In recent years, co-production and co-creation have gained considerable traction in Norway, particularly within the context of welfare service delivery (Simonsson et al., 2023; Torfing et al., 2022). However, much of the existing literature stems from service contexts characterized by relatively equal power dynamics, where collaboration between parties is voluntary and consensual. Consequently, the relevance of these studies for understanding co-production in contexts such as child welfare is limited, as these settings are often characterized by mandated interactions, pronounced power imbalances, and minimal user control over participation. Furthermore, unlike other service settings, child welfare systems operate under a dual mandate that balances two often conflicting responsibilities: investigating child maltreatment referrals and providing support to families (Gilbert et al., 2011; Picot, 2014). This competing mandate can present both structural and relational challenges to engaging parents as equal and collaborative partners from the outset.

Quite a few studies have also examined co-production and co-creation in CWS settings (Pestoff, 2006; Røiseland, 2024). Røiseland (2024) examines how co-creation applies across different policy contexts, focusing on three areas: the exercise of authority, service delivery, and regulation. The findings suggest that co-creation is context-dependent, with authority-based contexts, like CWS being less suitable, while service delivery areas, such as elderly care, are most favorable for its implementation. In addition, a study by Pestoff (2006) examines co-production in childcare services across eight European countries, finding that most services use a top-down approach, limiting parental participation. Yet, the results also demonstrate that greater parental participation leads to more tailored and effective services, fostering community and shared responsibility. However, these studies either depart from the majority perspectives or focus primarily on the policy context of CWS, resulting in limited understanding of the contextual nuances of co-production in parent–child welfare system interactions across diverse cultural contexts. Hence, despite the surging interest in co-production, little is known about the concept and the determinants influencing it within child welfare systems, particularly in the context of cross-cultural CWS involving immigrant parents.

This study examines the factors that facilitate or undermine the co-production of CWS in cross-cultural contexts by examining interactions between immigrant parents and the Norwegian Child Welfare Services (NCWS). To this end, the analysis in this article is guided by the question: What influences the co-production of CWS in interactions between immigrant parents and CWS? The analysis is based on parents' experiences and perspectives of their interactions with the NCWS. Although the co-production of CWS involves multiple stakeholders, the scope of analysis in this article is limited to the factors that influence the co-production of CWS in interactions between parents and the child welfare system.

2. Co-Production as a Conceptual Framework

Co-production is an approach rather than a specific method for service provision built on the principle and understanding that service users are best placed and have the knowledge essential to enhance the quality of services alongside professionals. It validates and utilizes service users' expertise through knowledge sharing and empowerment. The concept has emerged as a driver of public policy reforms and democratization of public services by promoting active citizen participation in the planning and delivery of public services (Meijer, 2016; Osborne et al., 2018; Pestoff, 2006).

The shift from hierarchical old public administration (OPA) to new public governance (NPG) promotes more collaborative, networked interactions, fundamentally reshaping both the approach to, and power dynamics in, public service delivery (Bovaird, 2007; Osborne, 2006; Pestoff et al., 2013; Radnor et al., 2014; Torfing & Triantafillou, 2013). Accordingly, while traditional user participation tends to align more closely with the ideals of OPA, which emphasizes hierarchical relationships between service providers and users, co-production, associated with NPG, repositions service users to a more empowered role, allowing them to actively participate in designing, delivering, and improving public services. In other words, co-production represents a shift from classical user-participation models, which are built on a top-down approach, to a more equal partnership between users and professionals. As such, user participation can be understood as a practice that facilitates the inclusion of users' perspectives, aiming to ensure their views are heard and considered, while the ultimate decision-making power remains with service professionals. "Co-production" or "co-creation," by comparison, is a process in which service users hold more equal decision-making power and actively contribute their resources and perspectives to the design, implementation, and delivery of services alongside professionals (Pestoff, 2009; Røiseland, 2024; Vike et al., 2025).

In this study, co-production is defined as a continuous and iterative process wherein parents and the child welfare system collaborate as partners through shared decision-making to design, create, deliver, and evaluate CWS interventions. To this end, the study utilizes co-production as a framework through which parental participation is understood as a mediating factor—where the degree of their engagement directly influences the overall level of co-production within CWS. Accordingly, co-production can be understood in this study as a continuum, akin to a ladder, ranging from passive engagement forms such as compliance and consultation to active participation in shared decision-making. Mere compliance is associated with minimal or no co-production, whereas active or meaningful parental participation represents the gold standard. This conceptualization renders the otherwise fluid notion of co-production as more context-specific and analytically accessible by examining the degree of parental participation in CWS interventions and the factors shaping it, as reflected in participants' lived experiences. This approach enables a thorough analysis of the factors underlying the spectrum of parental engagement in CWS, ranging from compliance-driven, mandated involvement to more active and meaningful participation. With the aim of providing a more comprehensive understanding of factors that influence the co-production of CWS, this article conceptualizes co-production also as a family of interrelated concepts—comprising co-design/co-planning, co-creation, co-delivery, and co-evaluation—framed as a co-production loop, as illustrated in Figure 1.

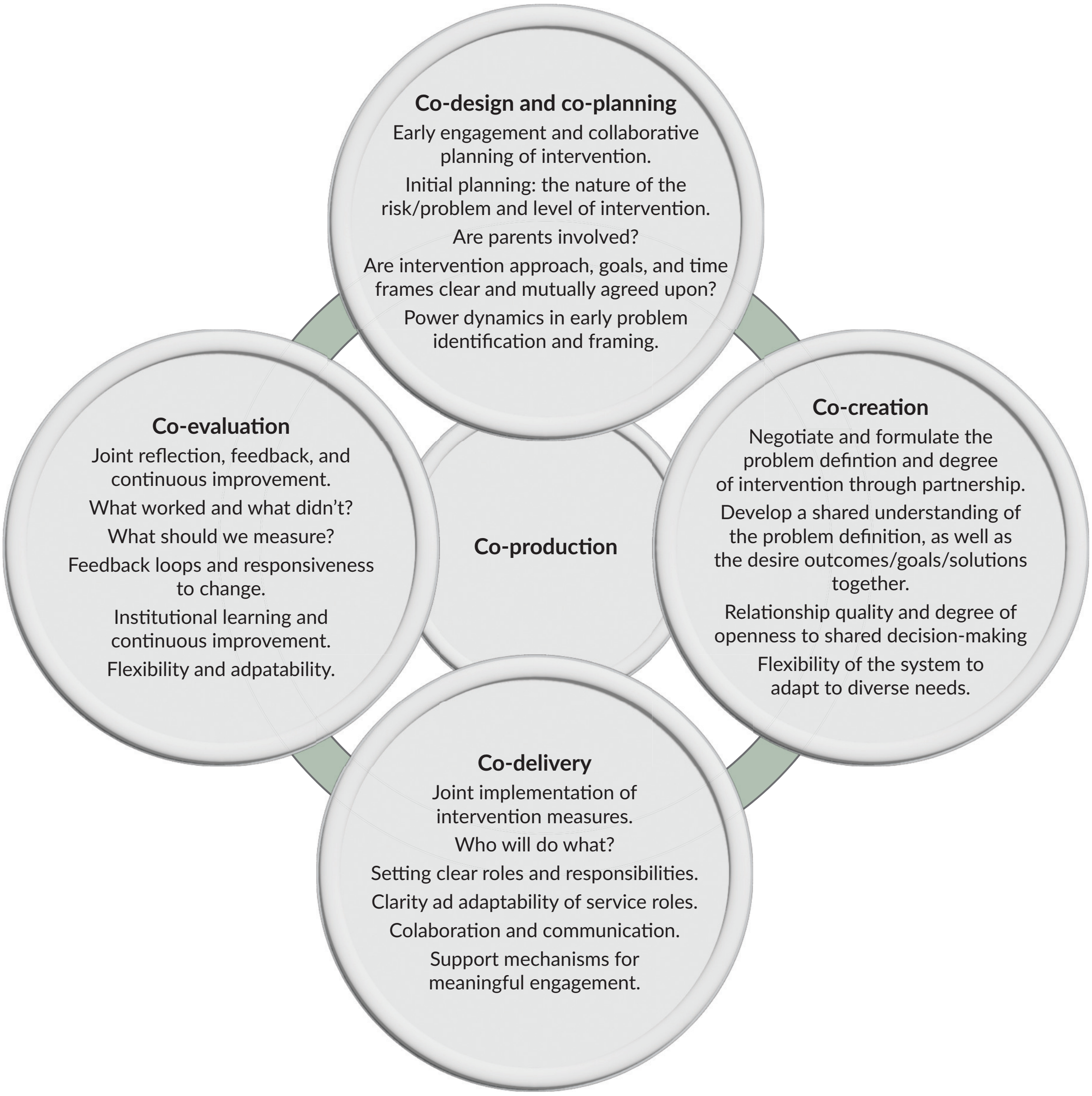

Figure 1. Co-production loop—a conceptual model.

Drawing on public administration literature on co-production and co-creation (e.g., Gordon & O'Brien, 2018; Osborne et al., 2018; Pestoff, 2006; Whitaker, 1980), this framework synthesizes core elements of co-production, contextualized to the specific setting of CWS. As illustrated in the figure, this analytical framework conceptualizes co-production as a multifaceted and interlinked process consisting of co-design and co-planning, co-creation, co-delivery, and co-evaluation. Accordingly, co-production activities are embedded across multiple phases of the intervention process, including initial planning (e.g., risk assessment), the formulation and implementation of intervention measures, as well as evaluation and feedback. Each stage represents a critical point of interaction where specific facilitators and barriers to co-production can emerge. For example, co-design and co-planning centers on early-stage engagement by assessing, for example, factors influencing parents' active participation in risk assessment and defining intervention methods and objectives. Building on this, co-creation emphasizes the collaborative formulation of appropriate intervention measures between parents and the NCWS, assessing, for example, factors that influence parents' ability to negotiate culturally appropriate solutions and professionals' flexibility in accommodating them. Subsequently, co-delivery concerns the joint implementation of intervention measures in partnership, examining factors that enable or constrain parental involvement during this phase. Finally, co-evaluation involves joint reflection on outcomes, which helps assess factors shaping the capture and inclusion of immigrant parents' perspectives (e.g., through culturally sensitive tools) to inform and improve intervention practices.

These phases are inherently interconnected, as understanding the factors that facilitate or hinder co-production in CWS requires an integrated approach rather than viewing each phase as an isolated event. This approach enables a systematic examination of the diverse factors shaping co-production at multiple stages and levels within the child welfare system, all within a coherent analytical framework. For instance, it supports the examination of crosscutting themes such as parental trust, which in this article is conceptualized as "parents' willingness to be vulnerable by suspending fear or uncertainty, based on the positive expectations that their case will be favorably resolved by the child welfare services or specific professional(s) within the organization" (Terrefe, 2024, p. 480) across the various phases of intervention. While the experiences of study participants and consequently the findings may not correspond or align with each stage in a linear or rigid manner, this framework provides a structured conceptual lens to map key factors influencing co-production at critical points along the service trajectory, thereby enabling a nuanced and comprehensive understanding of factors enhancing or impeding co-production in the interactions between parents and the NCWS.

3. The NCWS and Immigrant Families

The NCWS has a purported mandate to ensure that children and youth living under conditions that may harm their health and development receive timely assistance and care. It is also responsible for promoting a safe and supportive environment for their upbringing (Ministry of Children and Families, 2023, Section 1). To this end, the NCWS has the given authority to investigate child maltreatment referrals and intervene, when necessary, while also supporting families. For the purpose of carrying out its statutory obligation, the NCWS is organized under two administrative hierarchies: the municipal CWS and the central government's child welfare authorities. In addition, the Child Welfare Tribunal, which is an independent decision-making body, has the power to decide over coercive measures (Ministry of Children and Families, 2023, Section 14). The primary tasks, however, lie with the municipal CWS. The municipal CWS has the mandate to assess child maltreatment referrals, conduct investigations of the child's care situation, make administrative decisions regarding assistive measures (e.g., it provides family support and therapeutic services), and arrange alternative care services (Ministry of Children and Families, 2023, Section 15).

Despite its stated intentions to protect children, the relationship between parents and the child welfare system in Norway and other Western countries—especially among immigrant families—is often fraught with tension and a lack of trust (Eide et al., 2018; Fersch, 2016; Fylkesnes et al., 2015; Handulle, 2022; Korzeniewska et al., 2019; Paulsen & Berg, 2021; Vassenden & Vedøy, 2019). Multiple studies, both in Norway and internationally, also show that parents often have limited participation in CWS intervention processes (Aadnanes & Syrstad, 2021; Berrick et al., 2015; Kildedal et al., 2011; Križ & Skivenes, 2010). The NCWS has been widely criticized by study reports, parents, interest groups, the media, and international bodies like the European Court of Human Rights for being intrusive, discriminatory, and lacking cultural sensitivity in intervention practices, particularly with regard to families from immigrant backgrounds (Aamodt, 2023; Haugevik & Neumann, 2020). To better understand the factors that shape co-production in practice within such settings, the following methodology presents the analytical framework and research tools used in this study.

4. Method

This qualitative study is based on empirical data collected as part of a larger research project investigating the formation of trust and distrust in interactions between immigrant parents and the Norwegian child welfare system. Data were collected using semi-structured interviews. The interview guide is structured around key thematic categories. For parents, the guide includes broad categories with sub-questions and probes covering: (a) background information; (b) reasons for contact and experiences with CWS; (c) trust or distrust in the NCWS; (d) communication; and (e) final reflections.

The study participants included 10 parents recruited from municipalities across different regions of Norway. The inclusion criteria for parents were being an immigrant parent who permanently resided in Norway, with previous or ongoing contact with the NCWS due to allegations of child abuse and/or neglect. Accordingly, 10 parents from Poland, Eritrea, Ethiopia, Somalia, and Iraq, and five child welfare professionals were recruited for this study. The sample of parents consisted of three men and seven women, and only one parent from each family was interviewed. Most of the study participants encountered the NCWS more than twice. These parents represent a range of factors that may influence the co-production of CWS, including diverse sociocultural backgrounds, and parental values and practices that may differ from the mainstream ideals informing the child welfare system. They also vary in terms of ethnicity, religion, level of acculturation, reasons for migrating to Norway, and prior experiences with the authorities in their countries of origin. They were recruited using immigrant organizations in different municipalities and snowball sampling. In this regard, leaders and members of these organizations with whom contact had been established at previous points using social media platforms were used as entry points. These individuals assisted as gatekeepers and key informants in giving information about the research to the members, as well as in locating and contacting potential participants.

The study was approved by the Norwegian Agency for Shared Services in Education and Research. Informed consent was obtained from all participants prior to the interviews. Participants were informed that their participation was voluntary, and that they could withdraw from the study at any time without providing a reason and without facing any consequences. All data were treated with strict confidentiality. Identifiable information was removed during the transcription process, and participants were assigned pseudonyms to ensure anonymity. Data were securely stored on encrypted devices.

With regard to data analysis, reflexive thematic analysis (RTA), developed by Braun and Clarke, was used to analyze the data. RTA involves several stages: familiarizing oneself with the data, generating initial codes, constructing and reviewing themes, defining and naming these themes, and synthesizing findings into a coherent narrative (Braun & Clarke, 2006, 2019, 2021; Braun et al., 2023). As an inductive method, RTA is rooted in qualitative, constructionist, reflexive, and interpretive approaches, ensuring an iterative process for theme development. Unlike traditional thematic analysis, which follows a relatively structured step-by-step framework, RTA is more flexible and responsive to emerging themes. It acknowledges the researcher’s subjectivity as an essential part of the analysis, allowing for the active interpretation and construction of meaning. In other words, RTA involves active theme construction, where themes are not discovered but constructed through a recursive and iterative process (Braun & Clarke, 2021; Byrne, 2022). For example, the data analysis and findings were influenced by the study’s aim and research question, which served as a lens to interpret and organize participants’ accounts. The analysis involved multiple iterations of theme development, emphasizing deep interpretation and the iterative construction of themes to identify factors that facilitate or hinder active parental engagement in the intervention process and consequently in co-production activities.

5. Analysis of Interview Results

The participants provided detailed accounts of their lived experiences of encounters with the NCWS. The interviews were recorded and transcribed verbatim. The analysis began with the author thoroughly reviewing the interview transcripts, guided by the study’s objectives and research question. This familiarization phase was followed by the identification of key features related to participants’ engagement or disengagement in co-production activities, and the generation of initial codes. These initial codes include “parents’ fear,” “the reputation of the NCWS,” “limited awareness,” “emergency removal,” “positive interactions,” “adversarial approach,” “powerlessness,” “lack of shared understanding/values,” and “trust or distrust.”

The initial codes were then grouped into broader thematic categories based on conceptual affinities and emerging patterns. Accordingly, codes such as “parents’ fear” and “cooperative behavior” were consolidated under the themes “parents’ lack of knowledge” and “the reputation of the NCWS,” respectively. Similarly, “emergency removal” and “involuntary intervention” were categorized under the theme “approach to CWS.” Codes like “positive interactions” and “information sharing” were grouped under “relationship quality.” Additionally, themes such as “interpersonal trust” and “lack of trust” were also placed under “parents’ trust or distrust,” while codes reflecting parents’ feelings of powerlessness were classified under the theme “the role of power.” Finally, overlapping themes were synthesized into four overarching categories that capture the key factors influencing parental engagement and, by extension, the co-production of services. These categories are:

1. Parents’ negative perceptions of the NCWS and limited awareness of how to engage with the system;

2. The impact of the child welfare system’s approach to intervention;
3. The role of parental trust or distrust in the NCWS;
4. The quality of relationships and the underlying power dynamics between parents and the NCWS.

6. Findings

The overall findings from the data analysis suggest that the co-production of CWS between parents and the NCWS is shaped by a complex interplay of factors. Yet, four main factors emerge as particularly salient. Below, the findings are presented with illustrative quotes from participants’ accounts.

6.1. Parents’ Negative Perceptions of the NCWS and Limited Awareness of How to Engage With the System

A recurrent theme in the participants’ data influencing parents’ active engagement and, consequently, the co-production of services, is their negative perception of the NCWS coupled with limited understanding of how to engage with the system.

In describing the fear and confusion experienced upon initial contact, one participant stated: “When we were contacted by CWS, I thought the children would be removed immediately” (Interviewee 1). This reflects participants’ limited knowledge and anxiety rooted in their limited understanding of the child welfare system’s purpose and procedures. Such perceptions appear to significantly affect, in particular, parents’ early engagement and collaborative planning of interventions (i.e., co-design and co-planning of CWS), often resulting in disengagement or defensive behaviors. Furthermore, when parents perceive involvement with the system as synonymous with imminent child removal, they tend to resist communication or withhold information, thereby impeding their participation in jointly defining the problem and determining the level of intervention (co-creation), as well as their cooperation in implementing intervention measures (co-delivery). This is because interactions driven by fear undermine trust and obstruct the development of mutual understanding regarding intervention goals and the respective roles of all parties—both of which are critical for effective co-production.

The impact of parents’ limited awareness on the co-production of services is also evident in participants’ lack of knowledge about how to engage with the system during the intervention process. This uncertainty was reflected by a participant who stated: “I did not know how to respond and what to do” (Interviewee 2). This suggests that parents may lack the necessary knowledge and skill to engage effectively with the system and participate meaningfully to co-produce CWS. Unclear expectations and limited understanding of their role seem to undermine parents’ confidence, thereby impeding their active involvement, an essential component of co-production. Without sufficient knowledge or trust in the process, parents may remain passive throughout the intervention, consequently foregoing opportunities for meaningful participation in the co-production of services that align with their values, perspectives, and lived experiences.

6.2. The Impact of the Child Welfare System’s Approach to Intervention

Participants’ experiences of active participation in the intervention process and, by extension, in the co-production of services, were also often mentioned in relation to the NCWS’s approach to assessing and responding to child welfare concerns. Participants frequently expressed frustration and disagreement with the NCWS's intervention approaches, often perceiving them as secretive, intrusive, or punitive rather than supportive.

A participant expressed this frustration in response to an uninvited home visit, stating, "Home is where you live and where you find sanctuary, not a place to be investigated by CWS" (Interviewee 6). Such practices by the NCWS appear to foster parents' perceptions of interventions as intrusive and rooted in surveillance rather than support or protection. These perceptions were found to erode trust and compromise parents' sense of safety, often prompting a defensive stance. In effect, this approach seemed to diminish parents' willingness to engage collaboratively with the system, thereby restricting opportunities for partnership in the co-planning and implementation of interventions.

Another theme related to the intervention approach, particularly in the accounts of participants who experienced the loss of child custody, concerns emergency child removal. One participant described this experience as follows: "By the time I arrived, the children had already been taken into the custody of CWS" (Interviewee 6). The participant's experience of arriving home to find that her children had already been taken into custody suggests that decisions were made unilaterally by the NCWS without prior consultation, explanation, or involvement of the parent. Although such measures are typically taken only in extreme cases involving imminent concerns for the child(ren)'s safety and well-being, they nonetheless entail exclusion of parents from critical decision-making processes. Participants also frequently expressed concerns about the NCWS engaging with their children without their knowledge or consent, often perceiving such actions as covert or adversarial, contributing to a sense that the system was operating against them. The unilateral nature of such interventions, often initiated solely on the basis of professional risk assessments without incorporating the parents' perspectives, seems to diminish opportunities for collaborative engagement from the outset, thereby precluding the development of a shared understanding of the concerns, risks, and intervention goals. Parents' experiences of unilateral decision-making by the NCWS under such approaches appeared to foster feelings of exclusion, disempowerment, fear, confusion, and resentment, all of which diminished parents' willingness or capacity to engage meaningfully with the system and co-produce the services.

A further notable finding in participants' accounts relates to how the perceived investigative and adversarial nature of the NCWS's intervention approach adversely affects parental collaboration, thereby constraining the potential for co-production. Several parents reported being interviewed in a manner akin to criminal interrogation, noting that caseworkers often appeared confrontational or dismissive of their perspectives, especially when parents contested the allegations contained in child maltreatment referrals. The resulting sense of being Othered was found to foster distrust and disengagement or, in some cases, provoke a defensive stance—ultimately undermining the cooperation and mutual trust essential for the co-production of CWS.

6.3. The Role of Parental Trust or Distrust in the NCWS

Participants' experiences of active participation in the intervention process and, consequently, co-producing CWS, also appear to be significantly influenced by their trust or distrust in the NCWS. The analysis revealed that trust or distrust in the NCWS is multifaceted, encompassing several dimensions including trust or distrust in the NCWS as an institution, relational or interpersonal trust between parents and child welfare workers, and trust or distrust induced by the absence of a shared understanding of values, among others. These interrelated forms of trust were found to play a critical role in shaping parents' willingness to engage in co-production across various phases of the intervention process, from early engagement and collaborative planning (i.e., co-design and co-planning) to negotiating and formulating the problem definition and intervention strategies (co-creation), the joint implementation of measures (co-delivery) and, finally, to feedback and evaluation (co-evaluation). The overall data indicate a notable lack of trust in the NCWS, particularly during the early stages of intervention.

Expressing distrust and the perceived futility of collaboration with the NCWS, one participant remarked, "I cannot collaborate with someone who is trying to take our child away" (Interviewee 4). This quote vividly illustrates how deep-seated distrust can significantly hinder engagement in the co-production process, particularly during the co-planning and the co-creation of a shared understanding of intervention needs and desired outcomes. When parents perceive the NCWS as adversarial and as a threat to family unity and well-being, their willingness to engage openly and collaboratively in identifying needs, assessing risks, and formulating intervention goals appears to be significantly diminished. Such distrust is found to hamper transparent communication and shared decision-making from the outset, as parents perceive sharing information as increasing their vulnerability. Consequently, they may withhold crucial details or disengage in the early stages of co-design and co-planning, limiting the foundation for co-production.

In expressing distrust stemming from perceived inconsistencies between stated goals and actual practices, one participant remarked: "How can sending children to an institution…be protecting children?" (Interviewee 6). This may suggest that when intervention outcomes are not mutually negotiated and explicitly agreed upon, parents are less likely to perceive the child welfare system as a genuine partner in care. This appears to lead to disengagement, thereby undermining collaborative relationships and ultimately hindering the co-production of services. Conversely, when trust is established, parents are more likely to engage collaboratively and contribute to the co-production of services. In this sense, trust is not merely a desirable relational quality but a necessary precondition for the reciprocal engagement that underpins co-production of CWS.

6.4. The Quality of Relationships and the Underlying Power Dynamics Between Parents and the NCWS

Another prominent theme in the participants' data related to the level of parental engagement with the NCWS and, consequently, the co-production of services pertains to the quality of relationships and the underlying power dynamics between parents and the NCWS.

The findings demonstrate the significant influence of the quality of relationships between parents and child welfare professionals in either facilitating or hindering the co-production of services. Participants frequently highlighted the transformative role of respectful, empathetic, and supportive interactions with child welfare workers in fostering trust and enabling meaningful parental engagement throughout the intervention process.

One participant illustrated this, stating: "Our caseworker was very calm, respectful, full of empathy, and very good at listening. She understood our challenge.…The way she talked to us comforted me a lot and took away my fear" (Interviewee 1). This quote suggests how a professional demeanor, combined with emotionally attuned and respectful communication, can transform uninvited intervention and power-laden interactions into spaces of emotional security, mutual understanding and collaboration. It suggests that when child welfare professionals demonstrate empathy and sensitivity to parents’ concerns and circumstances, they help reframe the parent–professional relationship—from one rooted in surveillance and control to one based on collaboration and support. These are key conditions for fostering active engagement and, ultimately, co-production. This also indicates that co-production is not only about procedures and structures, but also about the relational climate in which services are delivered. Some participants further noted that the development of relational trust with their caseworkers significantly transformed their perceptions and experiences of the intervention. Similarly, parents who reported negative experiences with the intervention following the initial encounter predominantly attributed these to strained relationships with child welfare professionals.

Another closely related theme in the participant data regarding the quality of interactions between parents and child welfare professionals is the embedded asymmetrical power dynamics inherent in the relationship. In describing the embedded power imbalances that often left them feeling marginalized or voiceless, an interviewee stated, “The caseworkers can decide whatever they want” (Interviewee 6). This quote reflects a perception of unilateral authority that undermines the foundational principle of shared power in co-production. When parents believe their perspectives do not influence decisions or that outcomes are predetermined, their motivation to engage meaningfully is significantly weakened. The perception of being excluded from the decision-making process seems to not only impede collaboration but also reinforces a hierarchical model of service delivery, which is fundamentally at odds with the relational and participatory ethos of co-production.

Reiterating the imbalance of power, another participant remarked, “You can go to the meetings and speak, but they had already decided what to do” (Interviewee 5). This statement encapsulates a sense of symbolic or tokenistic participation, where parents are allowed to express their views but see little evidence that their input leads to change. Parents’ perception of engagement as procedural rather than substantive seems to foster feelings of disempowerment and alienation from the intervention process, thereby impeding meaningful participation in co-production activities such as engagement in shared decision-making during initial planning and implementation of intervention measures.

On the other hand, workers’ flexibility in exercising their power appears to foster trust-based collaborative relationships, thereby enhancing parents’ participation. This positive dynamic was illustrated by one participant: “The worker allowed me to reschedule the appointment for a time when I was free from work” (Interviewee 10). This example of flexibility demonstrates how accommodating parents’ realities can foster respect and trust, key conditions for effective co-production. Such gestures signal a willingness to share power and recognize parents as competent and legitimate contributors to the decision-making process. The data analysis shows that child welfare workers’ empathetic and supportive engagement with parents, rather than the reinforcement of authority, plays a critical role in helping parents overcome fear and negative preconceptions about the NCWS, fostering more active participation even within contexts of entrenched power imbalances.

Taken together, the co-production of CWS between immigrant parents and the child welfare system is shaped by a complex interplay of factors pertaining both to the parents and the intrinsic characteristics of the system itself. The overall analysis indicates that contemporary policy frameworks, mandates, and the intervention practices of the NCWS provide limited space for interventions grounded in co-production principles that position service users in general, and immigrant parents in particular, as equal partners in the planning and delivery of the services. In other words, the current child welfare system exhibits significant limitations in embracing co-production ideals, such as engaging service users as partners from the outset and actively acknowledging and addressing power differentials. This may suggest the need to explore alternative approaches that are more closely aligned with the foundational values and principles of co-production.

7. Discussion

The goal of this study is to examine the factors influencing the co-production of CWS in the interactions between immigrant parents and the NCWS. Analysis of the participants' data reveals that co-production of CWS is a multifaceted, complex, and evolving process shaped by parents' negative perceptions and limited awareness of the system, the NCWS's intervention approach, parents' trust or distrust, the quality of relationships, and the underlying power dynamics between parents and the NCWS.

The findings suggest that a critical factor affecting the co-production of CWS, particularly during the early phase of intervention, is parents' negative perception of the NCWS, combined with their limited awareness of how to navigate or effectively engage with the system. Participants frequently expressed fear of child removal. The fear experienced by parents was intensified by the involuntary nature of the interventions and their limited understanding of their rights, responsibilities, and the avenues for meaningful participation. This uncertainty about how to navigate the system or advocate for their families frequently resulted in anxiety and a defensive stance. This aligns with previous studies indicating that parents' early interactions with the NCWS are often marked by fear and distrust, largely driven by the fear of losing custody of their children (Fylkesnes et al., 2018; Terrefe, 2024). Parents' negative perceptions of the NCWS—shaped by prior experiences, community narratives, or perceived vulnerabilities—appear to significantly inhibit their engagement across all stages of co-production, with particularly pronounced effects during the early phases of intervention or collaborative planning. When parents perceive the system as punitive, intrusive, culturally insensitive, or primarily as an agency that removes children, they are less likely to engage in co-designing or co-planning services. Entering the system involuntarily and without a clear understanding of their role or the intervention's goals appear to undermine the collaborative relationships essential for co-production, a process where both parties share power, exchange knowledge, and work toward jointly defined outcomes (Brandsen & Pestoff, 2006; Gordon & O'Brien, 2018). Without this understanding, parents are less able to contribute meaningfully and are more likely to disengage (Handulle, 2022; Needham & Carr, 2009). Such disengagement weakens shared understanding, mutual problem definition, and joint goal setting, ultimately impeding co-creation. Additionally, a lack of knowledge or trust may lead parents to remain passive during co-delivery, missing opportunities for active involvement.

Parents' limited engagement with CWS often reflects broader systemic dynamics shaped by implicit power relations and institutional assumptions. The NCWS operate on the premise that service users understand both normative parenting expectations and how to navigate the system. This becomes especially problematic for immigrant parents from diverse socio-cultural backgrounds who may be unfamiliar with the system's norms and values. When expected to engage based on these dominant assumptions, they are often unintentionally marginalized, limiting meaningful participation. Co-production is therefore hindered not only by parents' lack of system knowledge but also by differing understandings of concepts like family, appropriate parenting, child maltreatment, and the child's best interests.

The findings further indicate that the impact of parental fear and limited understanding on co-production is exacerbated by the nature and approach of the NCWS's interventions. Beyond the involuntary nature of the intervention, participants frequently expressed frustration with the NCWS's intervention approach, which was often perceived as secretive, investigative, and adversarial. Practices such as uninvited home visits, the manner in which parents were interviewed, unannounced engagement with children by the NCWS, and the swift removal of children were often perceived by parents as intrusive and authoritarian rather than as supportive service. These approaches appear to disrupt the processes of co-production in CWS in multiple ways. For instance, emergency removal of children from their families due to suspected severe abuse or imminent risk to the child's health and well-being (Ministry of Children and Families, 2023), as well as engaging children without parental awareness, tend to inhibit co-planning by bypassing early engagement with families and excluding parents from the initial stages of risk assessment and intervention planning. The unilateral nature of such interventions frames the problem without incorporating parents' perspectives, cultural values, and lived experiences—also limiting the opportunity to build a shared understanding of concerns, risks, and intervention goals. In effect, such methods undermine the trust and relational safety necessary for co-creation, a stage in which services should be collaboratively negotiated and adapted to reflect both professional expertise and parental insight. This exclusion from key stages of the intervention, particularly those as consequential as child removal, not only eliminates co-production at a pivotal point but also erodes parents' trust in the system. When service users are not meaningfully involved in defining the nature of the problem, intervention methods, and goals, they may come to perceive the NCWS as a system of control and surveillance rather than one of support, thereby severely limiting the potential for co-production. Certain intervention approaches, therefore, appear fundamentally incompatible with the core principles of co-production, which emphasize the early and sustained involvement of all parties, transparency, and shared decision-making.

Furthermore, the analysis reveals that even in cases not involving the immediate removal of children, where parents have the opportunity to engage from the outset, factors such as the investigative and adversarial nature of the intervention continue to inhibit active parental participation, thereby constraining the potential for co-production. Under such conditions, parents may feel criminalized or surveilled rather than supported, which diminishes their willingness to meaningfully engage in the co-planning and co-creation of services. This finding, supported by previous studies, demonstrates that the involuntary and adversarial character of interventions, combined with the CWS's reputation, significantly diminish the potential for cooperation (Aadnanes & Syrstad, 2021; Featherstone et al., 2018; Hyslop & Keddell, 2018; Laufer-Ukeles, 2015; Munro, 2019; Terrefe, 2023). The investigative approach to intervention is partly rooted in the NCWS's statutory mandate to investigate child maltreatment referrals, which often leads to an adversarial and risk-oriented approach. This approach tends to operate on a binary distinction between children deemed in need of protection and the parents from whom protection is sought. This dynamic fosters antagonism and resistance between parents and child welfare workers, ultimately eroding the collaborative partnership, active participation, and the mutual responsibility that co-production requires. In general, these findings indicate that several factors hindering the co-production of CWS are embedded within the structural design of the child welfare system, its governing policies, and broader systemic frameworks. This supports a study by

Røiseland (2024) that found that authority-based contexts, like child protection services, are often less suited to involving users in the co-creation of services.

The analysis also reveals the crucial role of parental trust or distrust in the NCWS in influencing co-production of CWS. As noted in the findings section, trust and distrust in the NCWS are multidimensional, encompassing individual trust held by parents, collective trust within immigrant communities to which participants belong, interpersonal or relational trust between parents and child welfare professionals, as well as trust in the NCWS at the institutional level. The findings, consistent with previous research, suggest that parents can develop trust in the NCWS—even in contexts marked by uncertainty, fear, and vulnerability—provided they find the intervention meaningful and responsive (Terrefe, 2024). Such trust can, in turn, facilitate the co-production of CWS by enabling the open sharing of information and the joint identification of needs, concerns, and shared goals (i.e., co-planning); the collaborative formulation of problem definitions and intervention strategies (i.e., co-creation); and the shared implementation of intervention measures (i.e., co-delivery). Trust plays this enabling role because it reduces complexity and enables a leap of faith in the face of the unknown (Giddens, 1990; Luhmann, 1979; Möllering, 2006; Simmel, 1950; Terrefe, 2024). It is therefore essential for effective interpersonal relationships, successful collaboration (Das & Teng, 1998; Misztal, 1996; Vangen & Huxham, 2003), and active participation (Warming, 2013).

Conversely, parental distrust is often rooted in the negative reputation of the NCWS, prior negative experiences, a lack of shared understanding, or heightened vulnerability. For example, parents' negative perceptions of the NCWS may erode trust and reinforce fears that engagement with the system could result in harmful consequences, particularly the potential loss of custody of one's child(ren) (Fylkesnes et al., 2015; Handulle, 2022; Terrefe, 2024). This appears to undermine parents' willingness to engage actively, thereby hindering the co-production of CWS. Misztal (2012) noted that situations characterized by high vulnerability and distrust have been associated with lower levels of commitment and motivation, as individuals tend to take protective steps to minimize their exposure to further vulnerability. Hence, establishing a trust-based relationship is fundamental to enabling NCWS interventions rooted in co-production.

The findings further highlight that the co-production of CWS is significantly shaped by the quality of relationships and the underlying power dynamics between parents and the NCWS. The analysis indicates that parents can develop trusting and collaborative relationships with the NCWS, which can serve as a foundation for the co-production of CWS—even amid institutional distrust, fear, and vulnerability—provided that they experience the encounter as meaningful. Such meaning is often rooted in factors like relational trust in child welfare professionals and assurance that the intervention will not lead to child removal (Terrefe, 2024). In particular, the analysis highlights the critical role of parents' positive experiences with child welfare workers—characterized by openness, support, empathy, and cultural responsiveness—in promoting meaningful engagement in collaboratively planning, co-creating, implementing, and evaluating interventions. Such relationships seem to foster a sense of being heard, valued, and empowered among parents, thereby enhancing interpersonal trust and their willingness to share information openly and actively contribute to the co-production of services. Conversely, hierarchical or adversarial relationship dynamics—where professionals are perceived as rigid and dominate decision-making, and parents perceive themselves as passive recipients—seem to significantly hinder co-production.

The study also indicates that the feasibility of co-production-based interventions within the child welfare system is closely tied to the power dynamics inherent in the relationship between the NCWS and parents. While co-production is theoretically centered on interactions between equal partners, where individuals and organizations collaborate as equals in the design and delivery of services (Needham, 2008; Ostrom, 1996), the reality of the parent–NCWS relationship deviates from this ideal as the NCWS holds considerable power. The results of the data analysis indicate that the power dynamics and the dominant position of the NCWS stem from various interconnected facets of the system. These include the coercive power of the NCWS to intervene, investigate, and remove children, including against the parents' will (Ministry of Children and Families, 2023), the power embedded in the dominant perspective that shapes intervention practices and the subsequent hierarchy of values and knowledge, and the power of child welfare workers due to their professional role. This complex web of power and power imbalances significantly hampers parents' active participation in co-producing CWS, limiting their agency in various ways. This aligns with Pestoff's (2006) study of childcare services in eight European countries, which found that top-down structures and professionals' control over decisions undermine meaningful parental participation and limit co-production.

Nonetheless, the findings of the current study point to the critical role of frontline child welfare professionals in addressing power imbalances, thereby facilitating interventions grounded in co-production. Accordingly, workers who adopt power-informed practices can enable parents' meaningful participation, even amidst fear and institutional distrust. This includes recognizing the power inherent in parents' knowledge of their values, families, and children, as well as the protective factors present within the social context, family dynamics, or the broader community. The data suggest that when workers exercise power flexibly—by adapting to parents' perspectives and needs—they enhance parental participation. In addition, a pragmatic, context-sensitive approach, such as adjusting meeting schedules, has been found to foster parental trust and participation, and, in turn, to support co-production by creating an environment where parents feel more engaged and able to contribute. The adverse impact of the power imbalance can also be redressed by letting parents see how their perspectives and contributions have a meaningful impact on the process. Beresford (2021) highlighted that for service professionals, user participation is often seen as a transactional activity focused on gathering information from users, whereas for service users, participation is a quest for empowerment. That is, service users want their voices to be heard and to have a role in shaping the intervention, which provides them with a sense of influence and control over the process. This creates an environment where parents feel more engaged and able to contribute, fostering a more collaborative relationship. A core principle of co-production is the explicit acknowledgment, critical examination, and active addressing of power differentials to ensure equitable participation and shared decision-making (Bovaird, 2007; Brandsen & Pestoff, 2006; Gordon & O'Brien, 2018).

In summary, the analysis underscores the complex and multifaceted nature of the factors shaping the co-production of CWS, highlighting how these dynamics unfold across relational, institutional, and systemic levels. That is, these factors are also interrelated in either promoting or undermining the co-production process. For example, while parents' limited awareness of what the intervention entails, of how to respond to the allegations, and of what to expect impedes co-production by limiting their ability to provide valuable input and participate meaningfully, the asymmetry of power further makes it difficult for parents to engage as equal partners and build genuine partnerships with child welfare workers. Yet, factors such as a positive relationship between parents and NCWS workers can foster active parental participation despite these adversities, thus enabling co-production to some extent. The findings also suggest that while co-production offers a valuable approach to enhancing service user participation, empowerment, and the responsiveness of child welfare interventions, its feasibility is often constrained by the inherent nature of the system itself. This includes limitations imposed by legal mandates and the more coercive, risk-oriented aspects of intervention. While the study indicates that elements of co-production can be supported through existing mechanisms, fully implementing co-production-based interventions would likely require a fundamental restructuring of the current power dynamics and intervention frameworks within the NCWS. Yet, the findings point to the potential of co-production as a promising pathway for creating more accessible, responsive, and inclusive services, with the capacity to help address the trust deficit that continues to challenge contemporary child welfare systems.

Finally, ensuring child welfare interventions based on co-production is not only a matter of fairness but also upholds fundamental human rights values and principles, affirming the right of service users to access CWS and influence decisions about their families in accordance with their own values and perspectives. A core tenet of co-production is the recognition that service users possess valuable knowledge and are uniquely positioned to contribute to the design and delivery of services alongside professionals (Bovaird & Loeffler, 2012). Thus, it centers the voices of service users in shaping the policies and practices that affect their lives. Child welfare intervention based on co-production can therefore further the protection of human rights, like rights to family life, privacy, dignity, agency, and participation enshrined in international human rights instruments such as the Universal Declaration of Human Rights (1948), the International Covenant on Civil and Political Rights (1966), and the Convention on the Rights of the Child (1989). It also ensures that interventions are not solely based on dominant perspectives and norms but also take into account the diverse values and lived experiences of families, particularly those from immigrant and minority communities. This approach also aligns with service users' rights to cultural identity and equitable access to services, while helping to prevent discriminatory practices within child welfare systems.

8. Implications for Practices, Policies, and Future Research

The findings of this study have several implications for practice, policy, and future research. The findings suggest that, although co-production within contemporary CWS is limited, there is significant potential for its development, particularly when parents experience positive, respectful, and meaningful interactions with child welfare professionals. These findings imply that practitioners should prioritize facilitating opportunities for parents to actively participate in the intervention process. This involves initiating engagement not solely through information gathering, but also by sharing relevant information and collaboratively negotiating the intervention's purpose, process, and goals with parents. Such practices are essential for challenging parents' preconceived notions about the NCWS and for fostering trust-based relationships that support more effective and responsive interventions. In addition, addressing parents' immediate emotional and material needs—particularly in the early stages of intervention—can play a critical role in facilitating their empowerment and participation in the co-production process. This may require child welfare professionals to be willing and able to move beyond traditional, compliance-based approaches and adopt more relational and flexible forms of engagement. It includes recognizing parents as equal partners rather than passive recipients of services, and actively working to reduce informational gaps and power imbalances that hinder their ability to engage meaningfully in co-production activities.

Policy reforms should focus on introducing organizational structures and approaches that facilitate interventions based on co-production, particularly in the NCWS's engagement with families from diverse cultural backgrounds. Measures such as aligning training programs for child welfare workers based on principles of co-production can facilitate a more conducive environment. This is because co-production-based interventions, which require engaging parents as equal partners, demand new skills and approaches. In this regard, service users with lived experience can be an invaluable resource for training programs. For example, in Scotland, the ”Who Cares? Scotland” initiative involves young people with lived experience of foster care in designing training programs for child welfare professionals, helping to improve their understanding of the needs of children in care. Similarly, peer mentoring and advocacy programs in the United Kingdom involve foster care alumni or parents who have successfully navigated the child welfare system, offering mentorship and support to those currently involved (Saar-Heiman et al., 2024).

Policy reforms should also consider alternative approaches to engaging service users that emphasize equality and collaborative partnership. One such approach is the deliberate integration of frameworks that support co-production across all levels of the child welfare system. In this regard, practices like family group conferencing (FGC)—where extended family members work alongside social workers to design and shape interventions—can foster more inclusive and culturally responsive spaces for parental engagement. For example, in New Zealand, the *Children, Young Persons, and Their Families Act* (New Zealand Government, 1989) mandates FGC as a legally required decision-making process in child protection cases. In addition, the increasing use of the family team meeting approach, also referred to as family group decision-making, represents a family-centered intervention model aimed at facilitating collaborative decision-making processes within child protection services (Crampton, 2007; Olson, 2009). Such approaches can enhance family participation and empowerment by enabling families to identify solutions tailored to their unique circumstances. Within these models, solutions are co-negotiated with parents, while child welfare professionals take a facilitative rather than a directive role. In Finland, an emerging model based on a collaborative approach within the child welfare system like “experts by experience” and “the systemic practice model” is being implemented (Isokuortti, 2024; Pösö, 2018). These models actively involve parents with prior experience in child protection services, encouraging them to play a role in developing more family-centered support models by co-leading policy discussions and contributing to service redesign efforts. Similarly, Norway's family council (*familieråd*) approach is used to bring together the child's family and close network to develop solutions, ensuring that the child receives support from their own community rather than relying solely on public agencies to make decisions. Expanding this approach by contextualizing it for immigrant parents could further support intervention based on co-production within the NCWS. Moreover, future policy should consider the development of alternative frameworks that acknowledge and respect parental practices and values that diverge from dominant norms. Such frameworks could empower parents to engage with CWS based on their own knowledge systems and cultural values, thereby enhancing the responsiveness of the interventions. Achieving this would require a continuous negotiation of values concerning parenting, child–parent relationships, and culturally embedded understandings of care and responsibility. Additionally, parents' lack of awareness—along with the resulting fear and distrust in the system—can be mitigated through targeted awareness campaigns within immigrant communities. This approach could also help to reduce the negative reputation of the NCWS and the widespread distrust within immigrant communities.

Finally, the analysis underscores the need for further research into the feasibility of CWS interventions grounded in co-production principles. In particular, future studies that examine the perspectives and experiences of culturally and linguistically diverse families' interactions with the child welfare system could deepen the understanding of how co-production works in cross-cultural CWS. Although the findings and suggestions are based on parents' experiences with the NCWS, their relevance could, with appropriate modifications, be transferable and applied to child welfare systems in other countries. The potential transferability of the study's findings to cases with similar characteristics lies both in the consistent structures and patterns observed in the participants' data, as well as the explanatory power of the conceptual framework that guided the analysis. Timmermans and Tavory (2012) noted that theorization enables the move beyond isolated cases and draws a wider conclusion by framing individual cases in broader conceptual categories, thus allowing for meaningful comparison across different contexts.

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Conflict of Interests

The author declares no conflict of interests.

Data Availability

The author affirms that all data supporting the study's findings are contained within this article.

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ARTICLE

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Challenges of Accessibility: Experience of Receiving Ukrainian War Refugees With Disabilities in Poland and Romania

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Abstract

The Russian attack on Ukraine in February 2022 resulted in an influx of refugees fleeing from the war, many of whom fled to Poland and Romania. This flow brought a considerable number of people with disabilities, both adults and children, who needed various kinds of support: accommodation, medicine, material aid, rehabilitation, and psychological help. EU's Directive 2001/55/EC, followed by national bills, provided a general framework in which all refugees, including Ukrainian War refugees with a disability (UWRwD) have formal access to social services, but did not automatically ensure substantive accessibility. This article analyses the barriers faced by UWRwD in accessing services in host countries, as well as the solutions implemented by service providers in Bucharest and Warsaw to reach these groups. The interplay of structural, situational, and individual factors influencing service provision and access is discussed, using two sets of qualitative data: 41 individual interviews conducted with service providers in Bucharest (20) and Warsaw (21) in 2023, and two group interviews conducted with UWRwD in Bucharest (8 participants) and Warsaw (7 participants) in December 2024. Findings suggest that accessibility is an omitted aspect in emergency response. While challenges are structural, reinforced by the arrival of a high number of refugees with disabilities, solutions are situational. Given the specificities of each refugee with disabilities, as well as a lack of clear regulations to govern intervention, service provision relied heavily on case-by-case responses, communication between actors, and the use of pre-existing personal and professional networks. The results show that emergency response should be multilayered and intersectional, ensuring the needs of the most vulnerable groups are met.

Keywords
accessibility; disability; intersectionality; Poland; refugees; Romania; social services; special needs; Ukraine

1. Introduction

The war in Ukraine, initiated by Russia's attack on February 24, 2022, resulted in large-scale displacement, with individuals fleeing conflict zones and seeking refuge primarily in neighbouring states, notably Poland and Romania. According to UNHCR, 7 million displaced Ukrainians were recorded globally, with over 3 million applying for temporary protection within the EU and the Republic of Moldova. Among them, 1,903,100 were registered in Poland and 192,560 in Romania (UNHCR, 2024). As both Poland and Romania had limited prior experience in accommodating refugee populations, their response heavily relied on the involvement of civil society, in addition to actions undertaken by public authorities at both central and regional levels (Bejma & Ignățoiu-Sora, 2024; Nowicka et al., 2024).

The provision of social support, including services for persons with disabilities, was constrained by limited resources and framed by an emphasis on individual responsibility—characteristic of the welfare regimes in both countries (Rae & Piotrowska, 2022; Voicu & Stănescu, 2019). In the post-communist period, Romania and Poland experienced a gradual reduction in state social functions, with a marked preference for cash transfers over integrated social services (Voicu & Stănescu, 2019).

The intersection between disability and mobility, as a more general stance for refuge, creates spaces of particular traits and a way to explore phenomena that could lead to a better understanding of human interactions in general (Kusters, 2024). Among displaced populations, persons with disabilities often remain overlooked, and data on their circumstances—including disability types—are rarely collected systematically in host countries (European Union Agency for Asylum [EUAA], 2024; Piérart et al., 2020; Smith-Khan & Crock, 2019). This lack of data impedes access to appropriate services and compounds existing vulnerabilities faced by refugees and asylum seekers (Piérart et al., 2020). Given the complex nature of disability and the multiple dimensions involved in support provision, issues of accessibility and potential service delivery barriers are critical for this particularly vulnerable and often invisible group. Not paradoxically, people with disabilities are more likely than others to suffer when negative life events occur (Engelman et al., 2024).

The article aims to explore challenges of accessibility and solutions to ensure accessibility for Ukrainian War refugees with a disability (UWRwD). We pose three research questions: (a) What is the interplay of structural, situational, and individual factors in shaping the challenges of accessibility of services? (b) What strategies do stakeholders use to address service provision challenges? (c) How does the interplay of structural, situational, and individual factors feed into the responses aimed at increasing accessibility, and how are they reflected in the individual prospects for a better life? The analysis is based on qualitative data from two interconnected research projects exploring both stakeholder and refugee perspectives. The first set of data was collected in Warsaw and Bucharest in 2023 through 41 individual in-depth interviews and two group interviews with service providers. The second set was collected in Warsaw and Bucharest in December 2024 and consisted of two group interviews with UWRwD.

The next section outlines key theoretical developments concerning service accessibility, refugees with disabilities, intersectionality, and vulnerability. We then present our hypothesis, methodological framework, and key findings. The article concludes with a discussion and the conclusions, including recommendations and directions for future research.

The results show that accessibility is a crucial yet omitted aspect of emergency response. The results indicate that emergency response should be multilayered and intersectional to address the needs of the most vulnerable groups.

2. Conceptual Insights and Background Information

2.1. Legal and Institutional Context of Receiving Refugees With Disabilities

In Romania and Poland, the reception of displaced persons coming from Ukraine is regulated under the framework of the Temporary Protection Directive, activated at the beginning of March 2022 (Directorate-General for Neighbourhood and Enlargement Negotiations, 2022). In both countries, Ukrainian refugees have the right to work, study, stay, and access all required social services under the same conditions as citizens of both countries. However, there are some differences: At the moment of the research, the Romanian state provided subsidies for accommodation and food in the first four months upon arrival (in September 2024, this period was shortened to three months), after which the beneficiaries were only eligible for accommodation subsidies if they were integrated in the labour market and their children enrolled in schools or taking part in educational activities provided by institutions. In Poland, subsidies for accommodation and food have been terminated. If a person lives in a long-term accommodation centre, they must pay rent. However, there are exceptions in both countries. In Romania, these include refugees with a formally recognised disability, people over 65 years of age, parents with children under two, and individuals enrolled in the educational system. In Poland, it is possible to exempt people from fees who are in a "special life situation." This statement is very vague, but people with a disability certificate are exempt from fees if they live in collective accommodation centres.

In both countries, there are strategies in place concerning the rights of persons with disabilities, and they highlight the departure from the medical model of disability to a rights-centred approach. It is stated that persons with disabilities have the right to access high-quality healthcare and, in general, services that will foster their ability to lead independent lives, inside communities (Guvernul României, 2022; Rada Ministrów, 2021). However, public discourse highlights that services are not easily available, and persons with disabilities usually have to face obstacles in their daily lives, due to the lack of accessibility of many public, social spaces. In both countries, integration into the labour market is encouraged, and subsidies are usually provided for employers. Also, depending on the severity of disabilities based on the evaluation of an interdisciplinary committee, financial support is offered by the state.

As part of the post-Soviet social landscape, Ukrainian disability policies were disconnected from global developments that emphasised the importance of social rights and advocacy, although progress began in the late 20th century (Phillips, 2009). After the war began, there was an increase in the number of people with disabilities (war injuries), and the provision of essential services became problematic (World Bank, 2024). The approximate number of people with disabilities in need of humanitarian assistance is placed at about 1.8 million (Tucker, 2025).

In providing assistance to UWRwD, the main actors enabling broad access to services, information, and spaces were NGOs, supported by municipal self-government institutions, particularly those focused on social support, like Warsaw Support Family Centre (Nowicka et al., 2024). How assistance is delivered depends on the social care model adopted in each country. It may also be influenced by the organisational culture of the organisation or institution providing the aid (Fargion et al., 2018). Regardless of the factors determining the choice of an accessibility model in each society, supporting people with disabilities requires time, financial resources, extensive social networks, and qualified personnel capable of acting as a bridge to the minority group (Cortis, 2011).

2.2. Theoretical Frameworks on Accessibility

Accessibility is a multidimensional phenomenon (Levesque et al., 2013) that pertains to many aspects of life and is most associated with disability studies (Clarke, 2004; Cortis, 2011; Hamidi & Karachiwalla, 2022). In the context of migration, however, the key concept is not accessibility but the barriers that migrants encounter in the adaptation process (Nowicka, 2021). The causes of limited accessibility may stem from cultural factors—as is the case for migrants—or structural factors (Frieske, 1999). Drawing on the literature related to the concept of vulnerability, it can be assumed that limited accessibility has structural, situational, or individual roots (Mackenzie et al., 2014). Regardless of the context, accessibility and the presence of barriers can be treated as two sides of the same coin, as they relate to social exclusion, marginalisation, limited social participation, and the realisation of one’s rights. For this reason, Clarke (2004) argues that accessibility is a demand for equal treatment regarding the ability to make use of all available social resources. He also points out that the formal-legal provision of accessibility (i.e., opening doors) is not sufficient. Depending on the model adopted, accessibility is the result of the actions of various social actors; these actions may be directed toward managing accessibility or “reaching out” to create tailor-made services (Grymonprez et al., 2017).

When disability intersects with migration, accessibility is limited, and the number of barriers to overcome increases (Engelman & Izquierdo, 2025; Nowicka et al., 2024). Refugees with disabilities must contend with limitations stemming from their disabilities and inadequate societal-level solutions, as well as the typical barriers faced by migrants due to unfamiliarity with the institutional and cultural context. This makes them particularly vulnerable to harm and poses additional challenges for the organisations and institutions supporting them. Moreover, when you add the necessity for rapid action, as in the case of sudden events like catastrophes or the outbreak of war, the number of barriers increases even further (Melo Zurita et al., 2018).

2.3. Previous Research on Refugees with Disabilities

In the EU, the reception of asylum seekers follows Directive 2013/33/EU, and, according to the directive, it should be done while considering multiple sources of vulnerability, including disability. Furthermore, the UN Convention on the Rights of Persons with Disabilities provides the foundational framework for supporting individuals with disabilities, including in humanitarian emergencies, while emphasising their human rights and fundamental freedoms. This has a positive impact on the treatment of refugees and asylum seekers with disabilities (Conte, 2016; Duell-Piening, 2018). A report from the EUAA shows that not all EU countries refer to disability as a source of vulnerability in their asylum procedures and corresponding legislation, nor do they currently have the proper instruments for dealing with the needs of asylum seekers with disabilities (EUAA, 2024). Furthermore, the EUAA reports a systemic lack of disability data collection, and even when data are collected, they are not further analysed to improve the reception processes of asylum seekers with disabilities (EUAA, 2024).

Research converges on the invisibility and complex needs of refugees with disabilities and the compounded barriers they face, including discrimination, lack of accessible infrastructure, and limited availability of specialised services (Cho et al., 2013; Piérart et al., 2020; Smith-Khan & Crock, 2019). The needs generated by the refugee status and those generated by having disabilities are usually addressed separately by policies and institutional infrastructures. This generates further inequalities between natives and non-natives (Piérart et al., 2020). Access to necessary services, such as healthcare, is challenging for refugees with disabilities due to multiple and cumulative barriers (Bogenschutz, 2014; Choo & Ferree, 2010; Collins, 2019). This is particularly acute for non-apparent disabilities, such as intellectual impairments, often overlooked in asylum processes (Luce, 2018). Effective support requires contextualised disability understandings, beyond medical definitions, reflecting refugees lived experiences (Smith-Khan & Crock, 2019).

Data regarding the disability status of Ukrainian displaced persons seeking temporary protection remain scarce. Consequently, disability identification relies on collaborative efforts across diverse stakeholder networks within each host country (UNHCR, 2023).

2.4. Intersectionality and Vulnerabilities

Intersectionality, as theorised by Crenshaw (1989), provides a crucial framework for understanding the complex vulnerabilities faced by UWRwD. It elucidates how multiple social categories, such as disability, gender, and refugee status, converge to shape unique experiences of oppression. This approach moves beyond single-axis analyses, recognising that these identities are mutually reinforcing (Cho et al., 2013; Hancock, 2016). For refugees with disabilities, this means navigating compounded exclusion, where the challenges of displacement intersect with pre-existing ableism, potentially exacerbated by gendered dimensions. As Mirza (2014) notes, humanitarian systems often fail to adequately address disability-related needs, leading to “compounded exclusion.”

The specific context of UWRwD requires acknowledging the layered nature of their vulnerabilities. While all refugees face challenges accessing essential services, those with disabilities encounter additional barriers due to inaccessible infrastructure and inadequate support systems. Physical accessibility is a significant concern, with many refugee accommodations lacking ramps, adapted sanitation, and accessible pathways, effectively excluding individuals with mobility impairments (UNHCR, 2021). Furthermore, healthcare systems often fail to accommodate disability-specific needs, resulting in untreated chronic conditions and inadequate rehabilitation services (World Health Organization, 2022).

The intersection of refugee status and disability also impacts educational and economic opportunities. Educational exclusion, marked by inaccessible facilities and untrained teachers, perpetuates intergenerational poverty (UNESCO, 2020). Similarly, economic participation is constrained by attitudinal and structural barriers, with limited access to livelihood programmes and vocational training (Stein & Lord, 2010). These barriers are amplified for women with disabilities, who may face increased risks of gender-based violence and further marginalisation (Women’s Refugee Commission, 2018). The humanitarian sector's systemic deprioritisation of disability inclusion, evidenced by inadequate funding and limited consultation with persons with disabilities, exacerbates these challenges (World Health Organization, 2022). Therefore, an intersectional analysis is vital to understand the unique and complex challenges faced by UWRwD in Poland and Romania, and to inform effective intervention strategies.

3. Methodology

This article draws upon qualitative data from two research projects examining access to support services for UWRwD who were purposely selected (Palys, 2008) for this study through an open call for participation in Warsaw and Bucharest. Data were collected in two research phases; the first phase was a completed study that explored the perspectives of service providers and stakeholders, while the second phase is an ongoing investigation that focuses on the perceptions of beneficiaries, specifically UWRwD.

Warsaw and Bucharest were selected as research sites due to their shared post-communist historical trajectory, geographical proximity to Ukraine, and comparable welfare provision frameworks. However, the sites also offer comparative analytical potential, given notable distinctions such as the more developed civil society in Poland, the established Ukrainian diaspora in Poland, and the significantly higher concentration of Ukrainian displaced persons in Warsaw compared to Bucharest.

The initial research study was conducted under the Undisabling the Refugee Flow: Increasing the Capacity of Polish and Romanian Stakeholders to Provide Support to Ukrainian Refugees With Disabilities in the Metropolitan Areas of Warsaw and Bucharest (UNRF) project in 2023, utilising qualitative methods within a participatory framework (MacDonald, 2012; Vaughn & Jacquez, 2020) to ensure the inclusion of diverse voices and the identification of salient themes, as defined by the target population. This participatory approach also aimed to enhance the practical application of research findings within stakeholder activities. The second research that produced data used in writing this article is ongoing and is conducted under the Understanding Migrant Realities: Research-led Teaching About Migrations in Diversifying Societies (MIGRAEDU) project. Both studies commenced with group interviews to explore the situation of UWRwD and identify key issues. Subsequently, individual in-depth interviews were conducted with service providers, also two group interviews were carried out with UWRwD. In the present analysis, the individual interviews conducted with stakeholders and the focus groups conducted with UWRwD are used. Table 1 presents composition of the research samples in the two studies mentioned above.

Table 1. Composition of the research sample.

Type of interview	Type of respondents	Research site	Number of interviews	Year of the research
Individual interview	Stakeholders	Bucharest	20	2023
Individual interview	Stakeholders	Warsaw	21	2023
Group interview	UWRwD	Bucharest	1 interview, 8 participants	2024
Group interview	UWRwD	Warsaw	1 interview, 7 participants	2024

The research on stakeholders was conducted in both sites at the same time, between July and December 2023, with participants coming from diverse backgrounds. We tried to include not only representatives of service providers for immigrants and service providers for persons with disabilities, but also representatives of organisations that started to offer services to Ukrainian refugees only as a response to the refugee crisis. As noted in other studies (Nowicka et al., 2024), mixing the domains of interventions (disability and migration) was rare before the massive refugee flow from Ukraine. At the same time, we aimed at capturing the voices of both public authorities and civil society. In reaching potential participants, we used both formal and informal networks for obtaining recommendations, and we contacted them via email or telephone. However, the response rate was below 50%.

Transcripts from the in-depth interviews are referred to as PL01 to PL21 for Poland and, RO01 to RO20 for Romania, for each interview. There is an indication of the gender of the interviewee and a description of the type of service provider. As for group interviews, the code is PL_UNFR group_interview_2023 and RO_UNRF_group_interview_2023.

The second part of the data collection, on the perspective of refugees themselves, was conducted in focus group interviews within the MIGRAEDU project in Warsaw and Bucharest, one in each location.

In the recruitment process, we tried to cover as many instances of disability or special needs as possible (such as mobility-related issues, visual or hearing impairment, or chronic illness). At the same time, we tried to have participants in various stages of the disability recognition process in the host countries. In both Warsaw and Bucharest, most participants had higher education and were between 30 and 65 years old, coming from different regions of Ukraine (Kherson, Kharkiv, Donetsk, Dnepropetrovsk, Odessa, Kyiv). Transcripts from these group interviews are referred to as PL_MIGRAEDU_group_interview_2024 and RO_MIGRAEDU_group_interview_2024. There were eight participants in the focus group interview in Romania, while seven participants joined the focus group interview in Poland. They are designed with anonymized acronyms in the verbatim presented in the findings.

Both studies were conducted after obtaining approvals from ethics committees: The research on stakeholders received approval from the Research Ethics Committee at Collegium Civitas (7/7/2023), and the research on refugees received approval from the Research Institute for Quality of Life (Decision number 1176/26.11.2024). All participants were provided with details about the procedures, and their informed consent was obtained. All the interviews were audio recorded, with a total of more than 46 hours, and transcribed in full. Transcriptions were then coded using Atlas.ti 24. The system of codes was elaborated after an initial reading of the transcripts, using theoretical insights and being empirically grounded at the same time. The exploratory nature of the research, especially in the context of Poland and Romania, motivated us to rely extensively on inductive coding to capture the understandings, perceptions, and situational definitions provided by the respondents during the interactions with the researchers. Two researchers coded each transcript separately, and the results were then compared, suggesting a high degree of reliability, as the researchers coded fragments similarly. A thematic analysis of the coded text was then performed. In the data collection process, ample space was dedicated to the barriers encountered by both service providers and beneficiaries, and accounts of how these barriers were dealt with were prompted. Thus, specific codes were used for these themes, centred on difficulties in providing/accessing services and on the solutions implemented to overcome these difficulties.

4. Findings

4.1. Structural Challenges

The experiences of UWRwD in Poland and Romania reveal systemic multidimensional challenges due to unclear procedures, insufficient resources, and rigidity of the system, which proved to be inefficient in meeting the needs of beneficiaries socialised into different welfare systems. Therefore, individuals face multifaceted barriers in accessing healthcare, social services, and housing while navigating fragmented support systems. Their narratives underscore the intersection of disability, age, and refugee status, which exacerbates vulnerabilities and complicates integration.

Even though rules and regulations were in effect shortly after the beginning of the war, they did not prevent administrative barriers. In both countries, regulations were rather general, and not followed by specific provision. As a result, legal prescriptions were reported to be inconsistent, sometimes even contradictory, and their implementation was highly circumstantial, and in many cases differently carried out in cases that were perceived as similar if not identical. This was a recurrent theme in the interviews and was invoked spontaneously by stakeholders in both countries:

> The problem was that in practice, things varied greatly from one region to another, from one county to another, and from one institution to another. Many institutions even invented documents not provided for by law. So, the majority of them requested, for example, that the individual bring proof from Ukraine that they had given up their rights there, even though the national authority stated that there is no legal obligation in this regard. (PL02_F_NGO_focused_on_immigrants)

> Sometimes what we see in practice can differ significantly from how it's supposed to be in the law. (PL02_F_NGO_focused_on_immigrants)

Thus, what should have been a predictable environment, easy to navigate, was sometimes experienced as inaccessible and incomprehensible by the refugees. The reliance on individual case workers' or public service providers' interpretations of the law triggered disparities in how specific cases were handled and added to the anxieties related to being a refugee, and especially one with disabilities.

Moreover, there were many amendments to the laws and regulations concerning Ukrainians. Even though some of them were praised as introducing more suitable solutions for UWRwD, they were perceived as implementing abrupt changes, which put UWRwD in an even more vulnerable position. One respondent noted:

> It was all of a sudden, that's my opinion. They are still people who need help, they are still disappointed, disillusioned, frightened, worried. Yes, the change came too abruptly. (RO09_F_agency_of_public_administration)

An example of this was the sudden termination of the 50/20 programme in Romania. It was a Romanian government initiative aimed at providing financial support amounting to 50 RON per day for accommodation and 20 RON per day for meals for Ukrainian refugees hosted by private individuals or institutions. UWRwD, like other refugees who were entitled to live in collective accommodation facilities, had to prove they had a job. There were many UWRwD who were unable to do it and found themselves in a very jeopardised position, as explained by one of the interviewees:

> The [disability] certificate [was] not relevant to employment. (RO03_F_NGO_focused_on_other_issues_than_refugees_or_disabled)

Others who lived in private houses and whose stay was funded by the 50/20 scheme were asked to pay full rent:

> When the housing programme here ended, my landlord said to pay almost 500 euros for housing, another stress, and he said so sternly, giving an ultimatum, or I would have to move out. The move was also difficult: You don't know the language; I am physically unwell. (RO_MIGRAEDU_group_interview_2024)

This account illustrates the cliff-edge effect of short-term aid, which exacerbates stress for Ukrainian refugees with disability who have mobility limitations.

Some representatives of the Polish NGOs held a critical opinion on the legal solutions available to UWRwD, which was somehow justified as Poland has neither a migration policy nor an integration policy. The Polish state was not prepared to receive such a large number of refugees, and the initial assistance was provided by civil and grassroots organisations, which soon began to run out of funds as public interest in the refugee crisis declined:

> There is no systemic, state, or local government support, there is no support from large organisations, and public opinion is slowly shifting in a direction where it forgets about the existence of this war and what is happening. (PL04_M_NGO_focused_on_immigrants)

The absence of state support resulted in limited financial resources for supporting UWRwD. In the first few months of receiving refugees, organisations received donations from businesses and private citizens, but over time, this source of financing diminished. Also, big international organisations withdrew from giving financial support:

> I mean, we also had a moment of glory when there were still organisations that helped us financially, but they themselves lost the support of large international structures. We received money, for example, from [anonymised], which is a fairly large international organisation, but unfortunately, it ended. (PL04_M_NGO_focused_on_immigrants)

Another structural challenge was the very notion of social services, their function, and what they offered. It was not equivalent across Ukraine, Poland, and Romania. This was a barrier for both beneficiaries' access to the needed services and the service providers' provision process. Differences in systems of care in Poland and Ukraine manifested themselves when minors with disabilities, who in Ukraine lived in state-owned institutions, were to be accepted. In Poland, family-like structures are more popular. There was simply nowhere to accommodate whole institutions:

> This posed a considerable challenge, especially since these children were often in large institutions in Ukraine, different from the more intimate family-like structures in Poland. These Ukrainian facilities housed a varying number of children, from practically newborns to almost legal adults, with diverse degrees of disabilities, sometimes complex, and including individuals who were bedridden. (PL19_M_agency_of_public_administration)

There were differences between Ukraine as country of origin, and Poland or Romania as host societies, in the categories of disability and even in what qualified as disability in the first place. Apart from being a source of diffuse unrest, this also had direct material consequences for disabled refugees:

> So, people often have one level in Ukraine, but in Poland, they receive a different one, and they really can't apply for larger assistance depending on the level they have. But very often, in that case, we support people in the appeals process, and very often after the appeals process, they do get the level they had in Ukraine, for example. (PL02_F_NGO_focused_on_immigrants)

However, the foremost structural challenge was the procedure of obtaining disability certificates. Receiving formal recognition of the disability was a complex process in both Poland and Romania. At the time of the research, the documents obtained in Ukraine were not recognised in Poland, nor in Romania, and one had to go through an evaluation by a medical committee. The number of documents for evaluation seems excessive and unnecessary:

> It is necessary to bring a psychological assessment form, regardless of the child's type of impairment, so even if it's a psychological or paediatric impairment, for the first assessment, after which only those with neuro-psychological impairment bring that psychological assessment form. (RO19_F_agency_of_public_administration)

In Ukraine, Romania, and Poland, most disability certificates are fixed term. However, in Romania, UWRwD are required to reassess the certificates every six months, which is a shorter term than usual, as explained by many interviewees:

> In Romania, when we arrived, I received a middle disability group initially. Now I must retake assessments every six months. My wife cannot apply here—she needs a refusal from Ukraine, but going back is impossible due to shelling. (RO_MIGRAEDU_group_interview_2024)

This reflects the bureaucratic catch-22 of requiring in-person Ukrainian documentation amid active conflict, compounded by Romania's temporary disability classifications. These structural challenges, rooted in insufficiency, lack of clarity, and instability of laws, regulations, and policies, lead to the implementation of temporary or ill-conceived solutions. Governments failed to generate a structural environment that would facilitate access to services, especially for refugees with disabilities.

4.2. Situational Challenges

Situational challenges arise in circumstances that make structural solutions, or their absence, even more apparent and lead to more significant consequences. While under normal conditions a system might be efficient, in a special situation its functioning is significantly disrupted. An example of such special circumstances is the sudden influx of a large number of refugees, particularly to countries like Poland and Romania, which are unprepared for their reception, for providing humanitarian aid on such a large scale, and for ensuring effective integration programmes in the long term. A situational factor can be the appearance of a new client of the support system, namely, a refugee with disability. Another situational aspect to add might be the rise of anti-migrant attitudes and discourse. Situational challenges are visible in many aspects of supporting refugees with disabilities, affecting accessibility to services provided by state institutions and NGOs.

The first challenge resides in delays in issuing decisions by officials and a long wait for medical appointments in the public health care system. This was experienced by refugees in both Poland and Romania. Overwhelmed by the sheer volume of applications, officials were unable to keep pace with issuing decisions, such as those concerning disability certificates (with some refugees waiting several months), or with disbursing due benefits. No matter what the delay concerned, it put UWRwD in an even more vulnerable position:

> Refugees who are staying in apartments haven't received their money for five months….They are in difficulty, as they don't have enough money, resources don't suffice….There are families with many children, and they can't make ends meet until they receive the money from the state; given these delays, there are all sorts of situations. (RO03_F_NGO_focused_on_other_issues_than_refugees_or_disabled)

High demand for services also affected NGOs. The migration-centred organisations felt less pressure, given their previous experience in helping immigrants. However, given the high demand and the funding provided by various sponsors, many other organisations entered the market of service providers for refugees. What is more, to meet the needs, organisations hired many people who had no or little experience in supporting either refugees or people with disability, not to mention refugees with disabilities:

> Irrespective of their past, all these organisations faced a sudden need for adequate human resources. Well, I saw a great need to be better prepared in terms of expertise…I'm talking about the expertise that can be applied, right? I simply know what to do; I have contacts. (PL_UNRF_group_interview_2023)

The lack of preparation of the organisations' employees is reflected in the group interviews conducted with UWRwD in December 2024. The staff of the collective housing facility to which the refugees were directed could not provide basic information that was important from the point of view of a sick person:

> My experience was with medical treatment. I arrived sick, and at first, we couldn't find where to go for help. No one at the hostel told us anything. We had to walk around on our own, searching, running between hospitals. (PL_MIGRAEDU_group_interview_2024)

Both NGOs and public actors experienced significant overload resulting from the necessity of serving a large number of clients within a short timeframe. NGOs, when possessing the financial means, hired fresh staff who were not always adequately prepared in terms of expertise or experience for the work. Public institutions, having more limited hiring capabilities, consequently faced extended processing times for cases. In both instances, excessive demand for support disproportionately affected UWRwD.

Communication and language barriers are dual in nature: situational (not enough interpreters) and individual (language proficiency level). In Poland, the problem was less profound as Polish and Ukrainian are quite similar, so it is easier to understand each other on a basic level. However, conversations on more specialised topics, such as health during doctor’s appointments or administrative procedures at public offices, presented a significant challenge. Therefore, language barriers were among the topics that came up in many of the interviews with service providers. From providing practical information to more complex aspects related to nuances and specificities, the inability to communicate was a challenge that needed to be overcome. Service providers hired interpreters, but when the financial resources were scarce, they needed to turn to digital translators, which were not a perfect solution:

> But the idea is that we needed trained people who knew how to convey the message exactly as we conveyed it because what we said through the translator’s filter, under the influence of emotions, came out [in whatever other way]. (RO07_F_agency_of_public_administration)

Language barriers were most profound when a UWRwD needed psychiatric or psychological support. There were not enough specialists with a command of Ukrainian or Russian. The presence of a human interpreter infringed upon the sense of privacy. Furthermore, regardless of whether human or machine translation was used, the primary challenge remained the communication and comprehension of the emotions of UWRwD.

High demand for accommodation was one of the most pressing challenges for UWRwD. It soon turned out that there was a limited number of affordable flats to rent on the market. Refugees arriving in Warsaw and Bucharest could find temporary accommodation in shelters. It was a popular choice among those for whom Warsaw was a stopover in their journey to the destination. Refugees also used temporary shelters before they could find a permanent place to stay and organise their lives in Warsaw:

> Something like that, just to have a shelter at the beginning. To get the most important things sorted out. (RO07_F_agency_of_public_administration)

The problem with temporary shelters was that they were not adjusted to the needs of people with disabilities, chronic illnesses, and special needs. Temporary shelters were often set up in public facilities, such as concert halls or exhibition halls. This meant that refugees stayed in shared spaces. As a result, temporary shelters did not provide adequate privacy for those bedridden, there was no proper way to perform daily hygiene routines, and such individuals were separated from other residents with partitions only. For neuro-sensitive children, these shelters were often too noisy, too crowded, and too overwhelming. The same applied to mothers with small children. In many of them, physical accessibility was a problem, like in the case below, in which a boy needed to be carried to the centre on the second floor to have his rehabilitation:

> In [name of facility], there is a seven-year-old child with cerebral palsy, and there are two floors, no elevator, only stairs; they do live on the ground floor, but to get to the centre itself, you have to go up some stairs, and there is no ramp or elevator, so he is always carried there. (PL17_F_NGO_focused_on_immigrants)

In Romania and Poland, the main cause of various situational challenges seems to be the high demand for services and accommodation. Service providers were overwhelmed by the number of requests and the need to meet them. The solutions that were implemented to meet the demands of the situation often proved to be inefficient and put UWRwD in a vulnerable position.

4.3. Individual Challenges

Individual factors are linked to the characteristics of individuals, which may include the type of disability, language proficiency level, overall life resourcefulness, mental well-being, and many others. While these appear to be independent of situational and structural factors, the extent to which a given individual characteristic poses a challenge can vary depending on those other factors. For instance, in a space adapted for wheelchair mobility, a physical disability does not present as significant a problem as it does in an unadapted environment. The following discussion elaborates on challenges in accessing services, where the source has been classified as individual. Individual challenges to accessibility were rare in the analysed interviews. Some of them were rooted in the disability of a person, and help was not provided even though it could have been, as in the example below:

> However, when it comes to psychological assistance, those situations in which someone behaves aggressively, and it seems to result more from some disorders, because what the person says doesn't follow any logic at all, there have been individuals who refused psychological consultation. If a person consistently refuses, then there is nothing we can do. (PL20_F_NGO_focused_on_immigrants)

A barrier to receiving medical care can also be the financial situation of a person who needs to work long hours, which prevents them from having a doctor's appointment:

> In terms of recovery, I have encountered problems such as needing to work a lot to pay for housing and so on, and because of work, I can't visit doctors, my body is falling apart, and I understand that I am already working on my last legs. Well, that's just it. (RO_MIGRAEDU_group_interview_2024)

Others cannot afford to buy medications, which are "quite expensive, and thus impossible to buy" (RO_group_interview_2024).

Sometimes caregivers prevent a UWRwD from receiving support. NGO workers could clearly see that a child is neurodivergent. The psychological support for this child was available in the organisation, and it could help to improve the quality of life of the child, but the mother kept refusing, as she was afraid of stigma. Finally, another mother convinced her that it is fine to use this kind of help (PL07_F_NGO_focused_on_disabled). Also, individual challenges could be rooted in UWRwD confusion and the experience of the war situation:

> But sometimes it was that these people themselves didn't know what to do, I mean, they were afraid to make a decision because...being a person in a conflict zone. A person with a disability, right? So, whether to leave or not to leave, right? So, it's a bit, in every situation, it's an individual matter. (PL15_F_NGO_focused_on_disabled)

In the case of UWRwD, there are more access barriers than for healthy migrants/refugees or citizens of Poland/Romania who are people with disabilities. Here, just as two identities overlap, so do two orders of barriers: those resulting from being a refugee and those from being a person with a disability.

4.4. Solutions to Improve the Accessibility of Services

Even though a legal framework for receiving refugees from Ukraine was created, structural barriers prevailed. Service providers had to develop methods for overcoming obstacles that resulted from the large influx of refugees and the inadequate preparedness of states. One of the most common situational solutions was building networks and exchanging information. NGOs quickly realised that they could not meet all the needs, so they decided to build networks of support:

> I think there was a need for better information flow between organisations themselves. But we tried to fix it somehow by creating these shared files, whether on drives or by creating this communication channel. We tried to somehow fix it and meet that need. (PL_UNRF_group_interview_2023)

Creating a network of Ukrainians living in Romania and Poland was a solution to the communication problem. NGOs used the knowledge and experience of those Ukrainians—whether economic migrants or war refugees—who were able to communicate effectively, either in English or in combinations of Russian/Ukrainian with Polish or Romanian:

> The most crucial competencies that we require for the person coordinating are someone from Ukraine, not necessarily a war migrant, who has been in Poland before, but knowledge of the Ukrainian language and understanding the needs or certain cultural differences is a significant element. (PL09_F_NGO_focused_on_disabled)

Organisations also helped UWRwD to build social networks of refugees, which could serve as support groups. It was one of the solutions which helped to build independence from Polish or Romanian service providers.

NGOs also implemented solutions to improve efficiency. A response to high demand for support was adequate recognition of the needs of refugees; therefore, NGOs elaborated procedures for gathering information by using online forms and asking for any documents they had, and finally signing a declaration that the aid was directed to a person who actually needed it:

> We establish contact mainly through online forms….We always ask individuals seeking assistance for some form of documentation, confirmation that the aid we provide will reach people with disabilities….Then, the individual contacts us for specific material assistance, signs a declaration that it will be allocated to specific individuals or groups with disabilities, commits to ensuring it is genuinely used for these purposes, and receives assistance from us. (PL09_F_NGO_focused_on_disabled)

One response to the high number of new clients was investing in the human capital of NGO employees, enabling them to improve their skills and knowledge in assisting UWRwD. A Romanian NGO member briefly depicted the process:

> Yes, they did a training for us and our volunteers, and for partners, collaborators, and others. They participated from all three locations, from Bistrita, Cluj, and Bucharest. Psychological first aid, and very well put together, to help people understand how to approach the problem, how to work with children, how to work with families in situations of risk and trauma, etc. (RO17_F_NGO_focused_on_other_issues_than_refugees_or_disabled)

Situational solutions were not only about the recognition of refugees' needs, but also the recognition of service providers' needs. This was one of the most important lessons the NGOs learnt.

Finally, there were individual solutions, which were more individual cases than occurring patterns—they are important, though, as they show that the attitudes of individual people can have an influence. Individual solutions were not only based on a person's creativity but also on attitudes and empathy. These individual approaches were of importance both to refugees and service providers, and involved personal solutions in helping refugees:

> To overcome such barriers, creativity was part of the solution. On the one hand, there was an effort to gain humanity.…We have received a lot of empathy from our families, yes. A lot of support from them as well, and a lot, a lot of gratitude. (PL_MIGRAEDU_group_interview_2024)

Individual solutions were also based on readiness and commitment. Individual citizens were engaged in supporting refugees. They devoted their time to helping refugees deal with administrative issues or medical treatment:

> But during the time the family and the person with haemophilia stayed here, every month he needed treatment provided by the Romanian state, and I personally went with him to Bucharest. I am from [name of a town], so that means 300 km [distance]. I went to Bucharest every month to pick up his medication. (RO18_M_NGO_focused_on_disabled)

Individual solutions are also about refugees themselves if they try to establish a new life, integrate actively, or remain passive:

> Don't sit still, don't complain, go somewhere, and start building your life. We didn't have any homes left…nothing at all. (PL_MIGRAEDU_group_interview_2024)

It turned out that structural barriers were overcome with situational and individual solutions. All these solutions proved to be short-term and could not replace structural ones, but at the time of receiving the biggest waves of refugees, they at least partially fulfilled their functions.

5. Discussion

Structural factors include social assistance policies and the legal status of Ukrainian refugees in Poland and Romania, as well as the infrastructure of public spaces. Existing literature (Głodkowska et al., 2022; Maftei & Gherguț, 2021) indicates that both Poland and Romania signed the major conventions promoting the inclusivity of people with disabilities years ago, but they may still lack adequate mechanisms to implement a fully inclusive approach. The situation is similar with respect to Ukrainian refugee protection (EUAA, 2024). The interest in intersectionality becomes intriguing under such conditions. A situational factor that forced Ukrainians with disabilities to flee their country—and compelled Poland and Romania to organise large-scale, rapid-response aid—was Russia's full-scale aggression against Ukraine. The situation was unexpected for both Poland and Romania, which had little to no prior experience in dealing with refugees or even immigrants (Bejma & Ignățoiu-Sora, 2024; Nowicka et al., 2024). Our findings converge in the same direction. We also noticed that accessibility was influenced by the type of disability and the specific needs of individuals. However, in the case of UWRwD, the full range of disabilities is present, as in any population, which poses the previously mentioned structural and situational challenges for those willing to provide assistance.

The accessibility strategies created in response to the sudden influx of a large number of refugees were shaped by individual needs and gaps in the state structures, which were compounded by a lack of experience. The adopted solutions built situational accessibility. They were based on a so-called "ethical duty" (Fargion et al., 2018), which did not translate into professional or systemic solutions guaranteeing long-term strategies for ensuring accessibility. Service providers used creativity to overcome the inconsistency between the adopted regulations, the deficit in implementation, and the existing financial, material, and human resources. Without these efforts, UWRwD's access to material and non-material aid would have been much limited.

However, in the long term, this approach turned out to be insufficient as enthusiasm for helping waned and NGO employees experienced fatigue and burnout, as also observed by other works (e.g., Kalinowska et al., 2023; Nowicka et al., 2025). As support peaked and declined, it became evident that most vulnerable groups, such as refugees with disabilities, faced greater difficulties during the occurrence of repeated negative life events (Engelman et al., 2024). Our findings add to the existing literature, showing that long-term funding and sustained governmental presence could enable NGOs to offer consistent assistance, but with reduced resources and diminished support, refugees with disabilities were left without adequate help. This is typical not only of our case studies but can also be found elsewhere. For instance, the limited availability of accessible housing and substandard living conditions in Swedish municipalities exemplify systemic neglect that contravenes dignity and inclusion rights (Hultman et al., 2023). Consequently, one may say that the intersectionality of refugee and disability status engenders multifaceted vulnerabilities that significantly impede access to essential services and integration mechanisms.

In the realm of healthcare, existing empirical data underscore the exclusionary nature of humanitarian systems, which often fail to incorporate disability-inclusive practices (Pisani & Grech, 2015). We confirmed the finding for the case of UWRwD. The fact that only 28% of humanitarian health clusters include disability specialists (World Health Organization, 2022) results in untreated chronic conditions and inadequate rehabilitation services. This aligns with studies demonstrating that refugees with disabilities are frequently the last to be resettled due to a paucity of targeted medical and social interventions (Mirza, 2011). Healthcare accessibility proved to be a critical axis of compounded vulnerability for UWRwD in both Poland and Romania. Although both countries provide basic medical services to asylum seekers, data indicate that specialised disability-related healthcare, encompassing rehabilitative therapy and assistive medical interventions, remains inaccessible, further exacerbated by financial constraints, linguistic barriers, and a lack of disability-inclusive training among healthcare providers. These all create a situation of "structural violence" (Hultman et al., 2023). Testimonies from service providers corroborate these findings, emphasising the urgent need for integrated, intersectionality-informed health policies.

Finally, educational and economic exclusion faced by disabled refugees reflects the structural inequities discussed within intersectionality literature. Existing studies indicated that less than 10% of disabled refugee children are typically enrolled in formal schooling, perpetuating intergenerational poverty (UNESCO, 2020).

Disabled refugees were shown to encounter systematic exclusion from livelihood programmes due to assumptions of economic non-productivity, violating Convention on the Rights of Persons With Disabilities Article 27 (Stein & Lord, 2010). We observed a similar reality, which became more evident due to uncertainty and the hope that the war will finish at some point, the short distance between Ukraine and Romania and Poland, and the proliferation of online educational alternatives. Language barriers and the unpreparedness of the public education system added to the case of Romania. These factors led to patterns that support the argument that intersectionality rejects a singular analytical lens and instead emphasises the reinforcing nature of overlapping oppressions that contribute to social stratification (Robinson, 2016). It turned out that conditions that might have eased the situation for refugees actually impede those with disabilities from integrating effectively into local educational systems, oscillating between the Ukrainian system, the host country, or no system at all. The consequence is a stronger negative impact of the intersection between disability and refuge, with a negative impact on long-term social inclusion and prospects for individual well-being.

6. Conclusion

To sum up, empirical data strongly corroborate the analysis of barriers to service access for refugees with disabilities. Following our research questions, the application of an intersectional lens demonstrates the interconnectedness of systemic neglect, procedural discrimination, and economic exclusion. Addressing these issues necessitates policy reforms that integrate disability rights within refugee protection frameworks, ensuring that disabled refugees are not marginalised in humanitarian responses. The analysis of factors limiting access to services reveals a pyramid-like structure. At its apex are structural barriers, which in the cases of Poland and Romania originate from legal acts and policies. What is colloquially termed a “weak state” translates into a greater number of barriers at lower levels of social life, whose consequences are felt by actors assisting refugees with disabilities and by UWRwD themselves. UWRwD experience the most significant consequences, as these impact multiple dimensions of their lives. Our approach revealed the paradox of structural factors related to accessibility of services to UWRwD: On the one hand, legal solutions are of great importance as they enable general access to social services and legal stay; on the other hand, structural and cultural challenges are difficult to overcome, impeding implementation of the legal provisions. The resulting mix of creative solutions is circumstantial in its essence and is based on building networks of support among service providers and experienced immigrants. This approach has the advantage of requiring a low investment of (financial) resources and time, along with a certain flexibility in intervention. However, it might be detrimental to professionalisation and ensuring a minimal unitary standard in helping refugees with disabilities.

In this context, accessibility emerges as a frequently overlooked yet essential component of rapid response. This brings us to recommend strategies for other urgent situations, such as the sudden arrival of a large number of immigrants. We assert that emergency situations necessitate a response that is multi-layered and intersectional, incorporating formal solutions and procedures that address the specific needs of the most vulnerable groups. These groups may not be easily identified through a single identity or vulnerability; rather, their multiple vulnerabilities call for a more inclusive approach that addresses all potential sources of vulnerability.

In our view, even at the outset of humanitarian responses, employing an intersectional framework that acknowledges the complex circumstances faced by individuals is the most effective method to ensure the delivery of meaningful services to potential beneficiaries. Initial assessments designed to ascertain each person's needs should be integrated with a network of stakeholders to establish an effective referral system. Consequently, society must preemptively implement a set of standards applicable in such varied scenarios. These standards should be minimal to allow for the flexibility necessary for creative adaptation to the situation, while also ensuring rigorous adherence to the prerequisites for accessibility.

7. Limitations and Recommendations for Future Research

This study presents several limitations that are directly attributable to the data and research design. Firstly, the data concerning the perceptions of stakeholders and refugees with disabilities were collected at disparate time points. Given the ongoing and dynamic nature of the war in Ukraine, this temporal discrepancy is likely to influence the articulation of perceptions, expectations, and future planning among all affected entities. Secondly, the research focused exclusively on the capital cities of Poland and Romania, which possess distinct characteristics that differentiate them from other regions within their respective nations. These urban centres, with their advanced economic development and superior infrastructure, may represent atypical destinations, offering more favourable conditions for accessibility, service development for refugees and persons with disabilities, and the acceptance of otherness, compared to other localities. Another limitation concerns the data on refugees: This study is based on two focus groups conducted with UWRwD, with a limited number of participants; thus, its exploratory character needs to be specified, acknowledging that the findings may not encompass the vast array of experiences in the host countries—especially in seeking and receiving services—and further data should be collected and added to the analysis.

Future research directions include, but are not limited to, supplementing the current cross-sectional analysis of stakeholder and refugee perceptions with a longitudinal perspective. This could be achieved by replicating the study to compare results and identify the evolution of perceptions and best practices in accessibility. Additionally, investigating the experiences of refugees in smaller communities, rather than major urban centres, would provide a more comprehensive understanding of the role of community-based services and the involvement of key community stakeholders. Employing an intersectional approach, studies focused on specific disabilities or special needs would contribute to a more nuanced understanding of overlapping vulnerabilities. Finally, the participatory framework could be enhanced by implementing research designs for studies that facilitate the direct interaction between refugees with disabilities and service providers through focus groups or consensus-building meetings while collecting data.

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Conflict of Interests

The authors declare no conflict of interest.

Data Availability

Data cannot be shared publicly due to the conditions of the consent between researchers and the interviewees. Data are available from the Collegium Civitas Institutional Data Access/Ethics Committee (contact via nauka@civitas.edu.pl) for researchers who meet the criteria for access to confidential data. Within the acceptance of the interviewees to participate, they allowed us to analyse their responses, but not to share them publicly. The research protocols were uploaded to the Harvard Dataverse network: https://doi.org/10.7910/DVN/0Y8PUT

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ARTICLE

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Autonomy and Human Rights Dilemmas in Supported Housing for People With Intellectual Disabilities

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Abstract

The right to individual autonomy, including the freedom to make one’s own choices, is a central tenet of the UN Convention on the Rights of Persons with Disabilities and is increasingly emphasized in policies promoting deinstitutionalization of social care services for people with intellectual disabilities. However, realizing this right in practice remains a complex challenge. Existing literature often frames social care workers (SCWs) as either hindering or enabling autonomy, but such binary perspectives obscure the everyday moral and institutional tensions that shape social care work. This article draws on ethnographic fieldwork from two supported housing facilities in Denmark to explore how SCWs experience and navigate these tensions. Using Mattingly’s concept of moral scenes, we show that the tensions involved in realizing autonomy sometimes arise from competing concerns and demands both within social care services and within the UN Convention on the Rights of Persons with Disabilities framework. We identify four interrelated dilemmas: the health, social inclusion, adequate standard of living, and resource dilemmas. Rather than viewing SCWs solely as facilitators or barriers to human rights realization, these dilemmas recognize SCWs’ role as situated frontline agents who navigate competing concerns within institutional constraints. Acknowledging and encouraging reflective, collective dialogue about these dilemmas may offer a critical pathway to support people with intellectual disabilities’ accessibility to human rights realization.

Keywords

autonomy; care work; human rights; intellectual disability; professional dilemmas; social care workers

1. Introduction

The UN Convention on the Rights of Persons with Disabilities (UNCRPD; UN, 2006) establishes individual autonomy as a fundamental human right. Article 3(a) of the UNCRPD associates autonomy with the "freedom to make one's own choices, and independence of persons" (UN, 2006, p. 5). These rights are increasingly emphasized in policies promoting the deinstitutionalization of social care services for people with intellectual disabilities (IDs), which form the context of the present article. In this article, we understand autonomy as the right of all individuals, including those with ID, to make choices and decisions about their own lives and independence. ID refers to "an early and enduring impairment of mental capabilities essential to function in daily life" (McKearney, 2021, p. 155). The UNCRPD framework acknowledges that certain disabilities, including ID, may affect decision-making capacity. Accordingly, it includes complementary articles and principles that require states to ensure individuals receive the necessary support to exercise their autonomy without discrimination on the basis of disability. Article 21 underscores that "state parties shall take all appropriate measures to ensure that people with disability can exercise the right to freedom of expression and opinion" (UN, 2006, p. 14). This includes ensuring the right to supported decision-making, such as access to information that helps individuals exercise their rights (see also Davidson et al., 2015). Concurrently, the UNCRPD seeks to ensure that efforts to promote autonomy do not give rise to new forms of discrimination. It obliges governments to ensure that people with ID have accessibility to full participation and inclusion in society (Article 19), the highest attainable standard of health (Article 25), and an adequate standard of living (Article 28; UN, 2006). In this article, we explore how this human rights framework is realized in a Danish social care services context from the viewpoint of social care workers (SCWs)—the frontline professionals responsible for fulfilling the government's obligation to uphold the human rights of people with ID.

The UNCRPD's emphasis on the rights of people with disabilities to autonomy stems from criticism, beginning in the 1950s, of total institutions as dehumanizing and oppressive disempowering (Goffman, 1961; Hall et al., 2021; Juhila & Löfstrand, 2022). By the end of the 20th century, this critique had led to several phases of deinstitutionalization of social care services. Large institutions and asylums were replaced by supported housing facilities and, more recently, by home- and community-based services (also referred to as the "home turn"; Hall et al., 2021; Juhila et al., 2021). Deinstitutionalization has been underpinned by wider welfare discourses of active citizenship (Juhila et al., 2017) and by commitments by almost all UN member states to ensure their national legislation and administrative practices comply with the UNCRPD (Denmark ratified the treaty in 2009). Furthermore, a 2018 statement of ethical principles by the International Federation of Social Workers emphasizes that SCWs should respect and promote people's "full involvement and participation in all aspects of decisions and actions that affect their lives" (Juhila et al., 2021, p. 171).

Research on the deinstitutionalization of social care services for people with disabilities comprises two prevailing views on how social care services address client autonomy.

One optimistic view focuses on how deinstitutionalization has transformed social care services and care. These studies (Dunn et al., 2010; Engen et al., 2019; Kittay, 2011; Neuman & Bryen, 2022; Pols et al., 2017) regard autonomy as a relational and contextual phenomenon that cannot be exercised in isolation and requires "capacity" (Juhila et al., 2021). They show how the focus on autonomy in social care services has replaced ethically questionable practices of persuasion with more humanistic orientations and care practices based on approaches such as “supported decision-making” (Davidson et al., 2015).

The other, more pessimistic prevailing view emphasizes how deinstitutionalization has not fulfilled its promises (see e.g., Hall et al., 2021). These studies (e.g., McKearney, 2021; Petner-Arrey & Copeland, 2015; Skarstad, 2018) emphasize implementation failures regarding autonomy: For instance, how SCWs continue to perceive individuals with ID as incapable of making decisions. Moreover, several studies suggest that, in fulfilling their duties as SCWs, SCWs may inadvertently infringe upon the legal right to autonomy of individuals with IDs (Juhila & Löfstrand, 2022; McKearney, 2021). Several studies also link the difficulties in integrating autonomy into social care work practices to organizational constraints, such as high turnover rates, low wages, and the priorities of other social care values such as health and safety (Bigby et al., 2019; Jormfeldt, 2016).

Previous studies have positioned the relationship between autonomy and social care services as a central issue in discussions about the accessibility to human rights (Grymonprez et al., 2017). Access to care and support has often been framed either as a crucial means of facilitating individuals’ realization of autonomy or, conversely, as a hindrance to it. While some studies have begun to explore the dilemmas that SCWs face (Bromark et al., 2024; Engen et al., 2019; Kohl et al., 2022; Ylvisaker & Rugkåsa, 2022), this binary framing has left limited space for examining the full complexity of how SCWs navigate and balance multiple, and sometimes competing, concerns and principles in their everyday care practices. Understanding these demanding situations is essential, as the realization of policy goals such as those inspired by the UNCRPD ultimately depends on how such policies are interpreted and enacted in the frontline of public service practices, as argued by Lipsky (1980). This dependency becomes particularly important to understand when we conceive autonomy as relational, contingent, and co-constructed in everyday interactions. Drawing on ethnographic fieldwork conducted in two supported housing facilities in Denmark for individuals with moderate to severe IDs, we explore the dilemmas SCWs face when supporting individuals with ID in realizing their right to autonomy.

The article is structured as follows. First, we review the literature on the intersection of autonomy and social care services and introduce our central theoretical concepts. We then present our methods and subsequently our findings, which outline four types of situated dilemmas. Finally, we offer a concluding discussion of the findings.

2. Theoretical Framework

Studies on deinstitutionalization increasingly examine how social care services affect accessibility to social care and autonomy for individuals with ID. However, whether SCWs facilitate or hinder autonomy for individuals with ID remains contested in the literature on deinstitutionalization.

One perspective in the research on the deinstitutionalization of social care services views autonomy as integral to care practices (e.g., Healy, 2008; Mapp et al., 2019; Reynaert et al., 2022). These studies position human rights as fundamental to social work, underpinning the profession’s code of ethics (International Federation of Social Workers, 2014). From this view, social work functions as a human rights profession (Healy, 2008; Knevel et al., 2023; Mapp et al., 2019; Reynaert et al., 2022) that promotes human dignity and facilitates “good” social change.

Studies related to this facilitating perspective emphasize that SCWs are transitioning toward a human rights approach focusing on "good" care and relational autonomy (e.g., Beadle-Brown et al., 2012; Bigby et al., 2019; Juhila et al., 2021; Neuman & Bryen, 2022). Neuman and Bryen (2022), for example, describe how the "dare to dream" approach transforms SCWs' perceptions of their role, encouraging a more humanistic orientation that empowers individuals with ID to articulate their aspirations. This shift redefines the purpose of support, moving beyond the facilitation of daily activities to the enhancement of personal agency. Several studies highlight how prioritizing residents' capacity for autonomy (see, e.g., Juhila et al., 2021) reshapes the SCW role into one that promotes supported decision-making. Supported decision-making involves supporting people with limited decision-making capacity to make their own choices, thereby fostering autonomy while reducing reliance on substitute decision-making (Davidson et al., 2015). Through ongoing dialogue, SCWs help individuals with ID to understand their rights and weigh different options (Juhila et al., 2021; Kittay, 2011; Pols et al., 2017). Similarly, studies show that the matter of active citizenship, which is related to the autonomy of people with ID, can be promoted by enhancing individuals' physical mobility and participation in daily activities (e.g., Andersson & Gustafsson, 2016; Jormfeldt, 2016). Yet despite these advances, some of these studies also identify structural and institutional barriers that continue to hinder the realization of client autonomy within social care institutions.

A second perspective on the deinstitutionalization of social care services emphasizes how care practices hinder autonomy (e.g., McKearney, 2021; Petner-Arrey & Copeland, 2015; Skarstad, 2018). Petner-Arrey and Copeland (2015) found that while individuals with ID desired autonomy, SCWs struggle to facilitate this. The authors argue that the supportive role of SCWs either inherently facilitates or hinders autonomy (Petner-Arrey & Copeland, 2015). Similarly, Skarstad (2018) illustrated through case file analysis that autonomy rights are often denied, largely due to assumptions about the competence of individuals with ID regarding decision-making. Further, in an analysis of practices at a supported housing facility, McKearney (2021) argues that new modes of guidance and supported decision-making introduced to promote autonomy constitute forms of "masked" persuasion and subjectification because the guidance impose societal and cultural norms on people with ID and how their everyday lives should be lived (see also Juhila & Löfstrand, 2022; van der Weele et al., 2021).

We propose that the diverse viewpoints in studies on deinstitutionalization reflect a series of dilemmas that SCWs face when supporting individuals with IDs in realizing their right to autonomy. However, while some of the studies mentioned above allude to the existence of such dilemmas, these are rarely subjected to focused analysis. A few studies do address this gap: Kohl et al. (2022) discuss the "influence and autonomy dilemma" in disability work, while Engen et al. (2019) explore how SCWs balance managing risks with meeting individual needs and desires of people with ID. Traditionally, dilemmas in care work have been defined as situations in which two conflicting considerations arise, neither of which is desirable (e.g., Fisker et al., 2008, p. 17). Such conflicts are frequently oversimplified into binary oppositions (Wadmann et al., 2023) between managerial versus client-oriented rationalities or dependence/care versus autonomy. This article offers an alternative perspective on the care work dilemmas that emerge from deinstitutionalization by focusing on "dilemma-filled situations" (Kongsgaard, 2022) rather than absolutist dilemmas.

3. Central Theoretical Concepts: Dilemma-Filled Situations and Moral Scenes

The focus on dilemma-filled situations recognizes that frontline professionals' accountability extends beyond formal reporting to higher authorities; SCWs must respond to multiple, often competing, expectations of performance, responsiveness, and ethical conduct from a diverse array of individuals (colleagues, family, and clients) and institutions (Wadmann et al., 2023). These multiple accountabilities create situations where SCWs face difficult decisions, as no single perspective or course of action can be deemed objectively correct (Fisker et al., 2008; Kongsgaard, 2022)—yet SCWs remain accountable for their decisions within these contexts (Bigby et al., 2019).

To investigate how situated dilemmas emerge when accessibility to autonomy is at stake in everyday social care work involving people with ID, this article utilizes Cheryl Mattingly's (2014) "moral laboratory" concept. In her book *Moral Laboratories: Family Peril and the Struggles for a Good Life*, Mattingly (2014) uses the moral-laboratory metaphor to illustrate how seemingly mundane spaces, such as soccer games, become "spaces of possibility" for ethical inquiry even if they are not immediately recognized as such. These spaces can foster experiences that function as experiments in how life can or should be lived (Mattingly, 2014).

Although the term moral laboratory might suggest a pursuit of universal moral truth and objective answers, Mattingly's laboratory seeks to do the opposite. The metaphor illuminates the intricate role that morality plays in "the vagaries of everyday life and the difficulties of discerning what might constitute the most morally appropriate action in the singular circumstances life presents" (Mattingly, 2013, p. 304). As Kuan and Grøn (2017, p. 188), elaborating on Mattingly, explain: "What counts as 'the good' depends on changing life situations, contexts, and histories, and what complicates any one good is the fact that multiple goods are often in competition with one another."

When unique circumstances and competing ideas of "the good" converge, the capacity to cultivate moral judgment about the best course of action emerges in the moment and is often characterized by what Mattingly (2014, p. 16) calls "radical uncertainty." This article draws on Mattingly's (2014) term "moral scene" to describe situations that, while not always apparent to the participants, evoke ethical questions about moral experimentation and the ways in which autonomy and social care are balanced and navigated.

4. Methods

4.1. Case and Data

To gain in-depth insights into accessibility to human rights at supported housing facilities, particularly the challenges SCWs face in facilitating accessibility to autonomy, the researchers conducted ethnographic fieldwork at the Danish supported housing facility Anemone. Anemone comprises 26 group-based housing units, with 4–12 residents per unit. The residents vary in age (ranging from 20 to 80 years) and ID (ranging from moderate to severe). Anemone also provides sheltered employment, activity centers, and leisure activities, all organized under the same management. The majority of SCWs hold qualifications in social work. Historically, Anemone's practices have emphasized building healthy routines for residents.

Anemone was particularly suitable for studying dilemmas regarding individual autonomy and UNCRPD implementation. Following a supervisory inspection by the Danish social welfare authorities, Anemone was ordered to improve its residents' opportunities for autonomy. Since this regulatory sanction, Anemone has organized courses on autonomy and collective learning days for both residents and SCWs on autonomy and has started transitioning towards what Hall et al. (2021) call the "home turn." Additionally, to gain new insights into autonomy, the facility has welcomed the ethnographic research project that this article reports on.

The fieldwork was conducted by the authors over a period of eight months (22 visits in total) in two group-based housing units at Anemone. Both units consist of separate apartments with access to a private bathroom and, in some cases, kitchen facilities, as well as shared common areas, such as a kitchen and a living room. Support in both units is tailored to individual needs and housing is intended to be time-limited. In one of the houses, staff support is provided around the clock, while in the other, SCWs visit residents daily.

The fieldwork included semi-structured interviews with 11 SCWs, three managers, and four residents. The interviews were audio-recorded and subsequently transcribed. Additionally, informal conversations occurred with several residents, initiated by the residents themselves, who invited the researchers to engage in dialogue.

Observations were also conducted, focusing on resident–SCW interactions and staff meetings. Because residents' exercise of their right to autonomy may relate to specific activities and physical and social contexts, the researchers shadowed residents and SCWs across various settings during the day (van der Weele & Bredewold, 2021). Fieldnotes were written during or immediately after conducting observations, in a manner appropriate to each situation. Notes covered the physical and social context, the topic of the residents' choices, SCWs responses to these choices, and dilemmas regarding autonomy. Both residents' and SCW's verbal and nonverbal responses were documented, and all interviews were recorded and transcribed verbatim.

4.2. Ethical Considerations

The study was approved by the Danish Research Ethics Committee, Region of Zealand: No. EMN-2024–04576. Informed consent was regularly obtained from both residents and SCWs to ensure they understood their involvement in the research project. Prior to and throughout data collection, the researchers provided detailed information to participants—residents and SCWs—regarding the research project, including its objectives and duration, and emphasized that participation was voluntary. Both written and oral information was presented to the residents by the researchers. Confidentiality was maintained by assigning pseudonyms to participants and altering identifying characteristics.

4.3. Data Analysis

This study employed an abductive approach, moving back and forth between theory and empirical observations. During our abductive thematic analysis (Braun & Clarke, 2006), we began confronting the initial findings with Mattingly's (2014) concept of moral scenes and Kongsgaard's (2022) notion of dilemma-filled situations. Using these as sensitizing concepts, we built “ideal types” of dilemma-filled situations by identifying similar types of tensions within discussions and practices regarding autonomy. The emerging types of dilemma-filled situations resulted from a constant comparison of findings across interviews with both residents and SCWs, as well as observations of resident–SCW interactions. Residents played a central role in informing the identification of the four types of situated dilemmas presented (illustrated in Figure 1). Without observing interactions between SCWs and residents in situ we would not have been able to identify or articulate the full range of dilemmas, as SCWs did not express all of the situated dilemmas with equal clarity. However, the data used in this article has been validated and co-produced only by SCWs and therefore reflects solely their perspectives. At several stages of the research process, we presented the dilemmas at workshops to verify findings with SCWs and search for alternative explanations and types of dilemmas.

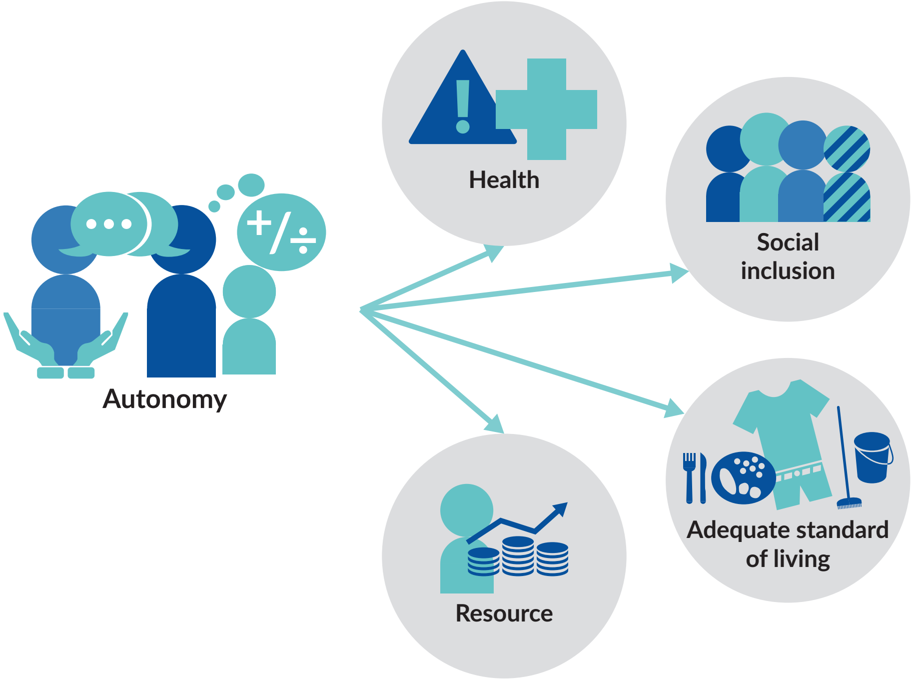

Figure 1. Types of dilemma-filled situations affiliated with autonomy.

In the final phase of the analysis, fieldnotes and interview transcripts were systematically sub-coded line by line in NVivo 11.

5. Results: Situated Dilemmas of Accessibility to Autonomy

Our analysis showed that both staff and residents at Anemone valued autonomy. Consequently, tensions surrounding the enactment of and accessibility to autonomy arose not from denial of autonomy’s value, but rather from increased awareness of, reflection on, and negotiation of autonomy. We found, as illustrated in Figure 1, that residents’ accessibility to autonomous decision-making in a social care setting sometimes competed with other issues related to human rights: (a) health/risk concerns, (b) social inclusion concerns, (c) standard of living concerns, and (d) resource concerns.

Although the dilemma-filled situations we identified were often multifaceted (Kongsgaard, 2022), we present them as four ideal types for the sake of analytical clarity.

5.1. The Health Dilemmas

Our ethnographic work revealed dilemma-filled situations characterized by tension between promoting residents' enactment of autonomy and the concerns of SCWs about health promotion and safety (see also, e.g., Andersson & Gustafsson, 2016; Bergström et al., 2014; Hawkins et al., 2011). This health promotion concern stemmed both from legal human rights obligations to ensure the highest attainable standard of health of residents (UN, 2006, Article 25) and from SCW's professional knowledge about health among individuals with disabilities and mental health issues, whose life expectancy is 14 to 20 years shorter than the general population (see, e.g., Wahlbeck et al., 2011). Consequently, SCWs viewed themselves as having a professional obligation to ensure residents' access to healthy lifestyles and sanitary living conditions.

SCWs noted that previous health promotion practices—such as implementing healthy food plans, restricting television viewing, scheduling bathing days, and maintaining routine cleaning—often prioritized order, hygiene, and health over residents' autonomy and self-determination. Yet even when addressing this autonomy concern through supported decision-making (Davidson et al., 2015), some situations remained challenging, particularly, when residents ignored information about health risks and persisted in potentially harmful behaviors. Examples include residents with chronic lung conditions continuing to smoke; individuals with obesity or diabetes purchasing large quantities of sugary food; residents refusing cleaning assistance despite their homes becoming inaccessible; and those with severe dental problems (such as periodontitis) declining to brush their teeth. These cases exemplify everyday ethical dilemmas in which SCWs struggled to determine the most morally appropriate course of action. As Mattingly (2013) suggests, such situations are not merely matters of compliance or non-compliance but are embedded in "moral scenes"—contexts characterized by competing values and uncertain outcomes that nevertheless require situational judgment. SCWs experienced difficulty because they risked being criticized for neglecting residents' autonomy if they attempted to persuade residents to adopt healthier choices. Conversely, SCWs also risked criticism for neglecting the residents' right to enjoy the highest attainable standard of health if they colluded with residents' unhealthy wishes. This tension created a double-bind for SCWs, where any action, or inaction, could be subject to moral and professional critique.

One SCW powerfully captures the complexity of this dilemma in relation to smoking and offers insight into how she attempts to navigate this morally charged terrain:

> We've discussed smoking with Carl [who has a lung condition]. He has seen a doctor, who explained the consequences to him. Carl listens to the doctor and seems to understand. However, when he returns home, he asks for more tobacco....It is a significant part of his life. He has been smoking for many years. It provides him with a sense of security and means a great deal to him. It's difficult for him to move on from this habit...It creates a dilemma between my rational understanding of what is healthy and hygienic, and the challenge of integrating that knowledge into his life without imposing it on him. (SCW)

This quote exemplifies SCWs' awareness that imposing healthy lifestyle norms on residents is no longer acceptable. Instead, staff recognizes the importance of adhering to supported decision-making—including educating residents about smoking's consequences with the help of a doctor, as the SCW explains in the above quote. However, as the SCW explains, ethical challenges emerge when they return home. While Carl appears responsive to this educational approach at the doctor's, the challenge lies in translating his initial responsiveness into sustained behavioral change once he returns home and asks for tobacco—without overriding Carls autonomy.

Another example of how SCWs navigated the dual principles of health promotion and autonomy, through supported decision-making, involved encouraging residents to establish health-related goals. During one goal-setting conversation, the resident Benedicte expressed dissatisfaction over her weight, leading to the formulation of a weight-loss goal with a dietician's involvement. However, these practices did not resolve the tension between health promotion and autonomy in situations involving "temptation," as an SCW describes:

> Benedicte is working with a dietician to lose weight and has agreed to follow a plan. However, she finds it challenging when faced with temptations, like cake, and has to make decisions for herself. If she struggles, I often need to step in and remind her, which requires effort on my part. Ultimately, it's in both of our best interests for her to reach her goal. She would be upset if she gained weight, and it's important to remember that she lives here for a reason. I feel it's essential to be honest with her about that. (SCW)

The moral ambivalence for the SCW here arises from the contrast between Benedicte's expressed desire to follow a diet during the goal-setting conversation and her subsequent wish to abandon that diet. SCWs face a dilemma: Should they allow space for her autonomy—her intrinsic desire to eat cake—during moments of temptation, or encourage her to resist, potentially risking accusations of covert persuasion or coercion (McKearney, 2021)? While such situated health dilemmas often involved balancing health concerns with enjoyment (such as smoking and eating), SCWs also encountered situations where no apparent benefits arose. For instance, one resident, after participating in an autonomy course, chose to skip physiotherapy entirely. This decision reduced his physical activity significantly, increased the pains he suffered from, and led him to spend most of his time in his room.

In discussing the new professional uncertainty surrounding the incorporation of autonomy into health promotion, SCWs recognized the risk of violating human rights. However, they highlighted that their professional discomfort and moral dilemmas in these situations—for example, when the residents resisted health check-ups—stemmed from concerns that individuals with ID may lack the health literacy to recognize and interpret bodily signals and take appropriate action or to allay their fears of being misunderstood or subjected to unwanted treatments. Additionally, residents' challenges in expressing themselves due to limited spoken language skills and their difficulties in understanding and applying medical instructions to their daily lives were identified as barriers (Pedersen, 2018). In this context, we found that SCWs' struggles to support residents in exercising autonomy—particularly in situations involving health concerns—could not simply be attributed to non-humanistic attitudes or to viewing residents as incompetent, as suggested by Skarstad (2018). Rather, their struggles also manifested the difficulty of discerning appropriate support when two human rights principles compete—the risk of overriding autonomy versus the risk of not ensuring health on equal footing with others. This challenge was exacerbated because supported decision-making methods such as guidance and education are not accessible to all people with ID.

5.2. The Social Inclusion Dilemmas

Another type of situation where SCWs found it difficult to discern the most morally appropriate action (Mattingly, 2013) arose when promoting residents' autonomy conflicted with their human right to full and effective participation and inclusion in society (UN, 2006, Article 19). Access to and participation in social environments have long been recognized as foundational elements of disability policies and are central values in social work practice. Research indicates that access to social communities is crucial for enhancing the quality of life among people with ID in supported housing settings (Brown et al., 2013). However, as acknowledged in the UNCRPD framework, access to social networks is limited for individuals with ID, which can lead to social isolation (Alexandra et al., 2018; Verdonschot et al., 2009). To mitigate social isolation, Anemone, like many supported housing settings, has historically implemented practices such as mandating residents' participation in recreational activities, sheltered employment initiatives, communal dinners, group vacations, and other social events. However, mandatory participation raises ethical concerns, particularly in light of the recent emphasis on autonomy.

With Anemone's focus on autonomy, many residents have actively expressed and exercised their right to withdraw from social activities, creating tensions that require negotiation. To address potential loneliness among residents, SCWs convened meetings to discuss strategies for replacing mandatory participation with motivational activities in instances where residents resisted involvement in social activities. The following fieldnote illustrates a moral dilemma, where an SCW attempts, without success, to encourage Bo to attend a birthday party in the communal living room:

> Today is Poul's birthday, and the dining table is beautifully set with a tablecloth and flags. The residents have had rolls and tea cookies for breakfast. However, Bo has chosen not to join in the celebration and sing the birthday song. One of the employees says that she tried to encourage him to participate, but Bo doesn't want to. Instead, he has seated himself in one of the kitchens where he spends an hour and falls asleep, while the others sing and celebrate with the birthday boy. The employee says that she wants to bring him to join the others, because it would be good for him, but ultimately doesn't do it because he decides for himself.

Bo often prefers to remain in his apartment, which contrasts with the social inclusion goals outlined in his support plan by an external department that SCWs are required to implement. In Bo's case, facilitating his participation in social activities represents both an externally mandated obligation and a fundamental value in social care work practice. The issue is further complicated by Bo's cognitive challenges. During staff meetings, SCWs frequently discuss whether Bo understands the potential long-term negative consequences of his social withdrawal, such as increased loneliness. In the scenario above, the SCW accepts Bo's choice; however, she is left grappling with an ethical dilemma and uncertainty regarding whether she has adequately fulfilled her professional obligation to promote social inclusion.

The focus on autonomy has seen the emergence of a further type of social inclusion dilemma, which is related to residents actively asserting their right to choose whom they wish to engage with during activities. Prior to the new emphasis on autonomy, SCWs typically involved residents in decisions about the types of activities they wished to participate in, while decisions regarding social companions during these activities and cohabitation within the housing facility were made by SCWs. However, the shift towards prioritizing autonomy has altered these practices.

To illustrate this shift, we describe a sequence from the annual vacation planning at one of the housing units. The vacation planning presents several challenges, particularly concerning one resident, Kasper, who has become increasingly unpopular among his peers. Both some SCWs and other residents have expressed concerns that Kasper's participation in the annual vacation could potentially "ruin" the overall enjoyment of the experience for the other residents. Some residents have even stated that they would prefer not to attend if Kasper is present. An employee described their efforts to navigate this complex situation by proposing a compromise—allowing Kasper to attend for part of the vacation. This solution raised significant ethical questions and uncertainties that are demonstrated below:

> Kasper struggles to integrate positively into the community. His presence often leads others to withdraw….During this year's summerhouse trip, the staff decided that Kasper should only stay for some days of the trip, as his presence impacts the other residents too much. This decision has been difficult for Kasper to understand. The other residents did not understand why Kasper should be included at all, as they feel he disrupts everything. Everyone must be included—even those who divide the group. Kasper does not get his right to autonomy there—everyone else was asked how long they wanted to be there except him. We must take care of everyone's well-being and right to autonomy. (SCW)

As this quote illustrates, Kasper's autonomy to make choices (he desires to attend) is compromised to preserve the autonomy of the other residents (who do not want him to attend). This situated dilemma demonstrates how navigating between inclusion and exclusion mechanisms becomes central to balancing access to inclusion in social communities with wishes of autonomy. We found that SCWs found it challenging to facilitate the enactment of autonomy when this facilitation risked overriding their obligation to ensure residents' social inclusion or when it conflicted with other residents' voices of autonomy. As shown, SCWs cope with this situated uncertainty by seeking a compromise. However, during a staff meeting, the situation also prompts some SCWs to initiate a broader discussion about whether they could open a dialogue with Kasper regarding alternative living arrangements that might offer greater potential for successful social inclusion.

5.3. The Adequate Standard of Living Dilemmas

Deinstitutionalization—both in Denmark and internationally—has prompted widespread criticism of supported housing facilities, including Anemone, for maintaining collective rather than person-centered structures and routines (e.g., Engen et al., 2019; Jormfeldt, 2016; van der Meulen et al., 2018). Such collective arrangements often include shared bedtimes, communal dining schedules, collective activities like cleaning days, and standardized rules governing residents' access to television or social media. These routines frequently reflect institutional priorities and organizational cultures, often at the expense of accommodating the individual preferences and autonomy of residents with ID. For example, at Anemone, requiring all residents to brush their teeth at 9 PM has long been justified by the need to complete this task before the evening shift ends. However, the growing emphasis on autonomy has increasingly challenged such organizational rationales, revealing their misalignment with the "home turn" in disability services, which advocates domestic and individualized living arrangements (Hall et al., 2021). A third type of dilemma-filled situation emerged at Anemone from the transition toward more person-centered practices. These situations involve tension between supporting residents' right to autonomy and self-determination and SCWs' concerns about upholding residents' right to an adequate standard of living—encompassing sufficient food, appropriate clothing, secure housing, and continuous improvement of living conditions (UN, 2006, Article 28).

The following quote from an SCW at Anemone shows how everyday cleaning practices highlight the ethical tension between respecting residents' autonomy and ensuring an adequate standard of living. The SCW describes how this tension challenges her capacity for moral judgment in practice:

> If the residents don't want to clean, that's okay; it's their home.…But there is also a normality in that cleaning needs to be done. But is it the staff's or the residents' needs? You can hear that it is rarely the residents' needs. If they have been there for a long time, they know they have to. But some of the younger ones don't focus on it—it's not their need.…But we are also an institution; it has to function. They can get sick, all their clothes can be dirty. So, there is also a duty of care. (SCW)

Here, the SCW acknowledges that residents have the right to define how they live in their own home. Yet she also notes how certain routines—particularly around cleanliness—have historically reflected staff preferences more than those of the residents. The SCW notes that staff often assume their own standards to be the normative baseline, expecting residents to eventually internalize these expectations. However, this assumption is increasingly questioned given the shift toward autonomy and deinstitutionalization. As the SCW reflects, "When we step over the resident's threshold, it is their home, their perspectives, and we must respect that."

Despite this recognition of the residents' rights, the SCW highlights the moral complexity that arises when autonomy conflicts with other concerns and principles. While SCWs aim to acknowledge residents' choices, they remain embedded within an institutional framework that carries a duty to an adequate standard of living. This dual responsibility makes it difficult to determine the most ethically appropriate course of action (Mattingly, 2013). For instance, fully deferring to residents' preferences, such as accepting very low standards of hygiene, can expose SCWs and institutions to criticism for neglecting their obligation to ensure an adequate standard of living, a duty grounded both in professional ethics and human rights. This tension is further complicated by SCWs' observations (also shared by us as researchers) that some residents, in asserting their autonomy by refusing to engage in household tasks they were previously capable of performing (despite significant disabilities), appeared to lose those competencies over time. This decline not only risked undermining their ability to remain self-reliant in daily life but also led to increased frustration among some residents due to the resulting lack of cleanliness in both personal and shared spaces.

Accordingly, SCWs experienced that transitioning from collective routines to focusing on residents' decision-making concerning their living conditions sometimes competed with the principle of ensuring the continuous improvement of the residents' living conditions (UN, 2006, Article 28). The fieldnote below illustrates how this tension was not always fully articulated within the staff group and sometimes contributed to the uncritical reproduction of collective practices:

> The employee Gitte laughs a little apologetically at the fact that "there's food [afternoon coffee] again." Gitte says, with humor in her voice, that she wonders why the residents are not more overweight than they are [implying: with all the meals they have]. Gitte prepares coffee and makes cheese sandwiches for Jette, Bent, and Niels at 3 PM. The observer (the researcher) asks if the residents themselves request

> afternoon coffee. Gitte pauses for a moment, thinks, and then says that it would certainly be possible to let the residents make their own food, when they get hungry. But then she adds that the fact that she takes care of making afternoon coffee at 3 PM every day is about maintaining "routines" so the residents do not become "confused."

In this example, three elderly residents with significant disabilities receive coffee at fixed times—10 AM and 3 PM—following a routine established over many years. Gitte expresses embarrassment about maintaining this practice, using humor and apologies to signal her ambivalence. She appears aware that such collective standardization may run counter to person-centered values, potentially discouraging the autonomy and initiative Anemone seeks to foster. At the same time, she frames the routine as beneficial, particularly for residents whose cognitive impairment and social isolation make regularity and social interaction crucial for their sense of stability and well-being. Hence, in the case above, Gitte implies that collective routines facilitate social interaction for three residents, whose age and disabilities often result in them spending much of their time alone in their apartments (van der Meulen et al., 2018). This creates professional uncertainty for SCWs about the potential consequences for these residents' quality of life and living conditions if the collective routines were removed. However, rather than articulating and addressing this dilemma within the staff group, some SCWs seem to cope with the uncertainty by maintaining the routines.

5.4. The Resource Dilemmas

A fourth type of dilemma differs from the previous dilemmas in our analysis. While the other dilemmas revolved around SCWs' challenges in navigating competing ethical commitments stipulated in the UNCRPD framework, this dilemma primarily involves a tension between the principle of autonomy and the management of limited time and financial resources in social care services. In Denmark, social care is organized according to a commissioning–delivery–user model. This means that an external caseworker is assigned to each resident. In dialogue with the resident—or, when relevant, their legal guardian—the caseworker assesses the individual's needs and commissions both the housing and the level of support deemed necessary. The support is then delivered by SCWs at Anemone. For example, the resident Walther was allocated seven hours of support per week, distributed across daily activities such as cooking, social participation, and personal hygiene. These resources were therefore linked to specific person-centered services, which SCWs aimed to provide within strict time constraints. However, in daily practice, where time was always short and SCWs were responsible for multiple residents, dilemmas often emerged. As Lipsky (1980) points out, frontline workers are increasingly held accountable for how they utilize resources, making their allocation decisions ethically significant. These resource dilemmas occurred in situations where SCWs had to balance the often spontaneous and contextual needs and preferences of a resident (that were often difficult to assess in advance) with the formally allocated resources. Such tensions frequently required complex prioritization. An example of this dilemma occurred during a staff meeting in which SCWs discussed whether resident Frans should receive support to visit his girlfriend Hanne, who lived at a nearby facility:

> SCW 1: Frans and Hanne went out to eat yesterday. Afterwards, Hanne stayed at home with Frans. She asked if she could come today. I'm not sure how often they can visit each other? That requires them to be driven back and forth.
>
> SCW 2: Hanne comes on Wednesdays—that's their regular appointment.

> SCW 1: Yes, but I'm not sure if they can visit each other all the time they want?
>
> SCW 3: We probably also tend to service them too much when they're together. We shouldn't. We shouldn't feel like we have to go in there with food and Coke.
>
> SCW 2: I've been at work where both Hanne and Frans were there. Then I had to drive Hanne home on Sunday evening, and that just doesn't fit in [with the schedule]. Hanne also takes up a lot of time. She tried to contact me a lot, and it took time.
>
> SCW 1: Yes, Sunday evenings are chaotic. I'm asking about the framework. When can they visit each other, and who decides? I miss a framework when they call and ask [if they can visit each other].
>
> Manager: I suggest that you hold a meeting with Hanne's contact person as well as Hanne and Frans. There, you can ask what their needs for a relationship are? Then you can discuss: Who drives? And on what days.

This scene highlights how romantic relationships in the context of social care services, in some situations, give rise to professional uncertainty, as the love and intimacy of people with ID can be complicated by their dependence on others. The SCWs must navigate between, on the one hand, Frans's emotional needs and requested access to a relationship with Hanne, and on the other hand, the allocated resources and logistical and temporal demands of social care services. Frans and Hanne's love story raises key questions for SCWs: (a) what support is needed—transport, meals, or facilitating romantic evenings?; (b) how often should this support be offered?; (c) what emotional care, if any, should be provided to Hanne, who is a non-resident?; and (d) what staffing levels are appropriate when they are together? The manager proposes a pragmatic solution—coordinating a meeting with both residents and their contact persons—but the fundamental dilemma remains. The SCWs are left to navigate a tension between enabling residents' autonomy in intimate relationships and aligning with institutional time, staffing constraints, and undefined resource boundaries. Frans and Hanne's relationship underscores the emotional and ethical complexity involved in supporting human rights obligations within constrained care settings (often requiring long-term planning). In addition, the example reveals both the frustration SCWs feel when faced with ambiguous mandates and dilemmas, and the value of creating space for collective, professional reflection about how to address such dilemmas more intentionally in practice.

6. Concluding Discussion

Most literature on the deinstitutionalization of social care services tends to frame the role of SCWs in supporting individuals with ID in realizing their right to autonomy in binary terms—either as obstacles to (e.g., McKearney, 2021; Skarstad, 2018) or enablers of (e.g., Hawkins et al., 2011; Kittay, 2011; Pols et al., 2017) human rights. Guided by Mattingly's (2014) concept of "moral scenes," this study set out to move beyond such reductive framings. By examining the moral and practical challenges, as well as the professional uncertainty SCWs encounter when navigating dilemma-filled situations related to the promotion of client autonomy, we identify four ideal-typical situated dilemmas: the health, social inclusion, adequate standard of living, and resource dilemma. The four ideal types of situated dilemmas illustrate how SCWs' efforts to facilitate residents' autonomy are not always supported by, and may at times conflict with, other principles and institutional demands. By exploring these dilemmas, this article provides insights into how SCWs (with more or less success) reflect on, negotiate, and attempt to navigate the values and expectations embedded in the UNCRPD framework and in everyday social care work, which sometimes cause competing pressures.

Our ethnographic lens reveals how autonomy is both welcomed and enacted within the institution Anemone. Residents increasingly assert their rights—saying "that is something I decide for myself," and decline participating in long-standing routines such as physiotherapy, communal meals, and cleaning schedules. Staff members express a desire to support this shift, but also report experiencing significant ethical strain or "ethical headaches" (Fisker et al., 2008), as they struggle with the uncertainty of making the "right" choices in situations that offer no clear solutions. This discomfort is not merely about resisting change, but reflects a deeper institutional dilemma. SCWs are accountable not only for facilitating client autonomy, but also for safeguarding residents' health, promoting social inclusion, and ensuring adequate living conditions—all within the constraint of limited resources (Lipsky, 1980). Thus, emphasizing client autonomy can come at the perceived cost of neglecting other essential human rights. Although the principles of the human rights framework are often understood as mutually reinforcing, they may, in practice, come into tension with one another. This requires SCWs to prioritize between them, make moral judgments, and allocate resources accordingly. Yet, insufficient resources (e.g., time) and competences may affect this prioritization negatively (see also Ylvisaker & Rugkåsa, 2022).

By foregrounding the situated multiplicity and interplay—rather than simply conflict or alignment—between autonomy and other care concerns, we challenge the human rights discourses in current research. Much of the literature reduces the realization of human rights to the provision of autonomy alone. Consequently, SCWs' efforts to minimize health risks, adequate standard of living, or foster social inclusion are often framed as covert forms of inhumane control, persuasion, or normalization (e.g., McKearney, 2021; Munson, 2020). While our findings recognize that advice giving by SCWs has a "normative tone" (see also Juhila & Löfstrand, 2022, p. 102), they also reveal an alternative interpretation: From the SCW perspective, such efforts can themselves constitute rights-based practices—especially when viewed through the lens of ensuring that people with ID have access to health care, inclusion, and adequate living conditions on an equal footing with others.

At the same time, SCWs risk being accused of violating human rights when they question whether health or safety should override autonomy (see also Skarstad, 2018). This accusation may be highly relevant given the historical paternalism that has characterized social care services. However, as our findings show, SCWs' supported decision-making does not always result in residents' recognizing SCWs' advices or information (see also Juhila & Löfstrand, 2022; van der Weele et al., 2021). This resistance to SCWs' support may be a sign of agency; however, in some situations, it may also be a result of residents' cognitive and bodily challenges that may limit the use of supported decision-making. In this light, the relationship between an autonomy-centered approach and care-oriented practice is neither inherently aligned nor opposed. Instead, the dilemma-filled situations emphasize that choice-making in morally charged situations often emerges as collective and supported processes and that these processes are not inevitably a human rights violation. Rather, the dilemmas make salient that all valuable principles may not be addressed simultaneously, in particular in group-based housings, and that all choices may not be equally feasible in every context or situation. Thereby, the dilemmas also highlight that autonomy involves a relational and contextual dimension that SCWs need to be aware of and use to qualify and innovate their social care provision.

6.1. Recommendations and Limitations

Previous research on dilemmas in social care work (e.g., Kohl et al., 2022) emphasizes the importance of individual reflection to help SCWs navigate dilemmas. While individual reflection is valuable, our study suggests it is not sufficient. The ethical complexity encountered by SCWs, such as in the dilemmas illustrated by Frans and Hanne's intimate relationship, demands collective reflection. Such dilemmas highlight the need for structured, dialogic spaces—what Mattingly (2014) calls "moral laboratories"—where workers can bring individual interpretations and moral concerns into collective view.

We therefore recommend establishing collective forums and regular supervision as critical infrastructures for addressing the often ambiguous and emotionally charged nature of human rights facilitation by SCWs. Such settings could help uncover routinized blind sports and foster ethical awareness among SCWs. We propose that the four situated dilemmas outlined in this article may serve as a reflective framework within such forums—supporting SCWs in articulating what is at stake when they experience professional (dis-)comfort, doubt, or moral friction in providing access to care and autonomy.

Ultimately, our study calls for a shift in how human rights practices are conceptualized and supported within care work: not as straightforward implementations of normative frameworks, but as situated, contested, and morally charged choice-making that requires both individual sensitivity and collective deliberation. However, a limitation of this article is that the data used pertains solely to the perspectives of SCWs. Future research is needed to explore the dilemmas from the perspective of people with ID.

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Conflict of Interests

The authors declare no conflict of interests.

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ARTICLE

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"Sorry, We Don't Have Any LGBTQI+ Service Users": Bridging Gaps Towards Inclusion in Social Services

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Abstract

This article addresses the persistent gap between the ethical foundations of social work—rooted in human rights, social justice, and anti-oppressive practices—and the exclusionary experiences of LGBTQI+ people within Slovenian social work and care services. It examines how these services respond to LGBTQI+ needs, identifies the typical patterns of practice, and explores how general equity principles can be more effectively translated into everyday work. The article draws on a narrative synthesis of three research projects conducted between 2018 and 2021, focusing on the experiences of LGBTQI+ older people, children, and youth in Slovenian social and care services. These include two European projects and a small-scale qualitative study during the Covid-19 epidemic. Based on these findings, the article identifies recurring themes and patterns in the response of services, including instances of openly inappropriate treatment, denial through universalist approaches, the "transparent closet," and examples of inclusive and affirming practices. While exclusion remains widespread, the article highlights promising practices—particularly within NGO-led initiatives—and calls for systemic change.

Keywords

human rights; LGBTQI+ children and young people; LGBTQI+ older people; professional conduct; social care services; social justice; social work

1. Introduction

Recent history in Europe has demonstrated that shifts in the political climate, combined with other challenges, can result in the deterioration of fundamental human rights, with the rights of the LGBTQI+ community and reproductive rights being typically the first to be threatened. The adoption of progressive approaches in various professional fields is often met with resistance in the context of anti-gender populism, turning advocacy for LGBTQI+ equality into "gender ideology" (Paternotte & Kuhar, 2018). While the political climate is not the only factor preventing the successful integration of social work approaches and policies categorised as "social justice," "anti-oppression," "human rights," "critical ethics of care," and "gender equality policy" into social work practice, the political context in which professionals work should not be overlooked. There is solid evidence that negative political trends and neoliberal shifts in social welfare have caused traditionally critical, social justice-oriented helping professions to shift closer to the political far-right (Fazzi & Nothdurfter, 2021; Gille et al., 2022), or to adopt the bureaucratic practices of "new public management" (Banks, 2014). Nevertheless, even in a positive political climate, the experiences of social workers and social care practitioners working with LGBTQI+ people suggest that gender diversity remains a challenging terrain for translating equality policy into practice.

Human rights are declared to be "fundamental" and "foundational" to social work, and part of the "DNA" of the profession. This understanding is central to the profession's self-image, and it reflects how social work portrays its ethical base to the general public and wider world (Garrett, 2024). However, the theoretical basis of human rights—including their approaches, principles, and values—and related concepts such as social inclusion, social justice, and anti-oppression present considerable challenges for practical implementation. Nonetheless, these concepts are important as they form a basis for promoting inclusive practices and protect against racism, sexism, homophobia, transphobia, and managerialism in professional conduct. In times when political conditions are less favourable, they allow social work professionals greater autonomy in their judgements (Staub-Bernasconi, 2010). They are contained in a code of ethics drawn up by international social work organisations such as the International Federation of Social Workers. This organisation's policy, for example, explicitly states that "the social work profession's commitment to human rights must entail protecting and upholding the rights of LGBT people" (International Federation of Social Workers, 2014). It is therefore crucial to defend human rights, especially when they are under threat, for example when they are caricatured as "criminal rights" by right-wing populists and when within social work, regulatory bodies see fit to erase the profession's commitments to these rights, as Garrett (2024, p. 2115) reports. At the same time, more effective ways need to be found to implement these concepts in social work and wider social welfare practices involving different minority groups (see also Bennwik et al., 2023a, for similar findings on critical disability perspectives in social work). In Slovenia, two codes of ethics—one adopted by the Social Chamber of Slovenia (Socialna zbornica Slovenije, 2014), and the other by the Slovenian Association of Social Workers (Leskošek et al., 2021)—place social justice, anti-oppressive practices, and diversity at the heart of social workers' ethical conduct. These documents reference human rights throughout as a universal concept that enables critical reflection on the theory, ethics, and practice of social work, and provide universal norms for all professions in the social sector.

Our study draws on the narrative synthesis of findings from two European projects with a strong training element and a small-scale research study conducted during the Covid-19 epidemic in Slovenia, which addressed the LGBTQI+ older people, children, and young people. The authors were involved in these studies in various roles, including national coordinator, lead researcher, and researcher. Drawing on the existing literature and the findings of these projects, we aimed to first understand the needs and experiences of LGBTQI+ people when using social services in Slovenia, and secondly to identify the gaps in the provision of accessible and inclusive LGBTQI+ social services in everyday practice. Thirdly, we have sought to consider how we can more effectively translate the concepts of social justice, human rights, and anti-oppressive approaches into social work and social care practice, as many professionals consider these ideas to be too abstract and general.

Of course, the LGBTQI+ community is not a homogeneous group: They differ according to gender identity, age, class, disability, ethnicity, race, lifestyle, and life history, among other categories. An intersectional approach that focuses on life stories as well as resilience, strengths, and collaboration with the LGBTQI+ community was recognised as a guiding principle throughout all three research projects. With respect to language and terminology, we have used the acronym "LGBTQI+" in this document, which stands for lesbian, gay, bisexual, transgender, queer, and intersex. The "+" sign refers to several other gender and sexual expressions that do not support the heteronormative and cisnormative logic. By heteronormativity, we mean social norms and everyday practices that have developed around heterosexuality throughout history and are based on a binary, biologically determined opposition between women and men, while cisnormative logic assumes that all people are cisgender, meaning that their gender identity corresponds to the gender identity assigned to them at birth (Sándor, 2020). Language and terminology are constantly evolving and changing. The terms that were once part of everyday vocabulary may now have negative connotations or are no longer used. In particular, our experience of working with older LGBTQI+ people on research projects has taught us that older generations may have a different understanding of sexual orientation and gender identity, shaped by historical and cultural contexts. They may perceive themselves as homosexual, but terms such as "gay," "lesbian," "trans," and "non-binary" may not be familiar to them. It is also important that we are open to young people and their own definitions of themselves, their bodies, and their relationships (Kutassy et al., 2023).

2. Navigating the Margins: LGBTQI+ Experiences With Social Services Across a Lifespan—An International Perspective

The intersection of LGBTQI+ identities and social services represents a growing and important area of research and practice. This literature review brings together recent international research into the experiences of LGBTQI+ individuals throughout their lives in relation to social services, with a particular focus on child welfare, homelessness, and residential care. Particular attention is paid to intersectionality and resilience, while also incorporating perspectives from social work education and systemic reform.

LGBTQI+ individuals often encounter systemic barriers, discrimination, and marginalisation within the support systems that are supposed to help them. These barriers can be categorised as institutional, interpersonal, and internalised. Examples of *institutional barriers* include service designs, eligibility criteria, and protocols that implicitly or explicitly reflect heteronormative and cisnormative assumptions (Fish & Karban, 2015). An important yet frequently overlooked barrier is "invisibility"—the erasure of LGBTQI+ identities in service design, outreach, and data collection. Transgender individuals, in particular, report disproportionately high rates of discrimination and invisibility in welfare and healthcare services (McCann & Brown, 2019). As Craig et al. (2016) argue, services that do not explicitly recognise or support LGBTQI+ individuals contribute to a climate in which they feel their identities are irrelevant or unwelcome within social care systems. Intake forms, assessment tools, and service documentation often fail to provide inclusive options for gender identity or relationship status, thereby rendering LGBTQI+ service users invisible in official records. *Interpersonal barriers* involve prejudiced attitudes, microaggressions, and discrimination by frontline workers and service providers. For example, Formby (2017) documented the reports from service users of discomfort, misgendering, and assumptions of heterosexuality in encounters with social workers.

Internalised barriers are the kinds of obstacles that LGBTQI+ people carry within themselves—often without even realising it—because of years of living in a society where their identities have been ignored, questioned, or rejected. These barriers can show up as fear of coming out to a social worker or doctor, avoiding certain services altogether, holding back in conversations, or even feeling ashamed of who they are.

In child welfare systems, LGBTQI+ young people are often invisible or misrepresented. At the same time, they are overrepresented within these systems and face unique challenges in residential care. Mallon et al. (2022) emphasise that LGBTQI+ young people frequently experience neglect and abuse within systems intended to protect them. Despite being at higher risk of abuse and neglect, they are excluded from child protection discourses. Dettlaff et al. (2018) reported that LGB young people are overrepresented in the US child welfare system, yet their specific needs are rarely considered when it comes to placement. They also experience higher rates of mental health issues compared to non-LGB peers. Schaub et al. (2023) provide an in-depth and rare insight into the experiences of LGBTQI+ young people in residential care in England. Their interviews reveal widespread discrimination, a lack of affirming relationships, and unmet health needs among this group. González-Álvarez et al. (2022) examined resilience among LGBTQIA+ young people in out-of-home care in the Netherlands, identifying supportive relationships and identity affirmation as significant protective factors.

The literature identifies homelessness among LGBTQI+ youth as a critical issue. Côté et al. (2023) conducted a qualitative study with LGBTQI+ young people experiencing homelessness in Canada, revealing how intersecting systems of oppression—heterosexism, cisgenderism, racism, and sexism—shape their daily experiences of violence, police profiling, and housing exclusion. Many of these young people actively avoid shelters due to anticipated stigma, harassment, or violence. Similarly, Robinson (2021) highlights how intersecting minority stressors—such as racism and anti-LGBTQ+ bias—not only contribute to pathways into homelessness, but also negatively affect mental health and access to essential services. These findings underscore the urgent need for LGBTQI+-specific support systems and trauma-informed approaches that address the compounded vulnerabilities of this population.

Discrimination by service providers remains a persistent barrier for LGBTQI+ individuals throughout their lives. For instance, older LGBTQI+ adults in home care settings frequently feel pressured to hide their identities due to their personal histories of discrimination and social exclusion, and due to concerns about mistreatment, which leads to emotional isolation (Almack, 2019; Burton et al., 2020; Duffy et al., 2024). Westwood (2019) notes that in the case of organisational abuse, LGBTQI+ older adults may be potentially mistreated by both service providers and other residents.

Intersectionality is a recurring and critical theme across the literature, highlighting how overlapping social identities shape individuals' interactions with social service systems. It significantly influences access to care, the quality of support received, and the outcomes of service engagement. McCurdy et al. (2023) found that LGBTQI+ young people in foster care—particularly those assigned male at birth or identifying as Asian or Pacific Islander—are at increased risk of substance misuse and mental health issues. These intersecting vulnerabilities are often overlooked in standard service provision. Marlow et al. (2023) examined how young women with histories of out-of-home care navigate (in)visibility and manage their intersecting identities in order to avoid stigma. This strategy, however, can further hinder and complicate their access to appropriate support. In related studies, Bennwik et al. (2023a, 2023b) employed institutional ethnography to explore how young people with disabilities transitioning out of care in Norway experience systemic institutional neglect.

Together, these studies emphasise the importance of adopting intersectional frameworks in policy and practice, which are sensitive to the complex, layered realities of the most marginalised individuals within care systems. Despite systemic challenges, many LGBTQI+ individuals demonstrate resilience through community support, identity affirmation, and self-reliance. González-Álvarez et al. (2022) identified four resilience pathways among LGBTQIA+ youth in care: supportive relationships, positive identity construction, community involvement, and self-reliance. These findings align with broader calls for strengths-based approaches in social work that recognise the agency and resilience of LGBTQI+ service users. Inclusive, affirming environments and competent professionals are essential for fostering well-being and empowerment.

Recent studies emphasise the inconsistent and often superficial inclusion of LGBTQI+ content in social work education. Gates et al. (2023) conducted a scoping review of social work curricula in the Asia-Pacific region, revealing that LGBTQI+ topics are frequently marginalised or treated as optional. Similarly, Mehrotra et al. (2023) found that many social work programs lack structural integration of queer theory and intersectionality, which limits practitioners' ability to recognise and respond to the layered oppressions that the LGBTQI+ service users may face.

To summarise, the reviewed literature reveals a complex landscape of progress and ongoing challenges in social services' work with LGBTQI+ people. While there is a growing momentum towards inclusive, affirming, and intersectionality-informed practices, structural inequalities and discriminatory dynamics that undermine equal access to care persist. Addressing these issues requires systemic change rather than isolated interventions. The implications for policy, practice, and research include the implementation of LGBTQI+ inclusive policies and services, the provision of mandatory, competency-based training combined with ongoing, reflexive supervisory practice, and the incorporation of the voices of LGBTQI+ people into service delivery (Schaub et al., 2023).

3. Outlining the Slovenian Context

Same-sex sexual activity has been legal in Slovenia (formerly Yugoslavia) since 1977. The LGBT movement began in 1984, and in 2014 the TransAkcija Institute became the first NGO in the country to campaign for transgender rights. Since 2006, same-sex couples have been allowed to enter into a registered partnership, albeit with limited rights. Following two referendums (2012, 2015) that rejected same-sex marriage, the Civil Union Act was passed in 2016. This legislation granted same-sex couples the same rights as married couples, with the exception of joint adoption and IVF. In July 2022, the Constitutional Court declared the ban on same-sex marriage and adoption unconstitutional, legalising both in Slovenia, a first for a post-communist country (ILGA-Europe, 2018, 2020).

Despite many positive changes, Slovenia still has a long way to go in providing better practices and legal protections for LGBTQI+ people. The legal recognition of gender based on self-identification without medical diagnosis is still not possible in Slovenia (Advocate of the Principle of Equality of the Republic of Slovenia, 2021). Regarding intersex people, Slovenia is lacking in both public recognition and visibility of the group as well as intersex-friendly practices, the main problem being the pathologisation and medicalisation of intersexuality in medical practice in Slovenia (Advocate of the Principle of Equality of the Republic of Slovenia, 2020). Another Constitutional Court decision in 2024 also found that the law that prevents the use of IVF or other means of assisted reproduction by single mothers or same-sex couples was unconstitutional, demanding a change in the law (the bill is currently going through the parliamentary process). And Slovenia still does not have a national strategy and action plan in place for LGBTQI+ people.

Slovenia has a long history of LGBTQI+ rights movement and was recognised in the 1980s and 1990s as one of the most progressive and open-minded republics of the former Yugoslavia and Eastern Europe's socialist bloc. However, this advantage has gradually eroded over the last decade. Namely, right-wing politics, conservative groups, and the Roman Catholic Church played a significant role in the backlash and inhibition of LGBTQI+ rights in Slovenia, particularly during the two Family Code referendum campaigns in 2012 and 2015 (Kralj & Rener, 2024; Kuhar, 2015). So, in spite of the positive changes in legislation, hate speech (Feher & Forjan, 2024) and violence against LGBTQI+ people have increased in Slovenia (European Union Agency for Fundamental Rights, 2020, 2024), and societal acceptance remains uneven. The 2024 EU LGBTIQ Survey III for Slovenia (European Union Agency for Fundamental Rights, 2024) shows that the LGBTQI+ people in Slovenia are less comfortable being open than the EU average (for instance, holding hands with their same-sex partner in public). Furthermore, 8% had been attacked in the five years before the survey; 3% had been attacked in the year before the survey; and 45% say they were harassed in the year before the survey. Despite the disquieting statistics, a report by the European Union Agency for Fundamental Rights demonstrates that these figures are at or below the EU-27 average, and show also other predominantly positive trends for Slovenia in comparison to the EU-27 (European Union Agency for Fundamental Rights, 2024). However, the lived experiences of the LGBTQI+ community should not be ignored. The community has voiced concerns that hate speech and discriminatory rhetoric are intensifying, contributing to a hostile environment that occasionally translates into physical attacks (Vučko et al., 2025).

While the majority of national research on violence against LGBTQI+ children and youth in Slovenia has concentrated on schools, institutionalised cis-heteronormativity persists across multiple settings, including healthcare and social services. The largest study so far ($N = 602$) by Sešek and Margon (2021) indicates that LGBTQI+ students are frequently targeted with negative remarks and violence by both peers and educational professionals, such as teachers and school staff. The area of domestic violence is poorly researched, although the family has an important place in the lives of LGBTQI+ children and youth. According to the survey on the living conditions and homelessness of LGBTQI+ youth in Slovenia ($N = 250$), 23% of participants stated that they hide their LGBTQI+ identity from their parents out of safety concerns or fear of violence. This proportion rises markedly to 57% among transgender youth (Štefanec & Morić, 2021). The representatives from LGBTQI+ NGOs interviewed as part of the Diversity and Childhood: Changing Social Attitudes Towards Gender Diversity in Children Across Europe (2019–2021), hereafter addressed as DaC—one of three projects included in this article—reported that young LGBTQI+ people who lack family support often become independent earlier than their peers. They rarely choose to utilise their legal right to family support from their parents, preferring instead to survive on their own. They often slip through the net of schools, social services, and other systems that do not recognise their problems (Koletnik, 2019; Sešek & Margon, 2021; Štefanec & Morić, 2021). Family conflicts stemming from coming out, rejection, and even violence have been identified as significant contributors to youth homelessness. This is often hidden (a young person alternates between living in crisis accommodations, institutions, or "staying" with school friends) and is associated with high-risk behaviour such as "survival sex," alcohol and drug abuse, and criminal activity. This problem has recently been tackled by the SQVOT programme, run by the Pride Parade Association in Ljubljana, which provides counselling and short-term accommodation to LGBTQI+ young homeless people (Štefanec & Morić, 2021; Urek & Jurček, 2023; Urek et al., 2020).

Compared to research on LGBTQI+ young people, research on LGBTQI+ older people in Slovenia is significantly underrepresented. It has only come to the fore in the last few years (Jurček, 2024; Jurček, Urek, & Sobočan, 2022; Maljevac et al., 2022; Nedeljko, 2024; Rupar & Blažič, 2022; Urek et al., 2022). In the Slovenian study conducted by DIH—Equal Under the Rainbow Association (45+; *N* = 163), respondents report having experienced in high percentage the fear of loneliness and social exclusion, ageism, and stigmatisation of old age in society, as well as health, economic, and social challenges (Rupar & Blažič, 2022). Furthermore, they mostly face these challenges by themselves, with the help of their friends and within their own families, but less so with the help of the LGBTQI+ community or state-provided services. The longstanding hiding of one's identity, fear of coming out, stigmatisation, and social exclusion can have many negative consequences for the health and sense of safety of LGBTQI+ older people (Westwood et al., 2015), but they can also lead to the development of a variety of coping skills and mechanisms, stronger social networks, and resilience (Higgins et al., 2011; Jurček et al., 2022). In the mentioned DIH—Equal Under the Rainbow Association study, older LGBTQI+ individuals report having strong and stable family relationships, identifying their families—particularly children and nephews—as their primary source of support (Rupar & Blažič, 2022). This study confirms the findings of those international studies that find that family is nevertheless more often than assumed an integral part of the support network of older LGBTQI+ people (see Higgins et al., 2011). There is also a discrepancy between the cities and rural Slovenia, where at least some kind of infrastructure for LGBTQI+ people exists (especially in Ljubljana), while the LGBTQI+ community elsewhere is not visible. The largest quantitative research on LGBTQI+ over 50 years old in Slovenia to date, conducted by Nedeljko et al. (2024), confirms this, as it shows that those who live in a large or a small city achieve higher life satisfaction, compared to those living in rural areas. In terms of care, institutional care for older people is the most developed and widespread form of care for older people in Slovenia. Community home care is not sufficiently developed so far and differs from one municipality to another. This means that many people with complex, multiple, and long-term health needs are forced to move to the retirement homes and change their personal lifestyle to fit institutional routines (most of retirement homes have 100–300 residents; Hlebec et al., 2014; Mali, 2019). According to international research (e.g., Fish, 2012; Higgins et al., 2011; Westwood, 2020; Westwood et al., 2015), and given the prevalence of prejudice against the LGBTQI+ population in Slovenia, it can be assumed that many older LGBTQI+ people who haven't come out publicly tend to choose ways of living and support that allow them to hide their sexual orientation and private life from care professionals. They might not seek help and assistance until very late and only in case of emergencies. Despite an evident need for inclusive services, both social and health practice in Slovenia remain—with some exceptions—hetero- and cisnormative. Yet, sexual orientation or gender identity is not mentioned in any national standard or curriculum for health and social care education. None of the secondary schools for nursing in Slovenia offer any learning material, guidelines, or any other information on working with the LGBTQI+ service users. This also applies to the field of higher education, which educates future practitioners in health care. Social work seems a bit of an exception, but there is room for improvement here, too (Urek et al., 2022; Urek & Jurček, 2018).

Finally, we would like to provide a brief overview of the structure of Slovenia's social services and social care system to provide a context for a better understanding of the findings. These services are organised through a combination of public institutions, local municipalities, NGOs, and a few private organisations. The Ministry of Labour, Family, Social Affairs and Equal Opportunities of the Republic of Slovenia predominantly delivers social welfare services, while the recently created Ministry of Solidarity-Based Future is responsible for long-term care, its accessibility, and deinstitutionalisation. Local municipalities are responsible for organising social services in their communities and form the backbone of service provision. Centres for Social Work provide local frontline services, including child protection, foster care, adoption, family counselling, homelessness services, and financial assistance. LGBTQI+ service users often receive inadequate support and have limited access to mainstream services (Jurček, Urek, & Sobočan, 2022; for healthcare contexts, see Jerala & Petek, 2024). NGOs complement the public system by providing specialised services that often target specific groups, including the LGBTQI+ population. NGOs collaborate with public institutions to address service gaps, introduce innovative approaches, and advocate for social justice and systemic change (European Social Network, 2023). In Slovenia, the support for LGBTQI+ people is primarily provided by NGOs such as Legebitra, DIH, TransAkcija, Pride Ljubljana, ŠKUC, and Moja mavrica. These organisations offer services such as psychosocial counselling, peer support, community-building activities, advocacy, and educational programmes. As can be seen, the system remains largely dependent on civil society, which sets the priorities for training social work and social care professionals (Jurček et al., 2021; Urek & Jurček, 2023), as well as advocating for a national strategy and action plan on LGBTQI+ equality, in response to the EU's 2020–2025 LGBTQI+ Equality Strategy.

4. Methodology

As previously mentioned, the aim of this article is to examine the experiences of LGBTQI+ people when engaging with social services in Slovenia. It also attempts to identify typical patterns in the way services respond and the gaps in the provision of inclusive LGBTQI+ social services. Furthermore, it discusses how the concepts of social justice, human rights, and anti-oppressive approaches can be more effectively translated into social work and social care practice. It draws on three recent research projects conducted by the authors of this article between 2018 and 2021 that focused on LGBTQI+ inclusive social services and care provision in Slovenia, each characterised by different aims, population groups, and methodological approaches. The two European projects in particular were strongly action-orientated and contained a strong training element.

The study involves a narrative synthesis approach to integrate and interpret the findings from these three research projects. Due to a variety of research designs (World Cafés, qualitative interviews, online surveys, workshops, and training sessions) and mixed populations involved (older LGBTQI+ individuals, practitioners, researchers, teachers, students, professors and training tool developers, and young LGBTQI+ individuals), the narrative synthesis was considered the most suitable method for interpreting the collective knowledge gained from these projects. First, we identified similarities and differences across the findings by using thematic grouping to begin mapping the evidence. This was followed by identification of the patterns and relationships among key themes, and a thematic synthesis (Popay et al., 2006).

Starting with the two projects that aim to explore the needs of the older LGBTQI+ population in Slovenia, we would first like to mention the Erasmus + project Best Practices for Care and Well-Being Education to Support the Needs of LGBT People as They Age—BEING ME (2017–2020: https://beingme.eu; No. 2017-1-NL01-KA202-035221; hereafter: Being Me) in which the Faculty of Social Work, University of Ljubljana, cooperated with five more partners from three European countries (the Netherlands as coordinator, along with Ireland and the UK). In the project, innovative participatory methods were used to explore good practice in education and develop online learning materials and tools for social and health care workers. The central participatory method "World Café," a form of group dialogue method, was used to bring the stakeholders (i.e., LGBTQI+ older people, practitioners, researchers, students, professors, teachers, and training tools developers) together to document their lived experiences, knowledge, and resources. Two World Cafés were organised in the Netherlands (June 2018) and Ireland (October 2018) with a total of 78 participants (see Hafford-Letchfield et al., 2023). In the first World Café, the participants shared their personal experiences of care, highlighted the role of educators in health and social care, and formulated the initial ideas about the knowledge and skills that future professionals should be equipped with to provide more inclusive care. Smaller group discussions were later presented to the whole group, and the results were documented and collated by members of the Being Me team. The second World Café followed a few months later and was dedicated to exploring the specific methods and useful resources that can be used in professional education and training. Participants, particularly researchers, policymakers, practitioners, and educators, were asked to bring examples of good practice, which were then presented in smaller groups, evaluated, and discussed with other stakeholders. Again, the input from all stakeholders, but particularly LGBTQI+ older participants, was crucial in identifying good practices, which were collected and later disseminated (see Hafford-Letchfield et al., 2023; Jurček & Urek, 2021). The project also involved research into the national contexts of the participating partners and the publication of two systematic literature reviews on approaches to education for LGBTQI+ older people and the impact of such education on health and social care staff (see Higgins, Downes, et al., 2019; Jurček et al., 2021). The key outcomes from the World Café meetings led to the development of online learning materials and principles of good practice for all educators in the field of health and social care (Higgins, Keogh, et al., 2019). Older LGBTQI+ people who collaborated closely with the international project team were members of two LGBTQI+ senior organisations in the Netherlands and Ireland that were partners in the project. Although the Faculty of Social Work at the University of Ljubljana was the only Slovenian partner in the project, one of the researchers brought firsthand experience as an LGBTQI+ person over the age of 55. We also involved teachers from the areas of social work and nursing, and students from Slovenia in the World Café sessions.

The second project regarding LGBTQI+ people is a small-scale research study, Needs of LGBTQI+ People Over 50 During the Covid-19 Epidemic, conducted in Slovenia in 2021, in which we explored the impact of emergencies on the daily lives of 14 LGBTQI+ people over 50 (Jurček, Urek, & Sobočan, 2022). The study also documented their broader experiences with health and social services outside of the pandemic period. The interviewees ranged in age from 50 to 63 years, with an average age of 54.3 years. The participants' gender identity was reported as follows: male ($n = 8$), female ($n = 4$), and trans female ($n = 2$). Their sexual orientation was reported as follows: gay ($n = 7$), lesbian ($n = 3$), bisexual ($n = 1$), and asexual ($n = 1$). In recruiting the interview participants, we collaborated with non-governmental LGBTQI+ organisations, disseminated information through our own networks, and promoted the study via online platforms and social media. The additional contacts were obtained through a smaller quantitative study conducted in 2020. We also used the snowball sampling method, which is particularly effective for reaching hidden or hard-to-reach populations. However, it lacks representativeness. The transcribed interviews were analysed thematically using the thematic network approach (Attride-Stirling, 2001). The project emphasised the importance of researching LGBTQI+ older people's experiences and life trajectories in times of emergencies in order to respond more effectively to their needs.

The third project used in our study is the aforementioned EU project DaC, which was coordinated by the University of Girona and brought together 10 partners from nine European countries with the main objective of changing the attitudes and beliefs of professionals to better respond to violence against LGBTQI+ and gender non-conforming children. Between 2019 and 2021, the project engaged children, young people, and various stakeholders involved in their development, including social and healthcare professionals, families, NGOs, and the media. A participatory assessment examined the current situation of violence against LGBTQI+ children and young people and identified the training needs of professionals, which guided the design and delivery of practice-oriented training modules. The empirical data collection in Slovenia included 10 stakeholder interviews, an online survey on five key areas, a workshop with LGBTQI+ youth, and a compilation of good practice examples (see Urek et al., 2020). A non-probability sampling method was employed as the recruitment of participants relied on existing professional networks. A thematic analysis of the transcribed interview material was employed, which involved identifying patterns and creating codes that were then arranged into themes. A total of 72 professionals representing a range of occupational sectors completed the online survey. At the beginning of the project, a workshop was conducted with nine young people aged 15 to 18 who identify as LGBTQI+. In addition to the empirical data collected, the study drew on observational notes, vignettes, and personal experiences recorded during five professional training sessions in April and May 2021. More than 170 people attended these training sessions, most of whom were professionals working in family and social services, education, LGBTQI+ and youth, NGOs, and healthcare.

Ethical approval was obtained for each project to ensure the protection and the rights of participants. In the Being Me project, the Ethics Committee at the School of Nursing & Midwifery, Trinity College Dublin granted approval (dated 27 April 2018) to collect data from the World Café participants at various stages of the programme, with informed written consent obtained in advance, and verbal consent reaffirmed on the day of the World Café. Similarly, for the study Needs of LGBTQI+ People Over 50 During the Covid-19 Epidemic, the Ethics Committee of the Faculty of Social Work, University of Ljubljana granted approval (dated 20 November 2020), with all participants receiving full information about the study and providing written informed consent prior to participation. In the DaC project, high ethical standards were maintained through the development of the shared Ethical Guidelines of the Project (dated 5 November 2019) and a dedicated Child Protection Policy (signed 11 July 2029 by the Faculty of Social Work), both of which were endorsed by all partners to protect the best interests of the children. All participants—none of them under the age of 15—provided written informed consent, with verbal consent re-obtained at the start of interviews and workshops. All ethical documents, including consent forms, received approval from the European Commission, the project's funding organisation.

Across the three projects, four cross-cutting themes emerged: LGBTQI+ individuals consistently faced exclusion from safe and affirming spaces; a lack of inclusive education and training; barriers to healthcare access; and various forms of discrimination and violence. Despite these challenges, community resilience—often supported by NGOs—played a key role in coping. All studies also pointed to systemic gaps in policy and research, underscoring the need for structural change. The synthesis revealed key patterns: Older LGBTQI+ people are often invisible, while youth face overt discrimination; training improves knowledge but rarely shifts practice; NGOs fill critical service gaps; intersectional factors shape experiences; and participatory methods enhance relevance and acceptance. The findings from different sources were additionally mapped onto three thematic pillars identified as relevant: (a) the typical patterns of service responses to LGBTQI+ people and barriers to inclusive services; (b) the training needs and organisational support needs of professionals working in social work and social care fields; and (c) policy level. The findings organised under the first pillar are presented in Section 5, while those organised under the second and third pillar are integrated into the conclusions in Section 6.

5. “We Treat Everyone the Same”: LGBTQI+ People in the Whirlwind of Social Services

5.1. The Most Characteristic Responses of Social Services to LGBTQI+ People’s Needs

To summarise the typical responses of services and social care practitioners to the needs of LGBTQI+ people in Slovenia, as they emerge from our research studies, they can be roughly divided into four groups: openly inappropriate treatment, denial, “transparent closet,” and effective responses. This categorisation has already been used in the DaC project to classify the responses of services to the needs of LGBTQI+ children and young people (cf. Urek & Jurček, 2023), but the present study shows that it can be extended and applied to analyse the responses of services to the needs of the older LGBTQI+ population.

5.1.1. Openly Inappropriate Treatment

Some of the experiences reported by interviewees in the research study about the experiences of the older LGBTQI+ generation during the Covid-19 pandemic are found in both times of crisis and times of normalcy. The respondents reported that they have experienced many subtle forms of openly inappropriate treatment, such as remarks, bullying, a feeling that they are being talked about behind their backs, indiscreet treatment, and so on. The social status was found to be an important factor (one respondent with a respectable profession decided to file a complaint; Jurček, Urek, & Sobočan, 2022). Our research projects have revealed evidence of interpersonal barriers to inclusive services (Fish & Karban, 2015), showing how professionals’ personal attitudes, beliefs, assumptions, and unconscious biases can limit the accessibility of services for LGBTQI+ people. The stories illustrating poor experience of care in international research also include examples of disapproval of same-sex relationships in retirement homes, barriers to affection and intimacy, threats of forced coming out, cases of neglect and physical violence, exclusion of partners, etc. (Fish, 2012; Guasp, 2010). The perceptions of gender identity in mainstream social services in Slovenia are still largely founded on a binary system and a biological understanding of gender, but there might have been a slightly positive shift towards the respect for social dimensions of gender in some mainstream organisations. This shift was partly visible in our survey in the DaC project, in which the respondents from the areas of health and social/family services shared views on gender, such as: “Basically there are two genders, but there are people who do not feel they belong to either of them” (survey, DaC project, social worker in family service).

The following experience of a mother and her transgender child with elementary school counsellors (of a professional psychology background) and teachers brings a case of inappropriate and harmful treatment:

> One of the psychologists at school said that she wished he would speak like a man or neutrally, that she had no intention of talking to him as if he were a she, as she felt this would be harmful for my child…so, my child tries hard to speak with her in a neutral way during their meetings….He was also mocked by other children because of the way he dressed, but he felt that typically boyish clothes were still more awful than being mocked. Of course, the school staff and counsellors did not encourage other children to mock him, but they still told him not to dress like that or else he would be bullied. (interview, DaC project, mother of a transgender child)

This example shows how professionals both disregard the child’s right to self-identify and to the expression of their gender, but also reproduce cis-heteronormative and binary views. Their beliefs about gender led them to see the child not as a victim, but as responsible for being harassed by other children. Furthermore, as the mother revealed in the interview, the school staff also attributed her child's "problems" to the fact that she is a single mother and "therefore less conforming to gender roles." The psychologist, therapists, and school staff clearly built their intervention on an essentialist assumption of gender, constructed around the male/female binary. However, as stated in the interview, in their interactions with the professionals, mother and child both tried to resist this categorisation and negotiated their own views on gender.

5.1.2. The Denial/Universalist Approach

The denial can be both explicit and implicit; in our studies it was most often hidden behind the apparent neutrality of the universalist framework (Zaviršek, 2008). The most frequent statements we heard from professionals in retirement homes, as well as from the services for children and young people, such as "we treat everyone the same," "all children are our children," express the so-called "universalist approach," which is common among professionals working with minorities, and are intended to emphasise that no person will be rejected based on their personal circumstances. However, this approach merely erases the differences and overlooks the respective specific contexts, structural inequalities, and needs of diverse groups of people. Sometimes, such a stance helps the professionals to hide behind the apparent neutrality or to conceal their responsibility for ignoring specific problems.

The following example observes a lack of understanding of specific barriers that make services less accessible for LGBTQI+ people:

> During one of our trainings, a school counsellor expressed that displaying a rainbow flag on her door or desk was unnecessary, as she believed her services were open to everyone. Despite the discussion that followed, she remained confident that her open-door policy ensured accessibility. However, we know that many LGBTQI+ children and youth hesitate to disclose their identities unless they are certain that a trusted adult will respond with acceptance. (research diary, DaC project)

Following Fish and Karban (2015), we can talk about institutional barriers to inclusive services, such as invisibility—the erasure of LGBTQI+ identities in service design, outreach, and data collection. Research shows that staff often justify their opposition to LGBTQI+ training by referring exactly to the so-called "ideology of universalism" ("service users are all the same to us"; Hardacker et al., 2014). A respondent from the LGBTQI+ NGO (DaC project) reports that they often find themselves in a position where they have to defend and justify their approaches to other social services. Even the professionals that they feel are their allies often express doubts about their professional competence that shows in statements such as "you tend to complicate things," "you're too sensitive," "a child is a child," "this is a topic that is not suitable for children of that age," "children have enough other problems," and more (different interviewees from NGOs, DaC project).

5.1.3. A "Transparent Closet"

The third type of response leads to what might be called a "transparent closet," a term originally used in discussions about "coming out" in a family context. Here it is used to illustrate a particular stage of invisibility and non-recognition of LGBTQI+ people's needs in the professional context. The fact that one's homosexuality or non-conforming gender identity is noticed by services, but minimalised, not taken seriously or discussed further, can lead to LGBTQI+ people being pushed back into the closet—a transparent closet (Kuhar, 2011). The examples we have recorded at the World Café meeting (i.e., the Being Me project) range from the situation where a person has to repeatedly come out to the same professional who somehow each time manages to forget or disregard this fact as if it doesn't matter (as accounted by a Slovenian participant, student). Or the staff in a retirement home, or the care workers on a home visit, deliberately disregard the fact that two older people sharing a room or flat who are evidently close are a couple and not cousins. This is an example of persistent misgendering of a person who has repeatedly told us what they want to be called.

5.1.4. An Effective Response

An effective response was, for instance, linked to the visible sign that a particular institution (health centre, retirement home, etc.) is LGBT-friendly. An example from Slovenia is the LGBT-friendly certificate awarded by the Municipality of Ljubljana to all public and private organisations, including retirement homes (Purkart, 2022), that complete the training (a 4-hour seminar for management staff) and share knowledge among their co-workers:

> I found it interesting how it worked on me, psychologically. It's those seconds when you're walking down the corridor and you see that poster and it says "LGBT-friendly health centre" or something like that. Immediately you...one tick is made in your head. "Oh ok, it's safe, I'm cool here." You get that sense of safety straight away. You conclude that the people there went through a programme and you don't have to be careful whether something, some discrimination or whatever happens to you. It is perhaps even more important, when one is older. Maybe you are more sensitive, more vulnerable. (interview, research study on experiences of the older LGBTQI+ generation during the Covid-19 epidemic, older gay man).

Some indicators (e.g., a more respectful attitude toward differences in sexual orientation, more frequent discussions of gender identity issues) show that in recent years there might have been a slightly positive shift towards the respect for the social dimensions of gender in some mainstream organisations. This was partly expressed also in our survey in the DaC project, in which the respondents from the areas of health and family services shared views on gender, such as: "Basically there are two genders, but there are people who do not feel they belong to either of them" (survey, DaC project, social worker in family service). The respondents from LGBTQI+ organisations gave more specific, in-depth responses, mainly informed by the social constructivist tradition, showing that the issue of gender is topical, omnipresent, and affects work in everyday professional practice: "I mean, if I don't consider gender, gender considers me....While we try to avoid gender, we basically work very hard with it" (interview, DaC project, LGBTQI+ activist and social worker in LGBTQI+ NGO).

In the group of effective service responses in the area of LGBTQI+ children and young people, LGBTQI+ NGOs have a leading role. They support LGBTQI+ children, youth, and parents through their social programmes (youth clubs, counselling, support groups, advocacy, programs for the homeless, etc.) and provide training for other institutions. They build their interventions on young people's strengths, resilience, and life stories, and they co-create safe spaces together with them. They fill the very gaps in the net of public services through which LGBTQI+ youth typically fall. They appear to be a corrective to public social services and an incubator of innovative practices in social care. Given the anti-oppressive orientation of social work, it is not surprising that they are predominantly staffed (and managed) by social workers.

6. Conclusions

Let's go back to the initial thoughts that we started with in this article. As we have seen, the relationship between ethics and practice is neither simple nor straightforward. The concept of social justice on paper alone has never stopped professionals from perpetuating inequalities or acting unethically. Furthermore, even when there is a commitment to ethical conduct, relying solely on codes of ethics is insufficient, since no code can encompass all possible situations or prescribe every aspect of behaviour (Sobočan et al., 2019). As we noted in the introduction, the accessibility and quality of social services for LGBTQI+ people are closely linked to the broader socio-legal and cultural context. In countries where LGBTQI+ identities are criminalised or highly stigmatised, services are often inaccessible or actively rejected (Fish & Karban, 2015). International comparative studies, such as one by Fredriksen-Goldsen et al. (2013), emphasise that inequalities persist even in progressive legal contexts due to local cultural norms and organisational culture.

The DaC project has provided examples of good practice, which show that professionals acting as allies of LGBTQI+ children often actively fight against organisational, bureaucratic, and legal systems to implement more inclusive practices. They do this by adopting moral stances, voicing their opinions, and advocating for what is right, even when it means facing personal criticism. At the same time, participants in our training programmes and interviewees from the DaC project said that although they were motivated to drive change, they often encountered resistance, particularly in the form of subtle or overt prejudice from colleagues.

One of the most prevalent obstacles remains the lack of adequate training regarding LGBTQI+ issues. As interviewees in both projects (Being Me and DaC) pointed out, gaining knowledge on these topics is still largely inaccessible within mainstream education. Both projects' findings also demonstrate that the professionals are aware of the lack of knowledge and of the urgency in adopting tools to be able to support LGBTQI+ service users. Based on our experiences in conducting the trainings as part of the DaC and Being Me projects, using diverse methods might improve the effect that the trainings have on participants, such as co-production with LGBTQI+ people ("nothing about us without us"), including personal stories of LGBTQI+ people, intersectionality, collaboration with local LGBTQI+ associations, encompassing the understanding of broader systems of oppression and the concept of human rights in practice, and building on resilience and a strengths perspective (see the Being Me project's website: https://beingme.eu). The latter primarily means moving away from the assumption that LGBTQI+ people's problems automatically lead to negative outcomes and mental health breakdowns, whereas in the face of adversity they may be able to develop a wide range of coping skills, such as forming an effective social network outside of the biological family, self-advocacy, or reconceptualising personal difficulties as a collective struggle (Fish, 2012; Jurček, Keogh, et al., 2022; Urek et al., 2022).

In addition, the training should not be a frontal, "one-way street" passing on knowledge from "above," but rather an ongoing dialogue about common experiences and problems. The same goes for the human rights perspective in social work and related helping professions. It should stay as the original grassroots or bottom-up form that is grounded in the immediate concerns and preoccupations of local communities, and not a state-centric, heavily institutionalised and bureaucratised variant, which is distant from the concerns of local communities (Garrett, 2024). And to achieve truly good outcomes for students, the whole educational or social work organisation needs to transform into an inclusive and supportive community; otherwise it will fail in effectively sharing knowledge or supporting LGBTQI+ service users.

Conducting training does not automatically lead to better practical skills and change in attitudes (Jurček et al., 2021), changes in organisational cultures, and greater accessibility. It seems that beliefs and attitudes require a constant and articulated plan for educating, monitoring the change, supervision, and mentorship. However, it is also important to understand that training can indeed be a powerful tool, but it is not a magic wand, as it cannot come instead of structural changes in society.

Our study, along with many others, highlights the urgent need for systemic changes within social services to address the needs of LGBTQI+ service users. This requires a shift in focus from passive non-discrimination to proactive inclusion, ensuring that anti-oppressive principles inform all aspects of service delivery (Craig et al., 2016). This involves not only embedding LGBTQI+ content throughout social work education, but also reflexive supervision and implementation of LGBTQI+ inclusive policies and services. Last but not least, we strongly advocate for the adoption of a Slovenian national strategy and action plan for LGBTQI+ people, which should include minimum criteria and standards for social services and training for professionals.

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Conflict of Interests

The authors declare no conflict of interests. In this article, editorial decisions were undertaken by Ulf R. Hedetoft (University of Copenhagen, Denmark).

Data Availability

Due to the nature of the research, data sharing is not applicable to this article. Further inquiries can be directed to the corresponding author.

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