# 9. SUPPORT STRUCTURES AND INTERGENERATIONAL SUPPORT DURING AND AFTER THE COVID-19 PANDEMIC

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This chapter examines the role of formal and informal support structures in shaping the well-being and resilience of youth in Croatia and Slovenia. In both countries, families remain the most important support system, particularly mothers, who consistently identified as central figures in providing emotional and practical assistance. While peers also play a crucial role, the pandemic disrupted these relationships and reduced opportunities for in-person interaction. Institutional support, such as educational and employment services, remains important but often perceived as inaccessible or poorly adapted to the actual needs of youth. At the same time, a low level of trust in political institutions and the welfare system was observed, particularly in Croatia, which reinforces reliance on familial networks. Digital platforms increasingly serve as alternatives for connection and advice, although they cannot replace interpersonal support. Policy implications stress the need to expand accessible, youth-centred services, including mental health care, career guidance, and community-based initiatives. Strengthening institutional trust and investing in participatory frameworks would help diversify support beyond families and foster more resilient pathways for young people's social integration and life transitions.

DOI https://doi.org/ 10.18690/um.ff.7.2025.9

ISBN 978-961-299-047-3

Keywords: youth support, family networks, institutional trust, mental health,



Support structures such as family, peers, educational institutions, healthcare services, religious organisations, youth civil society organisations (CSOs), and public institutions are integral to well-being. Young people rely on a variety of support systems to navigate the complexities of development, with parents typically serving as the primary source of both emotional and financial assistance during early life. Parental support helps foster self-esteem and offers stability, although its quality can be affected by socioeconomic status, mental health, and family dynamics (Luthar & Cushing, 1999; Amato, 2001). Within the family, sibling relationships, while often emotionally supportive and egalitarian, vary in effectiveness depending on the nature of the relationship and family context (Dunn, 2000; Stocker, 1994). Furthermore, peer and friends' support becomes increasingly important in adolescence, offering emotional validation and social integration, though it may fluctuate due to the oftentransient nature of friendships (Furman & Buhrmester, 1992; Reis & Shaver, 1988). Romantic partners can also provide significant emotional and practical support, though the quality of this support depends heavily on the health of the relationship (Fehr, 1996; Bogat & Suchman, 1989). Furthermore, educational institutions contribute to intellectual and social development, though disparities in resources can limit support effectiveness.

During the pandemic, the general public became increasingly aware that mental health professionals can offer critical interventions for psychological challenges, even to the youth who do not seem to deviate from typical patterns of good well-being. Public institutions are essential to filling gaps in support at the community level, particularly for vulnerable groups, though their impact is often constrained by funding and policy (UNICEF, 2015). Also, CSOs and non-formal platforms provide significant support to young people, as we will see in the next sections. Lastly, religious organisations can provide spiritual and communal support, though inclusivity and cultural alignment influence their effectiveness (Rata, 2020). However, during the pandemic physical distancing measures and closures of institutions deprived young people of the opportunity to receive professional support. The detrimental effect of the pandemic on availability and accessibility of support also reflected on a personal relationships level, within families, friends, romantic partnerships and at the community level.

Several studies have documented the impact of the pandemic on youth well-being, including mental health issues, educational disruptions, and social challenges (Cielo et al., 2021; Eurofound, 2021; Casquilho-Martins and Belchior-Rocha, 2022; Dewa et al., 2024). Public services, educational institutions, and healthcare facilities have been restructured to support youth well-being. However, a shortage of staff and limitations of access to services have hindered the progress of reforms intended to improve accessibility and responsiveness. These support systems were weakened by the COVID-19 pandemic, resulting in increased vulnerabilities. Increased societal disruptions, mental health challenges, and socioeconomic pressures were exacerbated by isolation, stress, and uncertainty.

Gottlieb and Bergen (2010) conceptualise social support through a concept of network, which encompasses both the resources people perceive as available and those provided by professional and non-professional sources, including formal support groups and informal supportive relationships. Closely linked to social networks is the concept of social integration, which measures the extent of an individual's involvement in private and public social interactions, reflecting how deeply embedded they are within their communities and social circles, thereby influencing their exposure to potential support. In this sense, Gottlieb and Bergen understand social support as categorised into two main dimensions: functional support, which refers to the diverse types of resources such as emotional, instrumental, informational, compassionate, and esteem support that flow through social ties, emphasising the qualitative nature of support; and structural support, which focuses on the quantitative and relational aspects, specifically the number and pattern of direct and indirect social ties surrounding the individual, thus representing the network's capacity to provide support. Furthermore, evaluations of support involve assessments of support adequacy, whereby individuals judge whether the quantity and quality of received support meet their needs and expectations. The directionality of support is the final dimension proposed by Gottlieb and Bergen, who recognise that support may flow solely from provider to recipient or be reciprocated, fostering ongoing social exchange and support. In the following section on data analysis, we will focus on the forms and frequency of support. In this chapter, we will focus on structural support. Although assessment of support and directionality have been elements of our research, these dimensions will be analysed in some other formats. Directionality will be addressed only through

examination of the foreseen types of parental support and envisaged support from the young person to their parents in the future.

## 9.1 Perceived support from various sources during and after the pandemic

The degree of support from parents, friends, civil society organisations, and public institutions was measured using items evaluating frequency and perceived adequacy of support. The perceived support structures in our survey were examined with the instruction: "Please mark how much each of the following persons, institutions or organisations helped you in exercising your rights or solving life difficulties in two periods: during the COVID-19 pandemic and in the post-pandemic period." The frequency of support was evaluated on a 5-point Likert-type scale, where 1 is never, 2 is rarely, 3 is occasionally, 4 is often, and 5 is very often. For items related to the support of parents, friends, spouse or partner and brothers and sisters, the scale was expanded with the answer "I don't have them, so I can't evaluate". These respondents were excluded from further analysis of the items mentioned. The data analysis involved several statistical techniques to address the research questions: descriptive statistics, t-test and analysis of variance. Descriptive statistics were calculated using three recoded levels to facilitate the graphical representation of the 10 types of support and the five levels of support intensity. On the other hand, crosstabulations with sociodemographic characteristics were conducted using the original five levels of support in order to capture more nuanced differences in the degree of support. The original question assessing a level of support was as follows: "Please indicate the extent to which each of the listed individuals, institutions, or organisations has supported you in realising your rights or in addressing life challenges during two specific periods: the COVID-19 pandemic and the past month." The first data to be presented encompass the pandemic period in two countries (Figure 9.1.). The data for the post-pandemic period are presented in Figure 9.2.

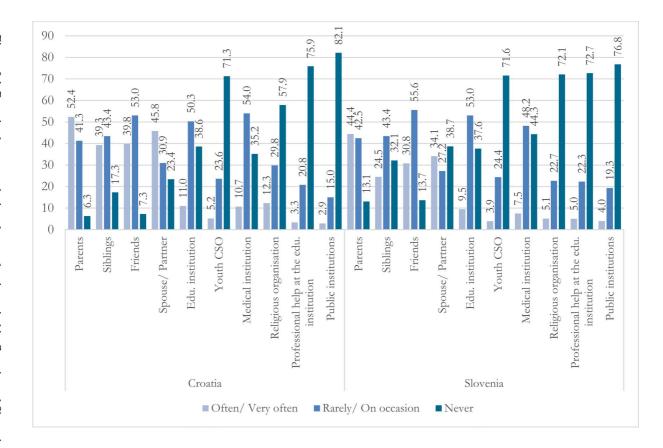


Figure 9.1: Perceived support during the pandemic period in Croatia and Slovenia (%) Source: YO-VID22, 2023

In both countries, parents remained a primary source of support throughout the periods. In Croatia, "Often/Very often" responses were slightly higher during the pandemic (52.4%) than post-pandemic (51.8%), indicating stable reliance. Slovenia, however, saw a modest decline from 44.4% to 40.0%, suggesting a small reduction in frequent parental support. Support from siblings and friends followed a consistent pattern. Croatian youth reported relatively stable interactions with siblings ("Often/Very often" 39.3% to 39.1%) and friends (39.8% to 42.2%) post-pandemic. In Slovenia, sibling contact remained low, with a slight decrease (24.5% to 24.0%), while friend interaction showed a slight rise from 30.8% to 33.4%. In both countries, support from partners increased post-pandemic. Croatia's "Often/Very often" category rose from 45.8% to 51.2%, and Slovenia's from 34.1% to 38.3%. This suggests strengthened intimate support relationships following the crisis. Support from educational institutions has reduced since the pandemic. Croatia's frequent support declined from 11.0% to 9.8%, but in Slovenia it remained almost the same (9.5% and 9.0%, respectively). The data suggest a potentially reduced need for or access to support from educational institutions in the post-pandemic period. Support from youth civil society organisations and religious organisations remains low across both countries and periods, although qualitative insights from the previous study (Potočnik, 2023) indicates youth civil society organisations were a more reliable source of support during the pandemic than religious organisations. Slight changes were observed, indicating limited reliance on these sources, particularly in Slovenia, where "Often/Very often" figures were below 7% in both cases. There was also a slight decline in frequent support from medical institutions - in Slovenia from 7.5% to 6.6%, while in Croatia the change was marginal (10.7%) to 10.5%). Relatively low professional support in educational institutions persists across periods. In both countries, the "Often/Very often" category stayed below 6%, with a slight increase, in Croatia from 3.3% to 4.2%, and Slovenia from 5.0% to 6.1%. Support from public institutions was reported as the least frequent, with over 75% in both nations stating "Never" across both periods, which contributes to the perception of these institutions as largely inaccessible or ineffective support sources for youth.

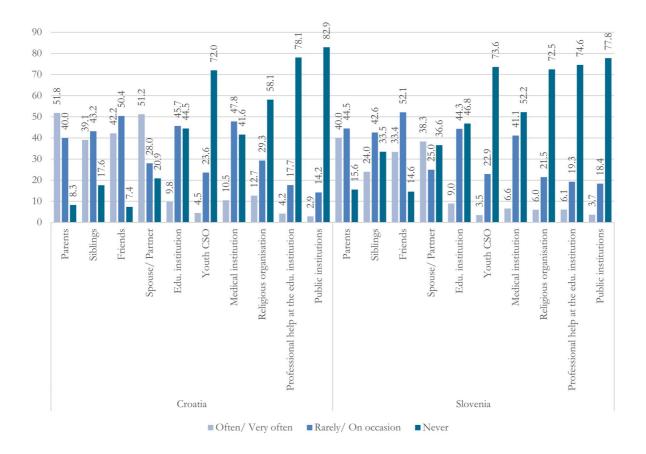


Figure 9.2: Perceived support in the post-pandemic period in Croatia and Slovenia (%) Source: YO-VID22, 2023

Parents remained a key source of support during and after the pandemic in both Croatia and Slovenia, though Slovenian youth reported a slight decline in the frequency of parental support in the post-pandemic period. Support from partners increased in both countries, indicating stronger intimate relationships, while reliance on educational and institutional support was consistently low, with a notable perception of limited accessibility. Slovenia experienced a small decrease in the frequency of parental support and marginal changes in support from other sources.

A quote by the focus group respondent nicely illustrates diverse landscape of support in Croatia, and to what extent support from the closer circles and institutions differ.

My most important source of support is my immediate family, and I am fully, and most of all, satisfied with that. Next would be my employer, with whom I am not as satisfied. As for my extended family, I am also not particularly satisfied, as I did not receive full support from them during my studies, I did have financial assistance, but I definitely lacked social support. Then there are associations, which I would rate as average; my assessment would be around a 3. I also receive maternity benefits, which I am likewise dissatisfied with, as the amount is reduced during the second six months and does not equate to a full salary. Lastly, regarding friends, I think my social life could be somewhat better, so I am not entirely satisfied in that area either

(Female, 27, employed, Croatia).

Similarly, in Slovenia a lot of support was provided by family members and friends, but also various institutions.

"I got a lot of support from my friends, mostly regarding the school. I was also fortunate with counselling, particularly because of my female counsellor and one of the professors. They took me and my problem seriously. /.../ they helped me solve my problems, helped me with tutoring. Oh, my aunt also helped me, she studied mathematics and was tutoring me on that subject."

(Male, high school student, Slovenia)

"The most important support for me came from 2 organisations, one of them is my former school. /.../ The organisation is called Society for non-violent communication. /.../ Now (after sessions of counselling at NGO) I am much more positive, very positive. During the pandemic I was sexually abused. After that situation... one of the first persons I confided to was one of my professors and the faculty for social work. I had some health issues before that and she helped me a lot.

During the Covid I was not living at home and I had no real connections to my family. So, they (staff at that NGO) played a crucial role in my life by accepting me..."

(Female, NEET, Slovenia)

An independent samples t-test was employed to examine differences in perceived support among young people, with sex, age, and socioeconomic status (SES) as independent variables. In Croatia, during the pandemic, young people reported similar levels of support from a partner or spouse, with no statistically significant gender difference, and the support from educational institutions was also comparable between genders. However, men noted significantly higher support from youth civil society organisations (t=3.356; p=.001; M male=1.63; SD male=1.022; M female=1.45; SD female=0.859); and public institutions (t=2.070; p=.039; M male=1.37; SD male=0.823; M female=1.28; SD female=0.715).

In Slovenia, female respondents more frequently (t=-4.120; p<.001) reported on support from parents (M=3.22; SD=1.237) than male respondents (M=2.93; SD=1.256). Support from siblings was also rated higher (with t=-3.743; p<.001) among women (M=2.64; SD=1.343) compared to men (M=2.36; SD=1.286). Women felt more supported by friends (M=3.07; SD=1.180) than males (M=2.87; SD=1.130), with t=-3.133; p=.002. A statistically significant gender difference (t=-8.028; p=.002) was found in perceived support from a partner or spouse, with women reporting significantly more support (M=3.15; SD=1.585) than men (M=2.46; SD=1.490). Female respondents again were associated with slightly more support (M=2.04; SD=1.081) than males (M=1.90; SD=1.056), with the difference being statistically significant (t=-2.304; p=.021). Women perceived higher support (t=-3.155; p=.002.) from health institutions (M=1.94; SD=1.055) compared to men (M=1.76; SD=1.018).

Concerning the age differences among the levels of support young people perceived during the pandemic, parental support in Croatia declined with age. Young people aged 16-19 reported the highest support (M=3.83; SD=1.143), followed by the 20-24 age group (M=3.65; SD=1.150), and then those aged 25-29 (M=3.35; SD=1.208). The differences were statistically significant at F=16.740; p=.000. A similar trend was observed in support from siblings, though less pronounced. The 20-24 group perceived slightly more support (M=3.18; SD=1.315) than the youngest group

(M=3.14; SD=1.312), while support declined in the 25-29 group (M=2.92; SD=1.288). The difference was significant at F=6.646; p=.010. Perceived support from friends peaked in the 20-24 group (M=3.34; SD=1.084), with slightly lower scores in the 16-19 group (M=3.31; SD=1.132) and a drop among those aged 25-29 (M=3.12; SD=1.076), indicating a statistically significant difference (F=5.106; p=.010). In contrast to familial and peer support, support from a partner or spouse increased with age. The lowest reported support was in the 16-19 group (M=2.81; SD=1.486), followed by 20-24 (M=3.11; SD=1.460), and highest in the 25-29 group (M=3.29; SD=1.426), with statistical significance at F=5.827; p=.010. Perceived support from educational institutions declined with age: 16-19 (M=2.29; SD=1.094), 20-24 (M=2.21; SD=1.098), and 25-29 (M=1.92; SD=1.073). The difference was statistically significant at F=3.067; p=.047. On the contrary, support from public institutions increased slightly with age, which can be placed in the context of the increasing variety of needs young people encounter during the later stages of youth, primarily concerning labour market placement and support for young families. The youngest group noted the lowest support (M=1.25; SD=.709), rising to 1.31 (SD=.760) for the 20-24 group, and 1.39 (SD=.824) for those aged 25-29 (F=12.926; p=.010).

Similarly to their Croatian peers, Slovenian youth reported declining parental support with age, with the highest support associated with the youngest cohort 16-19 (M=3.35; SD=1.220), and with decline for age 20-24 (M=3.16; SD=1.178), and 25-29 (M=3.08; SD=1.251). In this case, differences were significant at F=7.020; p=.009. However, unlike Croatia, support from friends in Slovenia increased with age, with the oldest cohort having the strongest friends' support [16-19 (M=2.14; SD=1.392), 20-24 (M=2.53; SD=1.474), and 25-29 (M=3.11; SD=1.478)], which was marked statistically significant differences at F=5.827; p=.003. Support from educational institutions, on the other hand, decreased with age [16-19 (M=2.32; SD=.990); 20-24 (M=2.12; SD=1.074), and 25-29 (M=1.93; SD=1.028)], with statistically significant differences at F=15.731, p=.000, which is a trend opposite to the one observed in Croatia. Support from health institutions was relatively stable across groups (F=3.757; p=.030), although slightly higher in the 25-29 group (M=2.03; SD=1.047) compared to 20-24 (M=1.86; SD=.995). Support from religious organisations also declines with age (F=4.697; p=.007), with the 16-19 cohort having perceived the strongest support (M=1.67; SD=1.038), followed by 20-24 (M=1.53; SD=1.014), and 25-29 cohort (M=1.45; SD=.893). The availability

or perception of professional help also decreased with age (F=6.859; p=.000), with the age group 16-19 reporting a somewhat higher degree of perceived help (M=1.66; SD=1.062) than 20-24 (M=1.50; SD=.953), and 25-29 age groups (M=1.40; SD=.824). As in Croatia, support from public institutions slightly increased with age, though levels remained low: 16-19 (M=1.36; SD=.788), 20-24 (M=1.40; SD=.857), and 25-29 (M=1.50; SD=.910), with significant differences at F=3.255; p=.039.

Concerning associations of the perceived level of support to young people in the pandemic period in Croatia and their socio-economic status, support from schools or universities during the COVID-19 pandemic varies significantly (F=3.159; p=.043); participants from the lowest SES backgrounds noted the highest perceived support (M=1.67; SD=.628), followed by those from middle SES (M=1.73; SD=.641), and the highest SES (M=1.80; SD=.695). Regarding support from youth associations, clubs, or youth information centres, statistically significant differences were also observed (F=6.028; p=.002); participants from the lowest SES are associated with the highest support (M=1.40; SD=.615), followed by those from the highest SES (M=1.37; SD=.615), and the middle SES (M=1.28; SD=.516). In terms of professional support, such as from pedagogues, psychologists, or educationalrehabilitative specialists in schools and universities, significant differences are evident across SES groups in Croatia (F=6.851; p=.001); participants from the lowest SES noted the highest support (M=1.34; SD=.545), followed by the highest SES (M=1.28; SD=.544), and the middle SES (M=1.22; SD=.469). Finally, concerning support from public institutions, such as social welfare centres or employment agencies, a level of statistical significance was at F=4.465; p=.012, where the participants from the lowest SES declared the highest support (M=1.26; SD=.527), followed by the highest SES (M=1.19; SD=.445), and the middle SES (M=1.18; SD=.438).

In Slovenia, in regard to support from youth associations, clubs, or info-centres during the pandemic, significant differences are observed (F=5.136; p=.006); low SES participants reported the highest support (M=1.40; SD=.583), followed by middle SES (M=1.30; SD=.525), and high SES (M=1.28; SD=5.24). Professional support from pedagogues, psychologists, or educational-rehabilitation specialists during the pandemic also shows statistically significant variations (F=5.481; p=.004); low SES participants can be associated with the highest support (M=1.40; SD=.612), followed by middle SES (M=1.29; SD=.539), and high SES youth (M=1.28;

SD=.546). Support from healthcare institutions in the post-pandemic period also varies significantly (F=5.502; p=.004); low SES participants reported the highest support (M=1.62; SD=.631), followed by middle SES (M=1.53; SD=.609), and high SES (M=1.46; SD=.628).

Concerning the pandemic period, Croatian youth on average reported higher levels of perceived support. We can say that during the pandemic, parental support was highest among the youngest age group and declined with age in both countries. However, friendship support trends diverged: in Croatia, it declined slightly with age, while in Slovenia, it increased significantly, suggesting a differing role of peer networks. Support from educational institutions decreased with age in both countries, though Slovenian young people noted slightly higher average support than their Croatian peers. Public institutions were a relatively weak source of support in both countries, but support increased marginally with age in both contexts. Slovenian youth reported declining support with age concerning religious organisations and professional help within educational institutions. Socioeconomic status in Croatia pointed out that young people from lower SES backgrounds perceived higher levels of support compared to their peers from higher SES backgrounds. This pattern was evident in perceived support from parents, friends, youth organisations, educational or psychological professionals, and public institutions, both during the COVID-19 pandemic and in the month preceding the study. These findings suggest that socioeconomic status plays a significant role in shaping young people's support networks across different sources. We can observe higher reliance of low SES youth on public and institutional support, coupled with targeted outreach efforts by schools and service providers towards more vulnerable groups. In contrast, young people from higher SES backgrounds may have depended more on private or family-based resources and had less engagement with a formal support system.

During the pandemic, Croatian youth reported higher overall perceived support. Parental support is the highest among the youngest respondents in both countries and it declines with age; however, friendship support decreased slightly with age in Croatia but increased significantly in Slovenia, while educational institution support declined with age in both, slightly favouring Slovenian youth. Socioeconomic status influenced Croatian youths' perception of support more strongly, with lower SES groups perceiving higher levels of support across multiple sources.

The differences among young people in their assessment of the level of support they received from various sources in the post-pandemic period were also analysed with regard to gender, age, and socioeconomic status. In Croatia, female respondents noted receiving more support from friends after the pandemic (M=3.39; SD=1.072) compared to male respondents (M=3.21; SD=1.145), with statistically significant differences at t=-2.840; p=.005. Women also indicated higher support levels (t=-2.013; p=.044) from a partner or spouse (M=3.39; SD=1.499) than men (M=3.20; SD=1.455). Male respondents reported higher levels (t=2.074; p=.038) of support from educational institutions (M=2.09; SD=1.095) than women (M=1.96; SD=1.093). Men perceived more support from youth CSOs (M=1.60; SD=.988) compared to women (M=1.42; SD=.817), with statistically significant differences at t=3.445; p=.001. Similarly, men indicated higher support (t=2.904; p=.004) from public institutions (M=1.37; SD=.822) than women (M=1.25; SD=.670).

In the post-pandemic period in Croatia, support from parents remained strongest among the youngest group (16-19 years, M=2.59; SD=.587), but decreased with age, with scores of 2.24 (SD=.622) for those aged 20-24 and 2.32 (SD=.673) for the 25-29 age group (F=17.111, p=.000). Compared to the data during the pandemic, levels remained high in the youngest group but dropped more significantly in older cohorts. Perceived support from siblings also declined slightly with age [(16-19 (M=2.29; SD=.706), 20-24 (M=2.23; SD=.735), and 25-29 (M=2.15; SD=.715)], with a significant difference (F=3.733; p=.024). These values were relatively stable compared to the pandemic period, suggesting continuity in sibling relationships. Support from friends (F=14.200; p=.000) was perceived as highest among 16-19year-olds (M=2.50; SD=.566), and declined steadily across age groups: 20-24 (M=2.37; SD=.612), and 25-29 (M=2.22; SD=.620). These values indicate a modest increase in perceived support among the youngest group compared to the insights from the pandemic period. Support from educational institutions declined sharply with age 16-19 (M=1.84; SD=.635), 20-24 (M=1.66; SD=.638), and 25-29 (M=1.51; SD=.640), with significant differences at F=24.393; p=.001. These figures are slightly lower than during the pandemic, particularly in older age groups, which suggests that institutional support may not have rebounded after the crisis.

The post-pandemic period in Slovenia also brought some changes concerning the support young people were receiving. On average, young women can be associated with significantly more support from siblings than young men (t=-3.247; p=.001; M

male=2.42; SD male=1.283; M female=2.65; SD female=1.319), friends (t=-3.757; p=.000; M male=2.83; SD male=1.131; M female=3.07; SD female=1.104), and especially from a partner or spouse (t=-8.175; p=.000; M male=2.33; SD male=1.412; M female=3.00; SD female=1.528), while support from religious organisations was slightly higher for men (t=1.983; p=.048; M male=1.59; SD male=1.006; M female=1.48; SD female=0.948).

As in Croatia, parental support in Slovenia declined with age: 16-19 (M=2.38; SD=.687), 20-24 (M=2.22; SD=.693), and 25-29 (M=2.18; SD=.713), with a significant difference at F=8.671; p=.000. Compared to the pandemic period, these figures represent a continued downward trend, with younger people still perceiving more support. Support from partners (F=38.959; p=.000) increased substantially with age: 16-19 (M=1.17), 20-24 (M=2.02), and 25-29 (M=2.23). This upward trend continued from the pandemic period, highlighting the growing importance of romantic partners for older youth. Support from educational institutions decreased with age: 16-19 (M=1.85; SD=.653), 20-24 (M=1.61; SD=.645), and 25-29 (M=1.47; SD=.592), with a highly significant difference (F=14.330; p=.000). These values were slightly lower than those observed during the pandemic, particularly among older respondents. Support from religious organisations also declined slightly with age: 16-19 (M=1.44; SD=.638), 20-24 (M=1.31; SD=.576), and 25-29 (M=1.29; SD=.551), with significance of F=7.588; p=.001. This corresponds to the patterns observed during the pandemic. Access to or perception of professional help (F=7.588; p=.001.) followed a similar pattern: 16-19 (M=1.40; SD=.652), 20-24 (M=1.32; SD=.584), and 25-29 (M=1.25); SD=.522. These results are consistent with those recorded during the pandemic.

Concerning association with socio-economic status in the post-pandemic period, support from parents varies significantly in Croatia (F=4.161; p=.016); participants from high SES backgrounds reported the highest perceived support (M=2.51; SD=.635), followed by those from middle SES (M=2.46; SD=.615), and low SES (M=2.37; SD=.675). Regarding support from friends, a statistically significant difference was also observed (F=6.386; p=.002); participants from high SES backgrounds can be associated with the highest support (M=2.41; SD=.593), followed by those from middle SES (M=2.38; SD=.593), and low SES (M=2.26; SD=.641). In terms of support from youth associations, clubs, or youth information centres, the reported support differed significantly across SES groups (F=4.865;

p=.008); participants from low SES backgrounds noted the highest support (M=1.38; DS=.594), followed by those from high SES (M=1.35; SD=.576), and middle SES (M=1.27SD=.514). Similarly, concerning professional assistance at schools, from the pedagogues, psychologists, or educational-rehabilitation specialists, participants from low SES backgrounds can be associated with the highest support (M=1.33; SD=.574), followed by those from middle SES (M=1.23; SD=.502) and high SES (M=1.23; SD=.484), with F=4.986; p=.007. Finally, with regard to support from public institutions, such as social welfare centres or employment offices, statistically significant differences were also noted (F=8.785; p=.000); participants from low SES backgrounds reported the highest support (M=1.28; SD=.545), followed by those from high SES (M=1.17; SD=.446), and middle SES (M=1.16; SD=.406).

In regard to socio-economic status, support from siblings in the post-pandemic period varies significantly in Slovenia (F=3.021; p=.049); participants from high SES backgrounds noted the highest perceived support (M=2.00; SD=.754), followed by those from low SES (M=1.92; SD=.732), and middle SES (M=1.86; SD=.760). Support from youth associations, clubs, or youth information centres also varies significantly (F=4.285; p=.014); participants from low SES backgrounds can be associated with the highest support (M=1.36; SD=.571), followed by those from middle SES (M=1.28; SD=.519), and high SES (M=1.25; SD=.480). In relation to health institutions, participants from low SES backgrounds reported the highest support (M=1.62; SD=.667), followed by those from middle SES (M=1.5; SD=.5943), and high SES (M=1.46; SD=.587), with F=5.502; p=.004. Similarly, support from public institutions is also associated with statistically significant differences (F=3.346; p=.036); participants from low SES backgrounds reported the highest support (M=1.32; SD=.553), followed by those from high SES (M=1.24; SD=.507), and middle SES (M=1.23; SD=.478).

In conclusion, in both countries, a significant decline in parental support with age continued to persist in the post-pandemic period. However, Croatian youth consistently reported higher levels of support from parents than Slovenian youth, both during and after the pandemic. In Croatia, friend-based support was the highest post-pandemic among younger people and declined with age. In Slovenia, the trend was similar post-pandemic, although during the pandemic, older age groups were associated with higher average peer support, indicating a shift. Data for Croatia post-

pandemic on partner/spouse support were not provided, but during the pandemic, support increased with age. In Slovenia, partner/spouse support significantly increased post-pandemic and was the highest among those aged 25-29, suggesting a continued rise in its importance among older youth. In both countries, support from educational institutions consistently decreased with age and further declined post-pandemic. Croatian youth noted slightly higher support than their Slovenian peers, especially in the 16-19 age group. Slovenia continued to report relatively low and decreasing levels of support from religious organisations and educational professionals, while this rate in Croatia showed stability.

Socio-economic status appears to shape young people's perceptions of support received from various individuals and institutions in the post-pandemic period in both countries. Participants from lower socio-economic backgrounds often reported higher reliance on institutional forms of support, while those from higher socio-economic backgrounds tended to perceive stronger support from family and friends. These findings highlight the importance of considering socio-economic inequalities when developing policies and services aimed at supporting young people's well-being.

## 9.2 Expectations about parental help among young people in Croatia and Slovenia

According to Dey and Morris (1999), parents play a critical role in supporting young adults, especially in southern European societies such as Croatia and Slovenia, where the family remains the primary socialisation agent through time. Parents' support has consistently shaped young people's transition into adulthood, regardless of the differences in family policies across Europe. In their study, Oliveira et al. (2014) contend that both financial assistance and autonomy promote young people's psychological well-being, as well as their ability to cope with personal and professional challenges. In a similar study, Wiedemann et al. (2025) investigated resilience factors affecting youth mental health during the COVID-19 pandemic, citing the importance of reliable family support systems before and during the crisis. It is consistent with the findings of Pui Yung Chyu and Chen (2024), who identify perceived social support as a significant mediator between stress and mental illness. Moreover, Wolfert and Quenzel (2019) note that young people and their parents have generally positive relationships, with most believing that family interactions are important for the development of resilience.

Expected support from parents and the support that young people anticipate providing to their parents were measured using a three-point scale, recoded from the original five-point scale. A question addressing foreseen help from parents was formulated as follows: "Do you expect your parents to support you in the future?", with data presented by Figure 9.3.

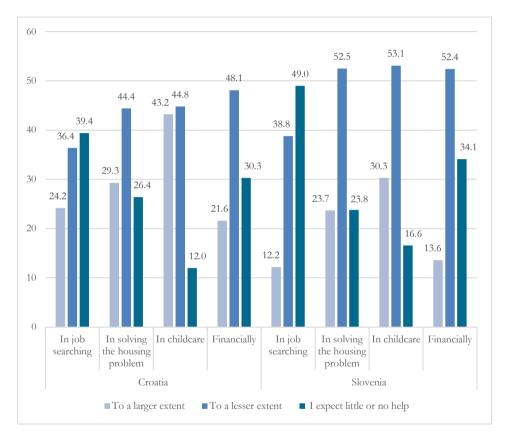


Figure 9.3. Expected parental help (%) Source: YO-VID22, 2023

In Croatia, young people's expectations of future parental support vary significantly across different domains of adult life. The strongest expectation is in the area of childcare, where 43.2% of respondents anticipate substantial support from their parents. This suggests that intergenerational involvement in family life, particularly in caring for young children, remains a culturally and socially embedded practice. On the other end of the spectrum, support in job searching is the least expected, with

39.4% of youth indicating they expect little or no help in this domain. This may reflect a perception that job-related support requires specialised resources or independence that parents may be unable or unwilling to provide. Financial support and help with housing fall in between, with moderate levels of expected support, indicating that while parents are seen as important fallback figures, expectations of direct material assistance are more cautious or pragmatic. This state of youth in Croatia can be illustrated by the next quotation:

Similarly, I provide the most emotional support, within my means. I am still not employed, and I wasn't at the time either [during the pandemic], so in financial terms, I am not really able to offer support.

(Female, university student, Croatia).

In Slovenia, expectations of parental support show a similar domain-specific pattern, though with some significant differences compared to Croatia. The highest expectation is also in the domain of childcare, where 30.3% of youth expect a high degree of help, and a further 53.1% anticipate at least some support. This indicates a continued reliance on parents for practical and emotional support in raising children. Conversely, job searching emerges as the domain with the lowest expected parental involvement, with nearly half of the respondents (49.0%) expecting little or no help. These findings suggest that Slovenian youth perceive job acquisition as a predominantly individual or institutional responsibility. Expectations of financial and housing support lie between these extremes, with relatively fewer youth expecting substantial assistance. We can conclude that the Slovenian youth appear to express slightly more autonomy in career and financial matters, while still relying on their parents for family-related support.

"Of course I got the most of support from my parents, but I also helped them. I was helping my mom and we worked together (in a family-owned business), she worked before noon and I worked in the afternoon and vice versa. We managed that quite good and it was great for all of us (family members), we all supported each other. However, we had no real contact, no real interaction and I missed that a lot."

(Male, university student, Slovenia)

An independent samples t-test was conducted to examine gender differences in expectations of future parental support across four domains: job seeking, housing, childcare, and financial help. Expectations of parental support in job seeking among

young Croats significantly differed by gender, with men (M=1.93; SD=.790) reporting higher expectations than women (M=1.76; SD=.767), t=3.698; p=.001. Similarly, expectations of parental support in resolving housing issues were higher among men (M=2.11; SD=.728) than women (M=1.94; SD=.754), with statistical significance at t=4.023; p=.000. With regard to childcare support (t=2.512; p=.012), men (M=2.36; SD=.672) are also associated with higher expectations than women (M=2.26; SD=.675). Expectations of financial support (e.g., money, gifts) were also more frequently reported on by young men (M=1.98; SD=.714) compared to young women (M=1.84; SD=.710), with t=3.258; p=.001. In Slovenia, gender was associated with statistically significant differences (t= 3.748; p=.000) among young people in regard to resolving of housing issues and help with taking care of children. In this regard, more young men (M=2.07; SD=.684) more frequently expect help from their parents than young women (M=1.92; SD=.688). Future assistance with childcare was also foreseen by significantly (t=2.465; p=.014) more young men (M=2.18; SD=.683) than women (M=2.09; SD=.655).

A one-way ANOVA was conducted to assess whether expectations of future parental support varied across three generational cohorts (16-19, 20-24, and 25-29 years) in Croatia. The results revealed a consistent age-related decline in anticipated parental assistance across all examined domains. In relation to support when seeking employment, mean scores decreased with age: 16-19 (M=2.08; SD=.745), 20-24 (M=1.88; SD=.804), and 25-29 (M=1.65; SD=.736), with the difference being statistically significant (F=31.378; p=.000). A similar downward trend was observed for housing support, with mean expectations of 2.25, 2.05, and 1.86 and SD of .711, 719 and .753 respectively (F=27.437; p=.000). Expectations of help with childcare also declined modestly across cohorts: 16-19 (M=2.41; SD=.624), 20-24 (M=2.30; SD=.678), and 25-29 (M=2.25; SD=.699), with statistical significance at F=5.024; p=.007. Financial support expectations followed the same trajectory: 16-19 (M=2.07; SD=.690), 20-24 (M=1.92; SD=.716), and 25-29 (M=1.80; SD=.713), showing a significant difference at F=13.112; p=.000. We can notice that the youngest participants consistently expressed higher expected support across employment, housing, childcare, and finances, with expectations steadily diminishing among older cohorts. This pattern likely reflects a developmental shift towards higher independence and perceived self-reliance with higher age.

In Slovenia, a one-way ANOVA also revealed statistically significant differences in expectations of parental support across age cohorts (16-19, 20-24, and 25-29 years), with younger participants consistently anticipating more assistance. For support in seeking employment (F=61.541; p=.000), mean scores declined with age: 16-19 (M=1.95; SD=.719), 20-24 (M=1.61; SD=.631), and 25-29 (M=1.43; SD=.643). A similar trend was observed in expectations for housing support, with means of 2.17, 2.01, and 1.87, respectively, and with SD values of .649, .661 and .717 respectively (F=19.410; p=.000). Anticipated help with childcare (F=3.838; p=.022) also showed a modest age-related decline: 16-19 (M=2.21; SD=.669), 20-24 (M=2.15; SD=.637), and 25-29 (M=2.08; SD=.698). Expectations of financial or gift-related support followed a similar distribution 16-19 (M=1.95; SD=.647), 20-24 (M=1.81; SD=.637), and 25-29 (M=1.68; SD=.666), with statistically significant difference at F=17.545; p=.000. These results suggest a clear generational shift, with older youth perceiving less likelihood of future parental support, potentially reflecting increasing autonomy or evolving family expectations with age.

The data demonstrate a consistent pattern: younger respondents expect significantly more parental support across all life domains. Expectations tend to decline with age, which suggests a growing sense of independence or reduced reliance on parents as individuals move from adolescence into full adulthood.

A one-way ANOVA was conducted to determine whether expectations of future parental support in is associated with the SES. Expectations of parental support in job searching vary significantly in Croatia (F=4.597; p=.010); participants from high SES backgrounds reported the highest expected support (M=1.96; SD=.768), followed by those from low SES (M=1.88; SD=.803), and middle SES (M=1.78; SD=.770). Expectations of parental support in resolving housing issues also show statistically significant variation (F=6.235; p=.002); participants from high SES backgrounds are associated with the highest support (M=2.13; SD=.739), followed by middle SES (M=2.06; SD=.726), and low SES (M=1.93; SD=.766).

Concerning SES, the anticipated level of parental assistance in labour market placement differs in Slovenia (F=9.372; p=.000); participants from high SES backgrounds noted the highest expected support (M=1.82; SD=.705), followed by low SES (M=1.61; SD=.703), and middle SES (M=1.59; SD=.670). Expectations of

parental support in resolving housing issues also show statistically significant variations (F=9.735; p=.000); participants from high SES backgrounds reported the highest expected support (M=2.17; SD=.634), followed by middle SES (M=1.99; SD=.687), and low SES (M=1.92; SD=.708). The expectations of parental support in childcare also differ among young people in Slovenia in regard to their SES; participants from high SES backgrounds reported the highest expected support (M=2.30; SD=.649), followed by middle SES (M=2.15; SD=.644), and low SES (M=2.02; SD=.710), with F=12.397; p=.000.

In both Croatia and Slovenia, young people from higher socioeconomic backgrounds expect higher parental support, particularly in areas such as job searching and housing. However, while Croatian youth show significant SES-based differences primarily in employment and housing-related expectations, Slovenian youth display a broader pattern, with SES influencing expectations across employment, housing, and childcare. This suggests that socioeconomic status plays a more pervasive role in shaping anticipated parental support in Slovenia compared to Croatia.

## 9.3 Anticipated intergenerational support towards the parents in Croatia and Slovenia

Intergenerational support, particularly the assistance provided by younger generations to their ageing parents, has become an increasingly significant area of study in the context of shifting demographic patterns, welfare state transformations, and evolving familial norms. As societies struggle with the needs of ageing populations and changing intergenerational patterns of support, the role of young people in supporting their parents is gaining renewed attention. This support can take various forms, including emotional, practical, and financial assistance, and is often embedded in broader expectations around reciprocal familial obligations and social solidarity. Such engagement is not only shaped by structural factors such as economic security and institutional care provisions, but is also informed by socially constructed norms about desirable roles that young people are expected to adopt within the family and community. These roles are closely tied to the development and mobilisation of social capital, which can be defined as the networks, trust, and mutual obligations that facilitate cooperation and support across generations (Bourdieu, 1986). In this context, the willingness and ability of young people to provide care and assistance to their parents can be seen not merely as a private family

matter but as a reflection of their embeddedness in social structures and cultural frameworks that valorise interdependence, responsibility, and civic participation. The Figure 9.4. presents the data on anticipated forms of intergenerational support among young people in Croatia and Slovenia.

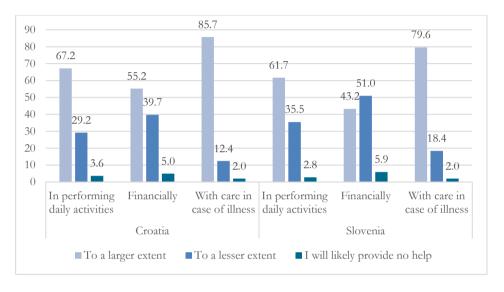


Figure 9.4: To what extent do you expect to provide support to your parents in the future?

(%)

Source: YO-VID22, 2023

In Croatia, young people demonstrate a strong sense of intergenerational responsibility, particularly in relation to caregiving. The highest anticipated support is in providing care in case of illness, with a striking 85.7% of respondents indicating they would offer this support to a larger extent. This highlights a deep cultural norm around filial obligation in times of parental vulnerability. Similarly, assistance with daily activities is widely anticipated, with 67.2% of youth stating they expect to provide substantial support in this area, reflecting preparedness to engage in ongoing, practical caregiving roles. By contrast, financial support emerges as the domain with the most limited anticipated contribution, with 5.0% of respondents indicating they likely will not provide any financial help. While still a minority, this figure marks the highest level of anticipated non-involvement across domains, possibly reflecting economic uncertainty among youth or perceived limitations in their future earning capacity.

Slovenian youth also express a strong commitment to supporting their parents, especially when it comes to health-related needs. The most widely anticipated form of support is care in case of illness, with 79.6% of respondents stating they would provide such help to a larger extent. This stresses out an ethic of care within family structures. Support with daily activities is also frequently expected, with 61.7% of youth indicating a willingness to help extensively, pointing to a sustained readiness to assist in everyday caregiving. In contrast, financial support is the area with the highest level of expected non-involvement, with 5.9% of respondents reporting that they likely will not provide any. Although this figure is modest, it suggests that, as in Croatia, financial capacity may be a limiting factor in young people's projections of future support, or that economic support is seen as less central than physical or emotional caregiving.

Young people in both countries demonstrate a strong sense of responsibility across generations, especially regarding caring for their parents, with the most commonly expected form of support being care during illness, reported by 85.7% of Croatian and 79.6% of Slovenian participants.

With regards to the differences among young people in both countries, an independent samples t-test revealed a statistically significant difference between male and female participants in their expected level of caregiving to parents in the event of illness in Croatia (t=-2.67; p=.008). Young women (M=2.87; SD=.38) are associated with higher expected involvement than young men (M=2.81; SD=.45). This finding suggests that women, on average, more frequently anticipate a caregiving role for ageing or ill parents compared to men.

Concerning socio-economic status (SES), expectations of providing care to parents in case of illness vary significantly in Croatia (F=9.160; p=.000); participants from high SES backgrounds reported the highest potential support (M=2.90; SD=.376), followed by those from middle SES (M=2.86; SD=.380), and low SES (M=2.77; SD=.483). In Slovenia, concerning the socio-economic status, expectations of providing care to parents in case of illness demonstrate that participants from high SES backgrounds foresee the highest potential support to their parents (M=2.87; SD=.376), followed by those from middle SES (M=2.78; SD=.459), and low SES (M=2.72; SD=.504), with F=7.212; p=.001. The data suggest that in both Croatia and Slovenia, participants from higher SES backgrounds more frequently reported

willingness or expectation to provide care for their parents in the future, potentially reflecting differences in perceived resources, cultural expectations, or familial obligations.

In both Croatia and Slovenia, youth from higher socio-economic backgrounds reported higher expectations of providing care for their parents in the event of illness. This trend was more pronounced in Croatia, indicating a slightly stronger link between socio-economic status and anticipated caregiving.

### 9.4 Conclusions and recommendations

The most consistent and frequent sources of support across the two observed time periods in both Croatia and Slovenia were parents, friends, and partners. Institutional and organisational support, particularly from public and religious institutions, remains low. Croatian youth generally reported higher support frequencies than Slovenian youth, especially from personal networks. Post-pandemic data indicate slight shifts but overall continuity in support patterns. This suggests that while the pandemic may have stressed existing systems, it did not substantially alter the hierarchy of support sources for youth in these countries.

The comparative analysis of Croatia and Slovenia revealed statistically significant socio-economic disparities in young people's perceived support networks. In Croatia, lower SES youth consistently reported higher levels of support across parental, peer, and institutional domains, both during the COVID-19 pandemic and in the preceding month, which suggests a stronger reliance on and responsiveness of support systems among disadvantaged groups. In Slovenia, higher SES youth more frequently received support, particularly from formal and institutional sources such as youth associations, healthcare, and professional services. These differing patterns point out the complex interplay between socioeconomic background and perceived support, highlighting differences in national contexts in the distribution and accessibility of care, with important implications for social equity and crisis response mechanisms.

In the concluding remarks, we can say that the data indicate cross-national variation in expected parental help and help envisaged to be provided to the parents. Due to the prevalence of familial or collectivist cultural norms, more youth expect

considerable support from their parents. This is especially pronounced in types of support related to emotional and financial assistance. Moreover, the type of expected support differs. Emotional and practical support tend to be more frequently anticipated than financial aid, especially in contexts where young people are expected to attain early economic independence. These patterns reflect both cultural norms and structural conditions, such as economic stability, housing policies, and intergenerational household arrangements.

In both Croatia and Slovenia, young people exhibit a strong sense of intergenerational responsibility, particularly in relation to caregiving for parents, with the most widely anticipated support being care in the event of illness. This reflects internalised cultural norms of care within family structures. Substantial support with daily activities is also anticipated in both countries, indicating a preparedness among youth to engage in practical caregiving roles. However, financial support is the domain with the highest level of anticipated non-involvement in both countries, with 5.0% of Croatian and 5.9% of Slovenian respondents stating they are unlikely to offer such help. These findings suggest that while emotional and physical caregiving are prioritised, financial contributions may be constrained by economic insecurity or perceived as secondary within prevailing family support expectations. In this regard, it is necessary to design and implement meaningful recommendations that strengthen the family support system, particularly for vulnerable families and young individuals. These recommendations should primarily encompass the reform of the public institutional support system, including the social welfare system, as well as institutions in the fields of health, education, and youth social inclusion. We have formulated the overarching recommendations as follows:

Public institutions should prioritise comprehensive reform of social welfare services to ensure accessibility and responsiveness to the diverse needs of young people, particularly those from vulnerable and lower socio-economic backgrounds. This includes integrating health, education, and social care services to provide holistic support that complements familial and peer networks, thereby reducing over-reliance on informal support. For example, building an integrated "first door" for youth-oriented services, where a single online and walk-in gateway would enable young people to apply once for social assistance, mental-health counselling, study bursaries or housing subsidies.

- Given the observed socio-economic disparities, where lower SES youth in Croatia rely more heavily on support systems and higher SES youth in Slovenia access more formal services, policy frameworks must address barriers to institutional support. This includes targeted funding, outreach, and culturally sensitive approaches to ensure equitable distribution of resources across different socio-economic groups.
- Recognising the central role of parents, friends, and partners as primary support
  sources, interventions should aim to strengthen family capacities, particularly for
  vulnerable families. Public institutions and CSOs should develop programmes
  that provide emotional, practical, and financial guidance to families, enhancing
  their ability to support young people effectively within prevailing cultural norms.
- Local authorities should foster partnerships with youth CSOs to expand outreach and engagement, especially targeting disadvantaged groups who may lack access to formal support. CSOs can play a critical role in bridging gaps by offering tailored programmes that promote social inclusion, mental health support, and empowerment, thus reinforcing institutional efforts at the community level.
- Given the reluctance or inability of many young people to provide financial assistance to parents, economic policies and social programmes should aim to reduce youth economic insecurity. Combined with suggestion number 3, a programme for reduction of economic precarity should be developed to unblock intergenerational solidarity.

At the end of the recommendations, we should refer to a quote from one of the focus group participants who said:

"I believe there should be significantly greater involvement of young people in politics, as this represents a major issue in Croatia. Currently, educational policy is shaped by individuals who completed their education over 45 years ago, leading to a disconnect between contemporary realities and their perceptions of relevance. This disparity results in substantial investment in projects that ultimately fail to take root. For example, the "School for Life" reform is widely regarded by both teachers and others as the most expensive educational project to date, yet it has yielded no meaningful results. One of the core problems is the lack of genuine integration of young people into key decision-making bodies. While such bodies nominally exist, they tend to be marginalised, tasked with minor or symbolic issues rather than contributing to the development and adoption of policies that meaningfully impact the lives of young

people. This disconnect poses a serious and persistent problem, particularly in the Croatian context."

(Male, secondary school student, Croatia).

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