Co-funded by the European Union

CARE: SOCIAL DEATH AWARENESS INITIATIVE

FOLLOW UP MAPPING REPORT OF SOCIAL DEATH AWARENESS

JANUARY 2026

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or State Education Development Agency Republic of Latvia (VIAA). Neither the European Union nor the granting authority VIAA can be held responsible for them. Project N°: 2023-2-LV01-KA210-ADU-000176412

ENDORSMENTS

From the perspective of a psychologist and academic, I acknowledge that this awareness campaign has made a valuable contribution to increasing understanding of the social death concept. While awareness is often raised at the micro level through individual consultations, this report demonstrates how well-structured campaigns can create meaningful awareness at a broader, macro level. The report clearly presents the scope of the campaign, combining both online and offline activities and integrating international and national initiatives. The comparison between baseline mapping and follow-up results provides clear and informative evidence of the positive changes achieved within a one-year period. Importantly, the findings show that the campaign contributed not only to surface-level awareness but also to a deeper understanding of the social death phenomenon. Another significant insight highlighted in the report is the shift from simply recognizing that social death is preventable to developing a stronger sense of individual and professional responsibility to address it. The follow-up findings suggest that participants have gained greater confidence in their own capacity to contribute to prevention within their respective roles, indicating a meaningful transition from awareness to perceived ability to act. I believe these results should also be further disseminated among SMEs and adult education settings, given the promising outcomes already demonstrated.

Begüm Çakmak, *Psychologist, Senior Instructor*

The results presented in the CARE Follow-up Mapping Report highlight the significant value of awareness-raising initiatives that help improve the understanding and response to important social issues through education and the active engagement of communities. The report demonstrates a clear transition from limited awareness of the concept of social death to a broader understanding of how the phenomenon can be recognised within educational and workplace environments. This progress was supported through a well-structured combination of an international webinar, national dissemination events and multilingual educational resources.

According to the quantitative data of the research, participants developed greater awareness of the phenomenon of social death. At the same time, they appear to be increasingly able to recognise and address situations of social isolation both within their communities and in their workplaces. From an adult education perspective, the project provides valuable insights, highlighting the role of adult educators as key actors in recognising and preventing social isolation and in supporting more socially connected communities.

***Constantinos Philippides**, Adult Educator, Trainer and Consultant in Organisational Behaviour*

1. Executive Summary

The CARE Follow-up Mapping Report of Social Death Awareness evaluates the impact of the CARE Social Death Awareness Campaign on four key target groups: adult educators, adult learners, employed adults, and small and medium-sized enterprise (SME) representatives. The Follow-up assessment builds directly on the CARE Baseline Mapping Report and measures changes in awareness, understanding, perceived responsibility, and readiness to act following participation in CARE campaign activities.

The Follow-up survey was completed by 225 respondents from Latvia, Slovenia, and Cyprus, all of whom engaged in at least one CARE awareness activity, including the international webinar and national dissemination events organised between October and December 2025. The evaluation focuses on whether exposure to the Campaign contributed to measurable progress in addressing social death phenomena within adult education environments and workplace contexts.

The findings demonstrate a substantial increase in awareness across all four target groups. While the Baseline Mapping Report identified limited familiarity with the concept of social death among adult educators, learners, employed adults, and SME representatives, the Follow-up results show near-universal recognition of the term and its relevance. Awareness of the causes, symptoms, and impacts of social death increased to over 99% across all groups, indicating that the Campaign effectively addressed the knowledge gaps identified at Baseline.

Beyond awareness, the Follow-up evaluation reveals a strengthening of preventive orientation and perceived agency. Almost all respondents believe that social death is preventable, and more than 95% report confidence in their ability—within their professional or social roles—to contribute to prevention efforts. This shift is particularly relevant for adult educators and SME representatives, who are positioned to influence learning environments and workplace cultures, as well as for adult learners and employed adults, who increasingly recognise their own role in fostering social inclusion.

Perceptions of civic and collective responsibility also evolved positively. Compared to the Baseline phase, fewer respondents expressed uncertainty about responsibility, and the majority now view social death as a phenomenon requiring community-level, organisational,

and institutional engagement, rather than solely individual action. This reflects a more mature understanding of social death as a structural and relational issue.

In terms of external support and information, the Follow-up results confirm that the CARE Campaign successfully addressed previously identified information gaps. All respondents reported receiving general information about social death, and a majority accessed information in their own language, significantly reducing language-related barriers highlighted in the Baseline report. At the same time, respondents across all target groups continue to express a strong need for additional information, indicating that increased awareness generates deeper engagement rather than saturation.

Analysis of content priorities for future awareness campaigns shows an evolution from problem recognition toward solution-oriented learning. While foundational knowledge remains essential, respondents increasingly prioritise practical recommendations, recognition skills, and actionable guidance, signalling readiness for more advanced, practice-based interventions tailored to adult education and workplace realities.

Overall, the Follow-up Mapping Report provides strong evidence that the CARE Social Death Awareness Campaign positively influenced all four target groups, strengthening awareness, deepening understanding, enhancing perceived agency, and clarifying implementation needs. The findings confirm the value of structured, multilingual awareness campaigns as a foundation for sustainable prevention of social isolation and social deprivation pathways within adult education systems and employment contexts.

2. Introduction

2.1. Background

In response to the challenges of social death, social isolation, and social exclusion in adult education and employment contexts, the CARE project implemented the Social Death Awareness Campaign to raise awareness, deepen understanding, and stimulate reflection among adult educators, SME representatives, adult learners, and employed adults**.** The Campaign was designed as a targeted intervention to address gaps identified during the initial phase of the project and to promote social connectedness, inclusion, and active citizenship across education and workplace environments.

The present Follow-up Mapping Report of Social Death Awareness builds directly on the findings of the CARE Baseline Mapping Report, which established the initial levels of awareness, understanding, and perceptions related to social death phenomena across the project's target groups. The Baseline study identified both conceptual and practical gaps in recognising social death, its causes, and its implications within adult education institutions and Small and Medium Enterprises (SMEs), thereby providing a reference point against which change and progress could be assessed.

This Follow-up Report examines the extent to which the Social Death Awareness Campaign contributed to measurable changes in awareness, attitudes, and behavioural intentions one year after the Baseline assessment. By reassessing aligned indicators and target groups, the report seeks to evaluate progress made through the Campaign and determine its role in encouraging reflection, responsibility, and action aimed at preventing social isolation and social deprivation in adult education and employment settings.

Within the broader social science literature, social death is understood as a state in which individuals experience a loss of engagement in societal roles alongside weakened or disrupted social, cultural, and community ties. Research consistently demonstrates that such disconnection is closely linked to social isolation and exclusion, with significant implications for individuals' sense of belonging, participation, and agency in social, civic, and economic life (Ghane et al., 2024; Simandan, 2021; Auais et al., 2019). While some scholars argue that the concept of social death should be reserved for extreme conditions such as dementia,

genocide, or slavery, a growing body of research applies the concept to situations involving cumulative losses of social identity, roles, networks, and meaningful relationships.

From a social science perspective, social death is widely conceptualised as a multidimensional phenomenon encompassing rejection, marginalisation, and ostracism, whether imposed externally or internalised by individuals themselves (Steele et al., 2015). Norwood (2009) further describes social death as the outcome of successive losses—including identity, participation in daily activities, and social relationships—which together may lead to withdrawal from social life. In adult education institutions and workplace environments, particularly within SMEs, there is a tangible likelihood of encountering individuals who are either experiencing social death or are at increased risk of progressing towards such a state.

In organisational contexts, empirical studies indicate that social exclusion and ostracism are associated with increased turnover intentions (Liu et al., 2022; Lyu & Zhu, 2019), counterproductive work behaviours (Umrani et al, 2024), reduced affective commitment (Lyu & Zhu, 2019), lower levels of helping behaviour (Huang & Yuan, 2023), and diminished creativity (Bai et al., 2022). These outcomes affect not only individual well-being but also organisational performance, social cohesion, and long-term sustainability.

Adult educators and SMEs play a crucial role in advancing Sustainable Development Goal 4, particularly target 4.5, which emphasises inclusive and equitable access to education and vocational training for vulnerable groups. However, structural barriers remain. According to the OECD SME and Entrepreneurship Outlook 2023, SMEs continue to face challenges in integrating learning-oriented and autonomy-supportive practices, while behavioural skills shortages and limitations in internal workforce development further constrain engagement with adult education systems.

Against this backdrop, the Follow-up Mapping Report serves as an evidence-based assessment of whether the CARE Social Death Awareness Campaign has strengthened awareness, encouraged behavioural intentions to change, and supported social connectedness within adult education and employment contexts. By comparing Follow-up findings with the Baseline Mapping results, the report aims to provide a clear picture of progress made and to inform future actions to prevent social isolation and social deprivation pathways.

2.2. Aim and Objectives

The Follow-up Mapping Report of Social Death Awareness aimed to assess the impact and progress achieved through the CARE Social Death Awareness Campaign by re-evaluating awareness, attitudes, and behavioural intentions among key target groups—adult educators, SME representatives, adult learners, and employed adults—in the partner countries. Building on the CARE Baseline Mapping Report, this Follow-up Report represents the second and evaluative phase of the Campaign, focusing on measurable change rather than initial awareness setting.

The primary aim of this Report is to compare findings from the Follow-up assessment with the Baseline results in order to determine the extent to which the Campaign contributed to increased understanding of social death phenomena, strengthened social responsibility, and enhanced readiness to prevent social isolation and social deprivation pathways. In doing so, the Report seeked to evaluate whether the Campaign supported the development of empathy, active citizenship, and socially responsible behaviour within adult education and employment contexts.

The specific objectives of the Follow-up Mapping Report:

1. Compare Awareness and Knowledge Levels

   Assess changes in awareness and understanding of social death phenomena by comparing Follow-up survey data with the results of the CARE Baseline Mapping Report. This comparison enables the identification of progress made across all target groups through the Campaign.

2. Evaluate Behavioural Intention to Prevent Social Isolation

   Examine the personal intentions of direct and indirect target groups to change attitudes and behaviours to prevent the development of social isolation and related social deprivation pathways, including Social Isolation Schema formation.

3. Assess the Influence of CARE Educational Resources

   Evaluate whether the Digital Guide *"Social Isolation Schema: Pattern Explication"*, promoted through the Campaign, contributed to reflection, learning, and intended behavioural change among participants.

4. Measure Perceived Benefits for Target Groups

Analyse how the Campaign supported direct target groups—adult educators and SME representatives—in strengthening their capacity to promote social inclusion, socio-economic participation, and active citizenship, as well as how indirect target groups benefited through increased awareness, critical observance skills, and social responsibility.

5. Provide an Evidence Base for Future Actions and Sustainability

   Generate evidence-based insights to inform future educational practices, policy considerations, and follow-up initiatives aimed at preventing social death and promoting social connectedness within adult education and employment systems.

Through these objectives, the Follow-up Mapping Report demonstrate how the CARE Social Death Awareness Campaign contributed to the project's overarching goals of fostering inclusion, protecting individuals against social deprivation pathways, and strengthening the role of adult education and SMEs in building a more cohesive, inclusive, and resilient society.

3. Methodology

3.1. Method

The methodological approach of the Follow-up Mapping Report was designed to ensure direct comparability with the CARE Baseline Mapping Report, while also capturing changes in awareness, attitudes, and behavioural intentions following the implementation of the Social Death Awareness Campaign. To achieve this, the Follow-up evaluation employed an omnibus online survey methodology, using aligned indicators, question logic, and target group segmentation consistent with the Baseline phase.

The Follow-up survey questions were developed on the basis of the Baseline survey framework, which had been informed by formal consultations conducted during the CARE Learning Lab held in April 2024 in Cyprus. The Learning Lab was hosted by project partner STRATEGIC OMNIA RESEARCH AND TECHNOLOGY DEVELOPMENT LTD (Cyprus), with the participation of the project coordinator Latvijas Darba aizsardzības speciālistu asociācija (Latvia) and project partner Društvo za izobraževanje in socialni razvoj (Slovenia). The Learning Lab involved external experts, including SME representatives, adult educators, and psychologists, and focused on exploring the Social Death phenomenon across adult education, workplace contexts, occupational safety and health, inclusion of socially vulnerable groups, civic engagement, and psychology.

Building on this validated framework, the Follow-up surveys were adapted to reflect the post-campaign context. While the core thematic areas remained consistent—awareness of social death, understanding of symptoms, impacts and causes, civic responsibility, and access to information—the Follow-up questionnaires were reformulated to assess perceived change, learning outcomes, and behavioural intention after participation in CARE awareness activities. This included explicit references to participation in the Social Death Awareness Campaign and/or webinars, allowing respondents to reflect on the influence of the Campaign on their knowledge and perspectives.

As in the Baseline phase, the Follow-up evaluation employed four separate but closely aligned questionnaires, corresponding to the project's four target groups:

- Adult educators
- Adult learners
- SME representatives
- Employed adults

All four questionnaires followed a shared structural logic and addressed the same core dimensions, with only minor adaptations in wording and contextual framing to ensure relevance to each target group's role and environment. This approach ensured internal consistency while allowing for role-specific interpretation of social death phenomena.

The surveys were administered online using an omnibus approach, which was considered appropriate given the project's scope, timeframe, and resource framework. The omnibus method enabled efficient and cost-effective data collection across multiple countries while reaching diverse respondent groups. The Follow-up surveys were prepared in English and translated into Latvian, Slovenian, and Greek to facilitate national implementation by partner organisations, ensuring linguistic accessibility and inclusiveness.

In line with ethical and data protection requirements, all survey instruments included informed consent statements and complied with Regulation (EU) 2016/679 (General Data Protection Regulation). Participation was voluntary, and data were collected, stored, and analysed anonymously. The full list of Follow-up survey questions for each target group is provided in Annex 1.

3.2. Participant sample

The participant sample for the Follow-up Mapping Report was drawn from three EU Member States: Latvia, Cyprus, and Slovenia, corresponding to the countries of residence of the CARE project partner organisations. This approach ensured continuity with the CARE Baseline Mapping Report and enabled a comparative assessment of progress across the same geographical and institutional contexts.

Unlike the Baseline phase, which relied on a fixed and predefined sample size, the Follow-up evaluation was conducted after the implementation of the Social Death Awareness Campaign, which comprised multiple dissemination and awareness-raising activities organised both

online and in person. As a result, the Follow-up participant sample reflects engagement generated through Campaign activities rather than a quota-based recruitment model.

The core transnational activity of the Campaign was the International Webinar "CARE in Action: Understanding Social Death and Building Bridges", organised on 6 November 2025. The webinar was jointly delivered by all project partners and targeted adult educators and SME representatives from Latvia, Cyprus, and Slovenia. The webinar programme included presentations on the CARE project, the Learning Lab, the Baseline Mapping Report, and the Digital Guide *"Social Isolation Schema: Pattern Explication"*, followed by interactive discussion and knowledge evaluation.

A total of 67 participants attended the international webinar, including adult educators and SME representatives from the three partner countries.

In addition to the international webinar, project partners organised 18 national dissemination events between October and December 2025, delivered both online and in person. These national-level activities replicated the webinar's core content and were adapted to local contexts. Across all partner countries, the Campaign reached approximately 400 participants, including adult educators, SME representatives, adult learners, and employed adults and additionally uniersity students and general education teachers.

Following participation in the Campaign activities, participants were invited to complete Follow-up omnibus surveys for their respective target groups. Participation in the survey was voluntary, and not all event participants completed the questionnaire, which is a common and anticipated outcome in post-event evaluations.

In total, 225 valid Follow-up survey responses were collected across all partner countries. These responses were distributed across the four target groups as follows:

Adult educators: 62 respondents

SME representatives: 58 respondents

Adult learners: 56 respondents

Employed adults: 49 respondents

The Follow-up sample, therefore, represents a self-selected subset of Campaign participants who engaged more actively with the evaluation process. While the number of survey respondents is lower than the total number of individuals reached through the Campaign, the sample provides sufficient data to assess changes in awareness, attitudes, and behavioural intentions, particularly when compared with the Baseline Mapping results.

The Follow-up participant sample includes individuals aged 18 years and older and reflects a diversity of professional roles, educational backgrounds, and engagement levels within adult education and employment contexts. Given the Campaign-based recruitment approach, the sample is purposeful rather than representative of the general population, aligning with the project's focus on targeted awareness-raising among specific stakeholder groups.

Any limitations related to unequal response rates across countries or target groups are addressed in the data analysis and interpretation sections of this Report. Where relevant, such limitations are transparently acknowledged to ensure the validity and reliability of the Follow-up findings.

3.3. Data collection and analysis

Data for the Follow-up Mapping Report were collected through online surveys administered to participants of CARE Social Death Awareness Campaign activities in Latvia, Cyprus, and Slovenia. In contrast to the Baseline phase, which relied on predefined quota sampling, Follow-up data collection was conducted after the implementation of Campaign activities and therefore reflects participation-driven engagement.

Survey links were distributed to participants after their involvement in CARE awareness activities, including the international webinar and national dissemination events. Distribution channels included:

- direct email invitations sent by partner organisations,
- follow-up messages to event and webinar participants,
- partner and project communication channels used during Campaign implementation.

Participants received a generic survey link in the relevant national language. Upon accessing the link, respondents were directed to the appropriate questionnaire corresponding to their

target group (adult educators, SME representatives, adult learners, or employed adults). Survey invitations remained open throughout the Campaign dissemination period, allowing participants to complete the questionnaire at their convenience.

All surveys were administered in the national languages of the participating countries (Latvian, Greek, and Slovenian) following completion of translations and internal validation by partner organisations. Follow-up data collection took place after Campaign activities conducted between October and December 2025, with survey access remaining open until sufficient responses were collected to support comparative analysis.

The Latvian Association of Labour Safety Specialists (LDASA) coordinated the Follow-up data collection and analysis process. Survey responses from all partner countries were compiled centrally and analysed using descriptive statistical methods. Analysis focused on:

- comparison with Baseline Mapping results,
- distribution across target groups,
- country-level trends where data availability allowed,
- assessment of awareness, attitudes, and behavioural intention indicators.

Given the Campaign-based recruitment model, no weighting procedures were applied to the Follow-up data. Results are presented in absolute numbers and percentages, calculated from valid responses per question. Percentages are occasionally rounded to the nearest whole number to improve presentation clarity.

To enrich the interpretation of the findings, selected demographic variables—such as age group and professional role—were included in the analysis. Data protection and ethical standards were strictly observed throughout the process. Participation was voluntary, informed consent was obtained digitally, and all responses were collected and analysed anonymously in compliance with Regulation (EU) 2016/679 .

Any limitations related to response rates, uneven country representation, or target group distribution are transparently addressed in the interpretation of results to ensure the reliability and integrity of the Follow-up evaluation.

4. Results

The results of the Follow-up survey are presented using the same analytical structure and question grouping as the CARE Baseline Mapping Report, in order to ensure full comparability between the two assessment phases. The Follow-up analysis is based on responses collected after participation in the Social Death Awareness Campaign and reflects changes in awareness, understanding, and behavioural intention across the project's target groups.

In line with the survey design, the results are categorised into five thematic areas, corresponding directly to the question numbering used in the questionnaires:

1. **Demographic characteristics**

   (Questions 1–4)

   Gender, age group, highest level of education achieved, and country of residence.
2. **Awareness-based indicators**

   (Questions 5–8)

   Awareness and familiarity with the concept of social death, including awareness within adult education and workplace contexts and perceptions of preventability.
3. **Symptoms, Impacts, and Causes of Social Death**

   (Questions 9–11)

   Understanding of the causes, symptoms, and impacts of social death as presented in the surveys.
4. **Civic Responsibility and Personal Agency**

   (Questions 12–14)

   Perceptions of responsibility for preventing social death, confidence in one's ability to act, and perceived barriers to integrating social death awareness in practice.
5. **External Support and Available Information**

   (Questions 15–19)

   Access to information, perceived need for additional resources, perceived usefulness of awareness campaigns, and prioritised content areas related to social death awareness.

This structure mirrors the Baseline Mapping Report and allows for a direct comparison of results across the two measurement points. The Follow-up findings are analysed both in aggregate and, where relevant, by target group, with particular attention to shifts in awareness, knowledge, and behavioural intention following participation in CARE Campaign activities.

A total of 225 valid responses were collected across Latvia, Cyprus, and Slovenia in the Follow-up phase.

Table 1 provides an overview of respondents' demographics, including gender, age, country of residence, and highest educational level achieved.

Table 1: Demographics of survey respondents, all (country) target groups (225)

CATEGORY	BREAKDOWN	COUNT	PERCENTAGE
Gender	Male	97	43.1%
	Female	125	55.6%
	Non-binary	2	0.9%
	Prefer not to say	1	0.4%
		225	**100,00%**
Age Range	18-24	7	3.1%
	25-34	38	16.9%
	35-44	85	37.8%
	44-54	62	27.6%
	55+	33	14.7%
		225	**100,00%**
Education Level	I did not complete secondary/high school	7	3.1%
	High school or baccalaureate or A-levels	25	11.1%
	Professional qualification	44	19.6%

	Bachelor's degree or similar	86	38.2%
	Masters or Doctoral degree	63	28.0%
		225	**100,00%**
Country	Latvia	118	52.4%
	Slovenia	67	29.8%
	Cyprus	40	17.8%
		225	**100,00%**

Overall, the Follow-up respondent profile remains comparable to the Baseline sample, while also reflecting shifts related to Campaign engagement. The Follow-up survey shows a more balanced gender distribution, with a higher share of male respondents and the inclusion of additional gender identification options.

Age distribution in both phases is dominated by respondents aged 35–54; however, the Follow-up sample includes a higher proportion of participants aged 55+, suggesting stronger engagement of more experienced professionals during the Campaign phase.

Educational attainment in the Follow-up sample indicates a broader professional profile, with increased participation of respondents holding professional qualifications and Bachelor's degrees, while the share of Master's and Doctoral degree holders decreased slightly.

Country representation remains aligned with the partner structure, with a higher share of Latvian respondents in the Follow-up phase, reflecting national dissemination intensity.

4.1. Awareness-based Questions

This section presents the findings related to awareness of the Social Death phenomenon, based on four awareness-focused questions included in both the Baseline and Follow-up surveys. The structure and thematic focus of the questions were intentionally retained to ensure direct comparability between the two assessment phases.

The awareness-based questions addressed the following aspects:

- ***Q1 (Question 1):***

General awareness of the term social death, based on the provided definition.

- ***Q2 (Question 2):***

  Awareness of the term social death within the respondent's specific context—adult education (for adult educators and adult learners) or the workplace (for SME representatives and employed adults).

- ***Q3 (Question 3):***

  Perception of whether social death is preventable.

- ***Q4 (Question 4):***

  Knowledge of strategies that could reduce the risk of social death within adult education or workplace settings.

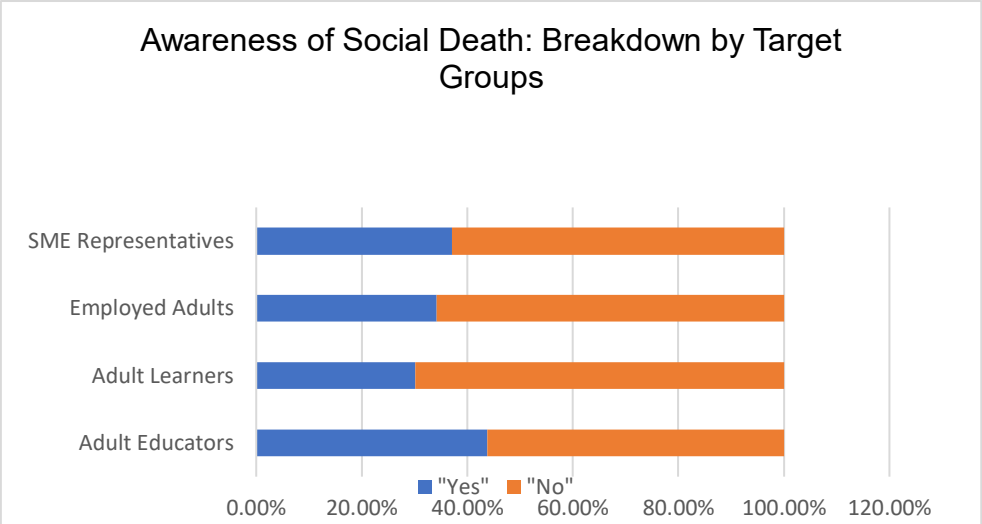
While the Baseline survey assessed prior exposure and familiarity with the concept of social death using binary response options (Yes/No), the Follow-up survey reformulated the first two awareness questions to reflect a post-campaign perspective. Respondents were asked to assess their level of familiarity and confidence after participating in the CARE awareness campaign and/or webinar, allowing for a more nuanced evaluation of learning outcomes and perceived knowledge development.

The results presented in this section therefore focus on changes in awareness levels, perceived understanding, and strategic knowledge, comparing Follow-up responses with the Baseline findings to assess the contribution of the Social Death Awareness Campaign.

Figure 1 illustrates the combined Follow-up responses to Question 1 (Q1), showing respondents' self-assessed familiarity with the concept of social death after Campaign participation, disaggregated by target group.

According to Dillard & Storberg-Walker (2022), there is a need for a deeper understanding of how organizations can effectively engage with diversity and create a more inclusive environment. Currently, diversity is one of the important priorities in education, and there is a clear goal - to prepare and develop employees who are able to manage the learning process in different environments. The consequence of not accepting diversity is exclusion or ostracism, which can be known to lead to social death.

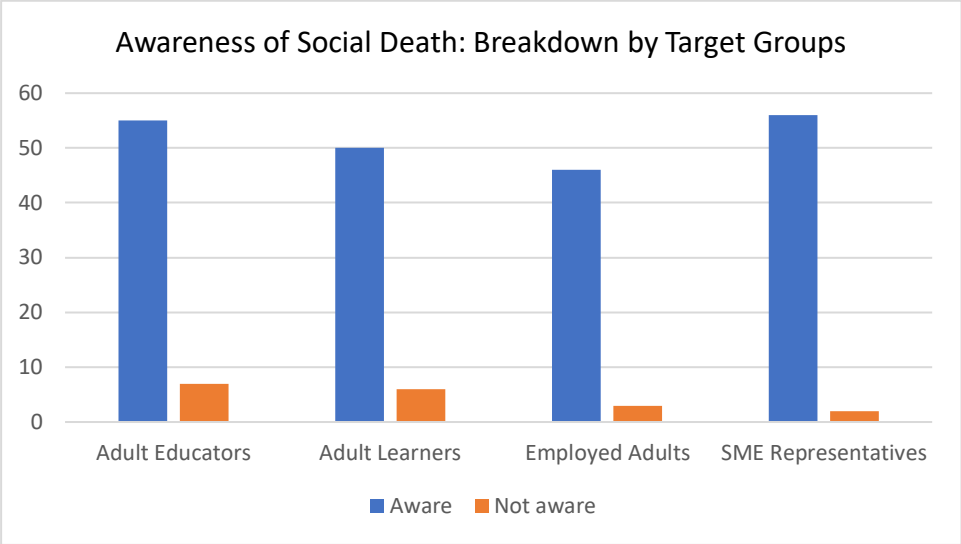
Figure 1: Responses to question 1: Awareness of Social Death: Breakdown by Target Group; all (country) target groups. Data from Baseline CARE Mapping Report. October, 2024



During the Baseline Mapping phase (October, 2024), a majority of respondents across all target groups reported that they had not heard of the term “social death”, with only a minority indicating prior awareness. This confirmed a significant awareness gap at the start of the CARE project.

In contrast, the Follow-up survey results collected after participation in the CARE Social Death Awareness Campaign and international webinar show a substantial increase in awareness across all target groups. Adult educators, adult learners, employed adults, and SME representatives overwhelmingly reported familiarity and understanding of the concept of social death.

Figure 2: Responses to question 1: Awareness of Social Death: Breakdown by Target Group; all (country) target groups. Follow-up survey data.



This comparison indicates that the Campaign effectively addressed the awareness gap identified at Baseline and successfully introduced the concept of social death to diverse adult education and workplace audiences.

During the Baseline Mapping phase, awareness of the concept of social death within professional contexts was limited across all target groups. Only 15.6% of adult educators and 16.3% of adult learners reported encountering the term in adult education settings, while awareness among employed adults (34.2%) and SME representatives (37.1%) was slightly higher but still moderate.

In contrast, the Follow-up survey results demonstrate a substantial increase in contextual awareness following participation in the CARE Social Death Awareness Campaign and international webinar. Awareness within adult education contexts rose to 98.4% among adult educators and 91.1% among adult learners, while awareness within workplace contexts reached 95.9% among employed adults and 96.6% among SME representatives.

This comparison indicates that the Campaign was effective not only in introducing the concept of social death, but also in embedding it within education and workplace practice, directly addressing the gap identified at Baseline.

Some scholars conclude that there is little research on inclusive education for learners with emotional and/or behavioural disabilities and the extent to which they receive research-based instruction and support in educational settings. Additionally, there is little research on

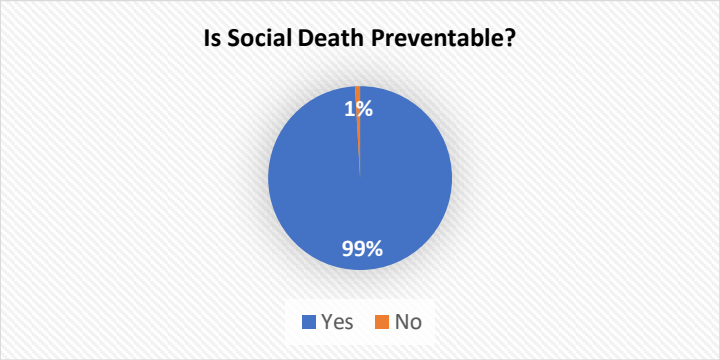
the practices in which educators are aware, willing, or able to engage and believe they are effective in providing inclusive instruction to learners with emotional and/or behavioural disabilities. McKenna et al. (2023) In addition, research on inclusive work environments suggests that inclusive leadership helps employees improve their innovative work behaviour through the indirect effects of engagement and reciprocity. (Umrani et al., 2024). In training programs, managers, teachers and other authorities should emphasize the importance of providing a safe base for ostracized participants in order to reduce the negative consequences of ostracism. (Mikulincer & Shaver, 2009; Yaakobi, 2019).

Question 3 explored respondents' perceptions regarding whether social death is preventable, an attitudinal dimension that reflects levels of hope, agency, and readiness to engage in preventive action. The Baseline Mapping results already indicated a strong belief in preventability: 95% of respondents considered social death preventable, suggesting a generally optimistic and proactive mindset among the target groups at the outset of the CARE project.

The Follow-up survey findings reinforce and further strengthen this perception. After participation in the CARE Social Death Awareness Campaign and international webinar, 99.1% of respondents (223 out of 225) affirmed that social death is preventable. This near-unanimous agreement across all target groups demonstrates a clear consolidation of positive attitudes towards prevention and intervention.

The observed increase from Baseline to Follow-up suggests that the Campaign not only maintained existing optimism but also enhanced respondents' confidence in prevention, likely by providing concrete knowledge, practical perspectives, and a clearer understanding of the mechanisms through which social death can be addressed. From a social psychology perspective, this aligns with concepts of hope, resilience, and perceived personal and collective agency, which are critical prerequisites for translating awareness into meaningful preventive behaviour. Figure 3 illustrates the distribution of responses to Question 3 in the Follow-up survey.

Figure 3: Responses to Question 3: Is Social Death Preventable?; all (country) target groups – Follow-up survey.



Question 4 examined whether respondents across different roles in adult education and the workplace knew of concrete strategies to reduce the risk of social death. This question aimed to assess the level of practical knowledge and to identify whether additional guidance and resources were needed.

During the Baseline Mapping phase, awareness of prevention strategies was limited across all target groups. Only 33.3% of adult educators and 25.6% of adult learners reported knowing such strategies, while awareness was even lower among employed adults (21.1%) and SME representatives (17.1%). These findings highlighted a clear gap between the belief that social death is preventable and the ability to identify practical actions to support prevention.

The Follow-up survey results show a substantial and consistent increase in knowledge of prevention strategies across all target groups after participation in the CARE Social Death Awareness Campaign and international webinar. In the Follow-up phase:

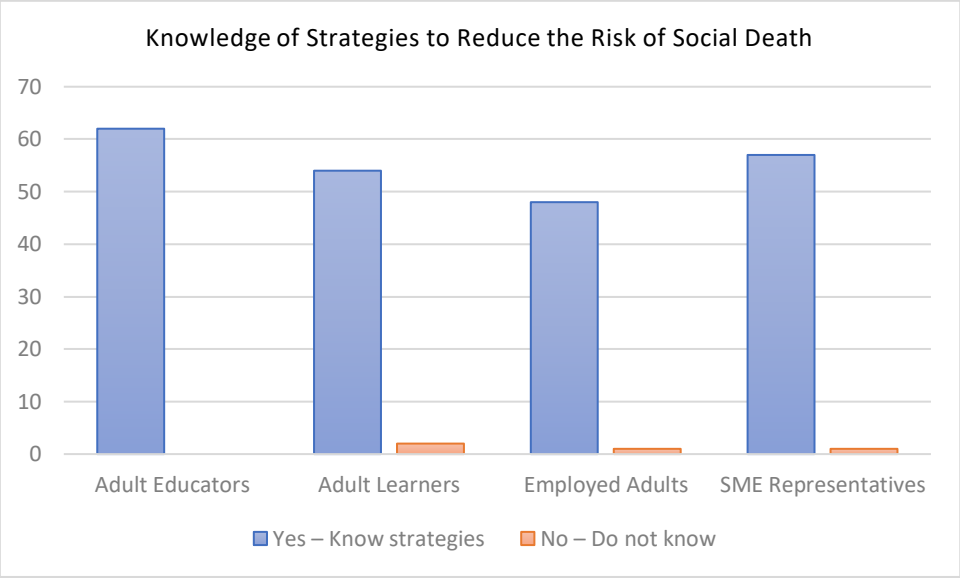
- 100% of adult educators (62 out of 62) reported knowing strategies to reduce the risk of social death;
- 96.4% of adult learners (54 out of 56) indicated awareness of such strategies;
- 98.0% of employed adults (48 out of 49) reported knowledge of prevention approaches;
- 98.3% of SME representatives (57 out of 58) confirmed awareness of relevant strategies.

This marked improvement demonstrates that the Campaign was highly effective in closing the practical knowledge gap identified at Baseline. While respondents initially expressed

optimism regarding the preventability of social death, the Follow-up findings indicate that this optimism was translated into a concrete understanding of actionable strategies, particularly within education and workplace settings.

Figure 4 illustrates the Follow-up responses to Question 4, showing the distribution of awareness of social death prevention strategies across target groups.

Figure 4: Responses to Question 4: Knowledge of Strategies to Reduce the Risk of Social Death; all (country) target groups – Follow-up survey



4.2. Symptoms, Impacts, and Causes

This part of the survey focused on respondents' awareness of the causes, symptoms, and impacts of social death, addressing both educational and workplace contexts. The same three conceptual dimensions were assessed in both the Baseline and Follow-up surveys to enable comparative analysis over time.

In the Baseline Mapping phase, the questions in this category were designed to assess whether respondents had previously heard about:

- the causes of social death (e.g. rejection, ostracism, expulsion, withdrawal of social support, or cumulative losses),
- the symptoms of social death (e.g. loss of identity, loss of social relationships, disengagement from daily activities),

- and the impacts of social death within adult education or workplace settings, depending on the respondent's role.

Baseline responses were collected using binary (Yes/No) answer options, capturing respondents' prior exposure to and recognition of these concepts.

In the Follow-up survey, the same thematic areas were retained; however, the questions were reformulated to reflect a post-campaign perspective. Rather than asking whether respondents had ever heard about causes, symptoms, or impacts of social death, the Follow-up questionnaires assessed respondents' self-reported level of understanding after participation in the CARE Social Death Awareness Campaign and/or international webinar. This adjustment allowed for a more nuanced evaluation of learning outcomes and depth of awareness, while preserving conceptual alignment with the Baseline indicators.

The three questions in this category addressed the following aspects:

- *Question 1 (Q1): Causes of social death*

  Awareness and understanding of the main causes of social death, including social rejection, ostracism, loss of support, and cumulative social losses, as described in the literature.
- *Question 2 (Q2): Symptoms of social death*

  Awareness and understanding of key symptoms such as loss of identity, disengagement from social life, reduced participation in daily activities, and diminished self-worth.
- *Question 3 (Q3): Impacts of social death*

  Awareness of the impacts of social death within:
  - *adult education contexts (for adult educators and adult learners), including reduced motivation, participation, and sense of belonging;*
  - *workplace contexts (for employed adults and SME representatives), including effects on well-being, trust, emotional exhaustion, productivity, and turnover.*

The results presented in this section compare Baseline recognition of causes, symptoms, and impacts with Follow-up self-assessed understanding, allowing an assessment of whether the CARE Social Death Awareness Campaign contributed to deeper conceptual understanding and contextual awareness across the target groups.

Question 1 aimed to assess respondents' awareness of the potential causes of social death, as identified in the scientific literature, including rejection, maltreatment, ostracism,

expulsion, withdrawal of community support, and cumulative social losses. The purpose of this question was to evaluate respondents' understanding of the root causes of social isolation and social disconnection.

During the Baseline Mapping phase, awareness of the causes of social death was limited. A significant proportion of respondents (58.8%) reported that they were not familiar with the causes of social death, while only 41.2% indicated prior awareness. These findings revealed a notable knowledge gap regarding the underlying mechanisms contributing to social isolation and social death, highlighting the need for targeted educational interventions.

In contrast, the Follow-up survey results demonstrate a substantial increase in awareness after participation in the CARE Social Death Awareness Campaign and international webinar. Analysis of the Follow-up data shows that 223 out of 225 respondents (99.1%) reported awareness of the causes of social death, while only 2 respondents (0.9%) indicated that they were not familiar with them. This improvement is consistent across all target groups and reflects a marked strengthening of conceptual understanding.

The comparison between Baseline and Follow-up findings indicates that the Campaign effectively addressed the knowledge gap previously identified, significantly enhancing respondents' awareness of the complex and multifaceted causes of social death. Scientific literature underscores the importance of such understanding, as psychological and emotional trauma linked to social exclusion can disrupt the development of social, emotional, and behavioural competencies essential for maintaining supportive interpersonal relationships (Blodgett & Lanigan, 2018; Keels et al., 2022; Dods, 2013). Moreover, individuals' sensitivity to ostracism and their responses to exclusion may vary depending on personal needs, contextual factors, and perceptions of intent, leading to behaviours ranging from heightened social attentiveness to aggression or withdrawal (Williams, 2007). Increased awareness of these causes is, therefore, a critical prerequisite for timely recognition and effective prevention of social death.

Question 2 examined respondents' awareness of the symptoms of social death, as identified in the literature, including loss of identity, reduced ability to participate in daily activities, loss of social relationships, and disconnection from social life. The purpose of this question was to assess respondents' ability to recognise the signs and consequences of social isolation and social disengagement.

During the Baseline Mapping phase, awareness of the symptoms of social death was limited. A majority of respondents (55.4%) reported that they were not familiar with the symptoms, while 44.6% indicated awareness. These findings suggested a substantial gap in recognising the early indicators of social death, which may hinder timely identification and intervention and increase the risk of prolonged social isolation.

In contrast, the Follow-up survey results demonstrate a near-universal level of awareness following participation in the CARE Social Death Awareness Campaign and international webinar. Analysis of the Follow-up data shows that 224 out of 225 respondents (99.6%) reported awareness of the symptoms of social death, with only one respondent (0.4%) indicating a lack of familiarity. This improvement is consistent across all target groups and reflects a significant strengthening of respondents' ability to identify key warning signs.

The comparison between Baseline and Follow-up findings indicates that the Campaign was highly effective in addressing the knowledge gap related to symptom recognition. This is particularly important, as effective responses to social isolation and exclusion depend not only on understanding risk factors, but also on recognising protective and early-warning indicators that support mental health and social well-being (Waid & Uhrich, 2020). While previous research suggests that awareness alone does not always translate into inclusive practice (Kauffman & Badar, 2016; McKenna et al., 2023), improved recognition of symptoms represents a critical first step toward timely support, prevention, and meaningful intervention.

Question 3 examined respondents' awareness of the specific impacts of social death within their respective professional contexts, namely adult education (for adult educators and adult learners) and the workplace (for employed adults and SME representatives). As the consequences of social death manifest differently across educational and organisational environments, the question was contextually differentiated to ensure relevance and meaningful interpretation for each target group.

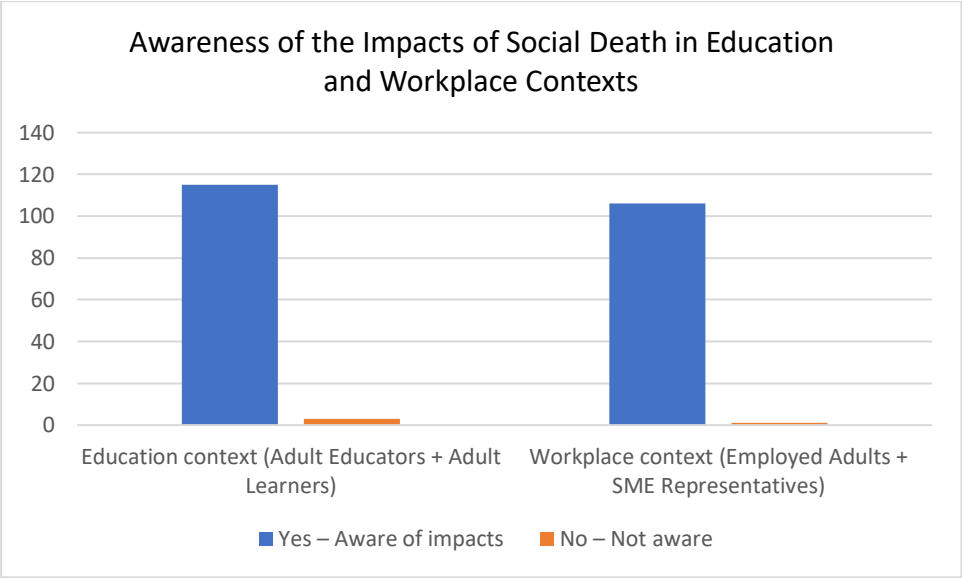
During the Baseline Mapping phase, awareness of the impacts of social death within professional contexts was moderate but uneven. Approximately 52.0% of respondents in education-related roles and 50.7% of respondents in workplace-related roles reported awareness of the impacts of social death. These findings indicated that while some understanding of the consequences of social isolation existed, substantial knowledge gaps

remained, particularly regarding how social death affects learning, well-being, motivation, trust, and productivity in context-specific ways.

The Follow-up survey results reveal a marked improvement in contextual awareness following participation in the CARE Social Death Awareness Campaign and international webinar. Analysis of the Follow-up data shows that 221 out of 225 respondents (98.2%) reported awareness of the impacts of social death within their respective education or workplace contexts, while only 4 respondents (1.8%) indicated a lack of awareness. This increase was observed consistently across both education-focused and workplace-focused target groups.

The comparison between Baseline and Follow-up findings suggests that the Campaign was highly effective in deepening respondents' understanding of how social death operates within real-life professional environments, rather than remaining an abstract or theoretical concept. By presenting context-specific evidence and examples during the Campaign activities, the CARE initiative appears to have successfully addressed the gap identified at Baseline and strengthened respondents' capacity to recognise the practical consequences of social isolation and ostracism in both education and employment settings. Figure 5 illustrates the Follow-up responses to Question 3 (Q3), comparing awareness of social death impacts across the two professional contexts.

Figure 5: Responses to Question 3 (Q3): Awareness of the Impacts of Social Death in Education and Workplace Contexts; all (country) target groups – Follow-up survey



4.3. Civic Responsibility

This section examined respondents' perceptions of civic responsibility in relation to social death, focusing on the balance between individual agency and collective responsibility, as well as perceived barriers to integrating social death awareness into adult education and professional practice. The questions in this category explore respondents' willingness to act, their sense of personal and social responsibility, and structural challenges related to education and awareness.

The same three conceptual dimensions were assessed in both the Baseline and Follow-up surveys to ensure comparability over time. However, as with earlier sections, selected questions were reformulated in the Follow-up survey to reflect a post-campaign perspective and to capture shifts in attitudes and perceived agency following participation in the CARE Social Death Awareness Campaign and/or international webinar.

The three questions addressed in this category were:

- *Question 1 (Q1): Individual versus collective responsibility*

  This question explored whether respondents perceive social death primarily as an individual issue or as a phenomenon that requires community-level support and collective responsibility, drawing on concepts of civic engagement and social responsibility (Vrablikova, 2008; Hsu et al., 2021).

- *Question 2 (Q2): Personal agency and willingness to act*

  This question assessed respondents' perceptions of their own ability to contribute to reducing the risk of social death, differentiated by target group (adult educators, adult learners, employed adults, and SME representatives). In the Baseline survey, responses captured general perceptions of agency using binary (Yes/No) options. In the Follow-up survey, the question was retained to evaluate whether participation in the Campaign strengthened respondents' sense of personal responsibility and capacity for action.

- *Question 3 (Q3): Perceived barriers to integration within adult education*

This question examined respondents' views on the main obstacles limiting the integration of social death awareness into adult education curricula and training practices. Respondents were asked to select up to three perceived barriers, allowing for a multi-dimensional understanding of structural, educational, and societal challenges.

The results presented in this section compare Baseline and Follow-up findings to assess whether the CARE Social Death Awareness Campaign contributed to stronger civic orientation, increased perceived agency, and clearer identification of systemic barriers, which are critical components for sustainable prevention of social death.

Question 1 explored respondents' perceptions of social death as either an individual responsibility or a phenomenon requiring broader community support and collective action. The aim was to assess respondents' civic orientation and understanding of social death as a social justice issue rather than a purely personal matter.

During the Baseline Mapping phase, a substantial majority of respondents (70.3%) perceived the prevention of social death as requiring community support, while 10.8% viewed it primarily as an individual responsibility. Notably, 18.9% of respondents indicated that they needed more information about the concept of social death before forming an opinion, highlighting gaps in awareness and conceptual clarity at the start of the CARE project.

The Follow-up survey results show a clear consolidation of collective responsibility perceptions after participation in the CARE Social Death Awareness Campaign and international webinar. Analysis of the Follow-up data indicates that 209 out of 225 respondents (92.9%) believe that preventing social death requires community-level support and collective action. Only 9 respondents (4.0%) identified social death primarily as an individual issue, while 7 respondents (3.1%) reported a need for further information before forming an opinion.

The comparison between Baseline and Follow-up findings demonstrates a marked shift towards a stronger civic and collective understanding of social death. The substantial reduction in respondents expressing uncertainty suggests that the Campaign effectively clarified the social dimensions of social death and reinforced the role of communities, institutions, and shared responsibility in prevention.

This shift aligns with perspectives emphasising social justice and collective responsibility in addressing social exclusion and disadvantage (Ornstein, 2017). Education and awareness-raising initiatives play a central role in situating individual experiences of social isolation within broader social, cultural, and structural contexts, thereby supporting both individual well-being and social change (Cheguvera & Arur, 2024).

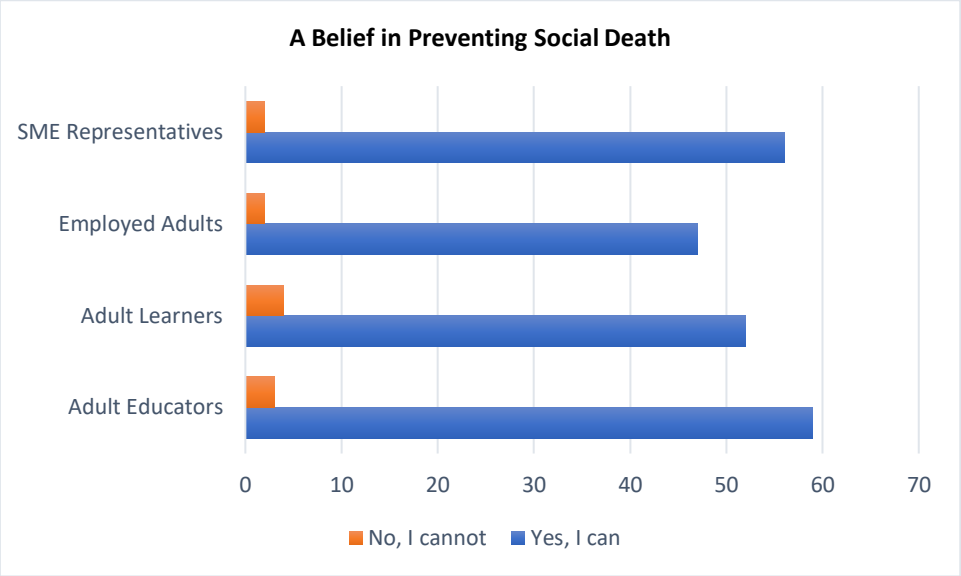
Question 2 assessed respondents' sense of personal agency and belief in their ability to contribute to reducing the risk of social death within their respective roles as adult educators, adult learners, employed adults, and SME representatives. The question aimed to capture whether respondents perceive themselves as active agents in prevention rather than passive observers of social isolation.

During the Baseline Mapping phase, a generally positive sense of agency was already observed across all target groups, with between 84% and 92% of respondents indicating that they believed they could contribute to preventing social death. However, these perceptions existed alongside limited awareness of social death concepts and prevention strategies identified in earlier Baseline questions.

The Follow-up survey results indicate a further consolidation of personal agency after participation in the CARE Social Death Awareness Campaign and international webinar. Analysis of the Follow-up data shows that 214 out of 225 respondents (95.1%) believe they can personally contribute to reducing the risk of social death. This high level of perceived agency is consistent across all target groups, with affirmative responses reported by 95.2% of adult educators, 92.9% of adult learners, 95.9% of employed adults, and 96.6% of SME representatives.

The comparison between Baseline and Follow-up findings suggests that while a sense of agency was already present at the outset of the project, the CARE Campaign played a key role in strengthening and validating this belief, particularly by linking awareness and understanding of social death with concrete individual roles and actions. This reinforced sense of personal responsibility is a critical enabling factor for translating awareness and knowledge into meaningful preventive behaviour within educational and workplace contexts. Figure 6 presents Follow-up survey responses to Question 2 (Q2), illustrating respondents' perceived personal agency to reduce the risk of social death within their respective roles as adult educators, adult learners, employed adults, and SME representatives.

Figure 6: Perceived Personal Agency to Prevent Social Death Across Target Groups – Follow-up Survey Results



Question 3 examined respondents' perceptions of the key concerns and challenges limiting the integration of social death education and prevention strategies within adult education and workplace contexts. The question was differentiated by target group to ensure contextual relevance, recognising that barriers may differ between educational and organisational environments. Respondents were invited to select up to three concerns, allowing for a nuanced understanding of overlapping and cumulative challenges.

During the Baseline Mapping phase, results revealed a wide range of perceived barriers across all groups. Common concerns included a lack of public knowledge about social death, limited awareness among management and decision-makers, and a lack of initiatives and structured support for integrating social death awareness into education and training. Educators additionally highlighted resource constraints and learner reluctance, while learners expressed concerns related to stigma and beliefs that social death may be untreatable. Workplace-related groups emphasised a lack of education, limited resources, and low employee motivation.

The Follow-up survey results indicate a shift in the nature of perceived barriers following participation in the CARE Social Death Awareness Campaign and international webinar. While structural and systemic challenges remain, respondents' concerns appear to have moved away from fundamental unawareness towards practical and implementation-related obstacles. Across both education and workplace contexts, the most frequently cited barriers relate to:

- insufficient institutional or organisational initiatives to support integration,
- limited time and resources for training and implementation,
- and challenges in translating awareness into sustained practice.

Notably, concerns related to lack of public knowledge and basic awareness, which were dominant at Baseline, were reported less prominently in the Follow-up survey. This suggests that the Campaign successfully addressed initial awareness gaps, shifting respondents' focus toward how social death education and prevention can be embedded within existing curricula, training programmes, and organisational practices.

Differences between target groups remain evident. Adult educators continue to emphasise the need for institutional support, resources, and curriculum integration, while adult learners report fewer stigma-related concerns than at Baseline, indicating increased openness and understanding. Employed adults and SME representatives increasingly frame barriers in terms of organisational priorities, leadership engagement, and capacity, rather than lack of knowledge alone.

Overall, the comparison between Baseline and Follow-up findings demonstrates that the CARE Campaign contributed to a maturation of perspectives on social death education: from identifying *what the problem is* to recognising *what is needed to implement solutions*. This shift is critical for moving from awareness-raising to sustainable, practice-oriented interventions.

Figure 7 illustrates the distribution of perceived concerns related to integrating social death education and prevention strategies, based on aggregated Follow-up survey responses across all target groups. The figure highlights the most frequently reported barriers within adult education and workplace contexts.

Figure 7: Responses to Question 3 (Q3): Key Concerns Related to Integrating Social Death Education and Prevention Strategies (Aggregated Results, All Target Groups) – Follow-up Survey

4.4. External Support/ Available Information

This section examines respondents' exposure to information on social death and their perceived need for further resources following participation in the CARE Social Death Awareness Campaign. Unlike the Baseline assessment, which focused on prior availability of information, the Follow-up survey evaluates whether campaign activities—including the international webinar, national events, and dissemination materials—contributed to improved access to information, increased perceived relevance, and greater demand for continued learning.

In addition, this section assesses respondents' perceptions of the usefulness of social death awareness campaigns as educational tools and explores priorities for future campaign content. The findings provide insight into how awareness initiatives can support sustained learning, inclusion, and social responsibility within adult education and workplace contexts.

The five questions addressed in this section were:

- *Q1 (Question 1):*

  Have you been provided with general information about social death before participating in the CARE awareness campaign?

  Response options: Yes / No
- *Q2 (Question 2):*

Have you been provided with information about social death in your own language before participating in the CARE awareness campaign?

Response options: Yes / No

- *Q3 (Question 3):*

  Do you think there is a need to have more information about the social death phenomenon?

  Response options: Yes / No

- *Q4 (Question 4):*

  Do you think social death awareness campaigns—such as those implemented within the CARE project—can help you to learn more about the social death phenomenon?

  Response options: Yes / No

- *Q5 (Question 5):*

  What content should be prioritised within social death awareness campaigns? (Please choose up to three options)

  - *Definition of social death*
  - *Development of the social isolation schema*
  - *Symptoms, impacts, and perpetrators*
  - *Intervention and prevention strategies*
  - *Recommendations on how to deal with social death*
  - *Ability to recognise the existence of social death*

Question 1 in the Follow-up survey assessed respondents' exposure to general information about social death as a result of participation in the CARE Social Death Awareness Campaign. In contrast to the Baseline Mapping phase—where 81.1% of respondents reported not having been provided with general information about social death—the Follow-up results indicate full coverage across the sample.

All respondents (100%, N = 225) confirmed that they had been provided with general information about social death within the framework of the CARE campaign. This finding demonstrates that the Campaign effectively addressed the information gap identified at Baseline and ensured comprehensive dissemination of core knowledge related to the social death phenomenon.

Access to general information represents a critical first step in enabling understanding, reflection, and informed engagement with complex social issues such as social isolation and

exclusion. As highlighted by Pirkis et al. (2017), awareness campaigns can play a decisive role in knowledge dissemination when they are well designed, clearly targeted, and systematically evaluated. The Follow-up results confirm that the CARE Social Death Awareness Campaign achieved substantial reach and succeeded in providing foundational information to all participating target groups.

Question 2 in the Follow-up survey assessed whether respondents had been provided with information about social death in their own language when participating in the CARE Social Death Awareness Campaign. This question focused on the accessibility of campaign materials and the extent to which language-specific dissemination contributed to improved understanding of the phenomenon.

In contrast to the Baseline Mapping phase—where only a very small minority of respondents (12.8%) reported encountering information on social death in their native language—the Follow-up results indicate a substantial improvement in language accessibility. A clear majority of respondents reported that they had received information about social death in a language they could easily understand. The results suggest that language accessibility remains a key factor influencing the depth and inclusiveness of awareness, particularly in multilingual and cross-national contexts.

These findings confirm that language-adapted materials play a crucial role in transforming awareness campaigns from mere information dissemination into meaningful learning experiences. As highlighted in the Baseline analysis, limited access to information in one's own language can reinforce exclusion; the Follow-up results indicate that the CARE project successfully mitigated this barrier, while also highlighting the importance of continued investment in multilingual educational resources.

Question 3 in the Follow-up survey assessed respondents' perceived need for additional information about the social death phenomenon after participation in the CARE Social Death Awareness Campaign. The question aimed to determine whether, despite exposure to campaign activities and materials, respondents still perceived gaps in available knowledge and resources.

The Follow-up results demonstrate an overwhelming and sustained demand for further information, with 96.9% of respondents (N = 218) indicating that there is still a need for more information about social death. Only 3.1% of respondents (N = 7) felt that sufficient information was already available.

When compared to the Baseline findings—where 96.6% of respondents similarly expressed a need for more information—this result indicates that increased awareness does not diminish demand. On the contrary, greater exposure to the topic appears to heighten critical awareness of its complexity, reinforcing the need for continued education, deeper resources, and structured learning opportunities.

These findings suggest that the CARE campaign successfully introduced the concept of social death, while simultaneously revealing the necessity for ongoing awareness-raising, practical guidance, and accessible educational materials to support long-term understanding and prevention efforts.

Question 4 in the Follow-up survey examined respondents' perceptions of the value of social death awareness campaigns—such as those implemented within the CARE project—in enhancing understanding of the social death phenomenon. The question aimed to assess whether respondents viewed awareness campaigns as meaningful educational tools rather than one-off information activities.

The Follow-up results demonstrate very strong confidence in the educational value of awareness campaigns, with 97.3% of respondents (N = 219) indicating that such campaigns can help them learn more about social death. Only 2.7% of respondents (N = 6) expressed a contrary view.

These findings closely align with the Baseline results, where 96.6% of respondents similarly believed in the usefulness of awareness campaigns. However, when interpreted alongside the Follow-up evidence of increased information exposure and improved language accessibility, the results suggest a shift from theoretical acceptance toward experienced validation of campaign effectiveness.

Together with the results of Question 3—where respondents overwhelmingly expressed a continued need for more information—the findings indicate not only strong receptiveness but also a sustained demand for structured, well-designed awareness initiatives. This reinforces the relevance of social death awareness campaigns as an effective mechanism for long-term learning, inclusion, and prevention within adult education and workplace settings.

Question 5 in the Follow-up survey aimed to identify respondents' priorities regarding the content of social death awareness campaigns after participation in the CARE Social Death Awareness Campaign. Respondents were asked to select up to three content areas they

considered most important for inclusion in future awareness and educational initiatives. This question provides critical insight into how awareness has evolved into more concrete expectations for learning, guidance, and action.

The Follow-up results (N = 225; multiple responses allowed) indicate a clear prioritisation of both foundational understanding and practical applicability. The most frequently selected content areas were Definition of social death (125 mentions) and Recommendations on how to deal with social death (125 mentions), followed closely by Ability to recognise the existence of social death (111 mentions) and Symptoms, impacts, and perpetrators (109 mentions). Less frequently prioritised, though still relevant, were Intervention strategies (76 mentions) and Development of the social isolation schema (72 mentions).

When compared to the Baseline Mapping findings, a notable shift in priorities can be observed. In the Baseline survey, respondents primarily prioritised Symptoms, impacts, and perpetrators, followed by Recommendations on how to deal with social death and Definition of social death, reflecting an initial need to understand the phenomenon and its consequences. In contrast, the Follow-up results demonstrate a more balanced emphasis between understanding what social death is and how to respond to it in practice. This suggests that exposure to CARE campaign activities helped participants move beyond awareness of the problem toward a more solution-oriented perspective.

The increased prioritisation of the ability to recognise the existence of social death further indicates a shift toward applied knowledge. Respondents appear increasingly focused on developing skills that allow them to identify early signs of social isolation and exclusion in real-life educational and workplace contexts. This aligns with the broader objectives of the CARE project, which emphasise prevention, early intervention, and empowerment of adult educators, learners, and employers.

At the same time, the relatively lower prioritisation of theoretical constructs such as the development of the social isolation schema suggests that while conceptual models remain important, respondents place greater immediate value on content that supports recognition, decision-making, and action. This reflects a maturation of understanding: once basic awareness is established, learners and practitioners seek tools that can be directly applied in their professional and social environments.

5. Conclusions

The CARE Follow-up Mapping Report of Social Death Awareness provides clear evidence that the Social Death Awareness Campaign achieved its primary purpose: to move key target groups from limited conceptual awareness toward informed understanding, perceived agency, and readiness to engage with prevention of social death and social isolation pathways.

The comparison between Baseline and Follow-up findings confirms that the Campaign effectively closed the initial awareness gap. Whereas the Baseline Mapping Report identified widespread unfamiliarity with the concept of social death and its manifestations across adult educators, adult learners, employed adults, and SME representatives, the Follow-up results demonstrate near-universal awareness of the phenomenon and its relevance within both educational and workplace contexts. This change cannot be attributed to spontaneous exposure, but rather reflects the structured dissemination and educational design of the CARE campaign.

Importantly, the Follow-up results show that increased awareness did not remain at a descriptive level. Awareness of the causes, symptoms, and impacts of social death reached almost complete coverage across all target groups, indicating a shift from surface-level recognition to more substantive understanding. This progression is critical, as prevention of social death requires not only naming the phenomenon but also recognising its mechanisms and early warning signs in real-life contexts.

A key analytical finding of the Follow-up evaluation is the transition from abstract preventability to perceived agency**.** While respondents in the Baseline phase already believed that social death could be prevented, the Follow-up results indicate that this belief is now accompanied by confidence in personal and role-specific capacity to act. Adult educators, SME representatives, employed adults, and adult learners overwhelmingly report that they can contribute to prevention within their respective roles, suggesting that the Campaign strengthened not only knowledge but also perceived responsibility and competence.

The findings further demonstrate a consolidation of collective responsibility. Compared to the Baseline assessment, uncertainty regarding whether social death is an individual or

societal issue has decreased significantly. The majority of respondents now clearly recognise social death as a phenomenon requiring community-level, organisational, and institutional engagement. This shift is analytically significant, as it reflects an understanding of social death as a structural and relational process rather than an individual deficit, aligning closely with contemporary research on social exclusion and inclusion.

In terms of external support and information, the Follow-up evaluation confirms that the CARE Campaign successfully addressed previously identified deficits in information availability. Universal exposure to general information and substantially improved access to materials in respondents' own languages indicate that the Campaign reduced key accessibility barriers. At the same time, the continued and overwhelming demand for additional information demonstrates that awareness generation does not lead to informational saturation; instead, it reveals the complexity of the phenomenon and the need for deeper, more specialised learning resources.

The analysis of content priorities provides further insight into the maturity of respondents' understanding. While the Baseline phase emphasised the need to understand symptoms and impacts, the Follow-up results show an increased prioritisation of practical recommendations and recognition skills. This evolution suggests that participants are moving from problem identification toward solution-oriented thinking and practical application, a critical step for sustainable prevention and intervention.

The Follow-up findings indicate that the CARE Social Death Awareness Campaign functioned not merely as an informational activity, but as a capacity-building intervention**.** It strengthened conceptual understanding, clarified responsibility, enhanced perceived agency, and generated demand for continued learning and action.

At the same time, the Follow-up evaluation highlights clear directions for future work. Awareness alone is insufficient to ensure sustained change; the expressed demand for practical guidance, recognition tools, and intervention strategies indicates the need to move toward more advanced, practice-oriented training formats. Future initiatives should therefore focus on integrating social death prevention into adult education curricula, workplace training, and organisational policies, building on the foundations established by the CARE campaign.

6. References

Auais, M., Fadi Al-Zoubi, F., Matheson, A., Brown, K., Magaziner, J., French, D.S. (2019). Understanding the role of social factors in recovery after hip fractures: A structured scoping review. Health Soc. Care Community 27(6), 1375–1387. https://doi.org/10.1111/hsc.12830

Bai, Y., Lu, L., & Lin-Schilstra, L. (2022). Auxiliaries to abusive supervisors: The spillover effects of peer mistreatment on employee performance. Journal of Business Ethics, 178, 219–237.

Blodgett, C., Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. School Psychology Quarterly, 33(1), 137. https://doi-org.datubazes.lanet.lv/10.1037/spq0000256

Cheguvera, N., Arur, A.A. (2024). Exploring How Gender and Culture Shape the Lived Experiences of Indian Clients with Emotional Abuse: A Social Justice Approach to Counselling. Int J Adv Counselling 46, 538–566. https://doi-org.datubazes.lanet.lv/10.1007/s10447-024-09561-4

Dillard, N., Storberg-Walker, J. (2022). Co-Conspirators: The Journey of Two Educators to Engage JEDI Within Critical Leadership Education. In: Marques, J., Dhiman, S. (eds) Leading With Diversity, Equity and Inclusion. Future of Business and Finance. Springer, Cham. https://doi-org.resursi.rtu.lv/10.1007/978-3-030-95652-3_19

Dods, J. (2013). Enhancing understanding of the nature of supportive school-based relationships for youth who have experienced trauma. *Canadian Journal of Education/Revue canadienne de l'éducation*, *36*(1), 71-95.

Ghane, G., Zare, Z., Shahsavari, H. et al. (2024). The process of social death in patients with hip fracture. Sci Rep 14, 1707. https://doi-org.resursi.rtu.lv/10.1038/s41598-023-50115-2

Hsu, P.-C., Chang, I.-H., & Chen, R.-S. (2021). The Impacts of College Students' Civic Responsibility on Civic Engagement via Online Technology: The Mediations of Civic Learning and Civic Expression. Sage Open, 11(3). https://doi-org.datubazes.lanet.lv/10.1177/21582440211031909

Huang, W., & Yuan, C. (2023). Workplace Ostracism and Helping Behavior: A Cross-Level Investigation. *Journal of Business Ethics, 190*, 787 - 800.

Kauffman, J. M., Badar, J. (2016). It's instruction over place-not the other way around! Phi Delta Kappan, 98(4), 55–59. https://doi-org.datubazes.lanet.lv/10.1177/0031721716681778

Keels, M., Tackie, H. & Wilkins, N. Educators Need More Than a Strong Belief in the Importance of Student Relationships. *School Mental Health* **14**, 225–237 (2022). https://doi-org.datubazes.lanet.lv/10.1007/s12310-022-09506-5

Králová, J. (2015). What is social death? *Contemporary Social Science*, 10(3), 235–248. https://doi.org/10.1080/21582041.2015.1114407

Liu, C., Li, H., & Li, L. (2022). Examining the curvilinear relationship of job performance, supervisor ostracism, and turnover intentions. *Journal of Vocational Behavior*, 138, 103787.

Lyu, Y., & Zhu, H. (2019). The predictive effects of workplace ostracism on employee attitudes: A job embeddedness perspective. *Journal of Business Ethics*, 158, 1083–1095.

McKenna, W.J., Newton, X. Brigham, F. (2023). Impact of co-teaching on general educator self-reported knowledge and use of inclusive practices for students with emotional and behavioral disabilities: A pilot investigation. Willey Online library. *Psychology in the Schools*, V 60, 8, pp. 2782-2794. https://doi-org.resursi.rtu.lv/10.1002/pits.22890

Mikulincer, M., & Shaver, P. R. (2009). Boosting attachment security to promote mental health, prosocial values, and inter-group tolerance. *Psychological Inquiry*, 18, 139–156. https://doi.org/10.1080/10478400701512646

Norwood, F. (2009). The Maintenance of Life: Preventing Social Death Through Euthanasia Talk and End-of-Care—Lessons From the Netherlands. FrancesNorwood. Durham: Carolina AcademicPress. 2009. XIII + 293 pp.

Pirkis, J., Rossetto, A., Nicholas, A., Ftanou, M., Robinson, J., & Reavley, N. (2017). Suicide Prevention Media Campaigns: A Systematic Literature Review. Health Communication, 34(4), 402–414. https://doi.org/10.1080/10410236.2017.1405484

Simandan, D. (2021). Social capital, population health, and the gendered statistics of cardiovascular and all-cause mortality. SSM-Popul. Health 16, 100971.

Steele, C., Kidd, D. C., Castano, E. (2015). On social death: Ostracism and the accessibility of death thoughts. Death Stud. 39(1), 19–23. doi: 10.1080/07481187.2013.844746.

Umrani, W. A., Siyal, S., Riyami, S. A., Memon, M. A., & Siyal, A. W. (2024). Inclusive leadership and innovative work behaviours: social exchange perspective. *Current Psychology*, *43*(30), 24774–24788. https://doi.org/10.1007/s12144-024-06192-1

Waid, J., Uhrich, M. (2020). A scoping review of the theory and practice of positive youth development. *The British Journal of Social Work*, *50*(1), 5–24. https://doi.org/10.1093/bjsw/bcy130

Williams, D.K. (2007). Ostracism: The Kiss of Social Death. Wiley Online Library, Social and Personality Psychology Comapass, 1(1): 236-247. https://doi.org/10.1111/j.1751-9004.2007.00004.x

Yaakobi, E. (2019). Fear of death mediates ostracism distress and the moderating role of attachment internal working models. Wiley Online Library, *European Journal of Social Psyhology*, 49 (3): 645-657. https://doi.org/10.1002/ejsp.2532

ANNEX 1

Adult educators

This survey has been designed in order to assess awareness level about the social death phenomenon from the perspective of adult educators after Social Death Awareness Campaign events. The survey will take 10-15 minutes to complete. Thank you very much for your participation in advance.

Note: *The data obtained will be STRICTLY used for research purposes.*

During the study, the data will be collected, stored and analyzed on an online platform. The essential steps have been adopted to ensure the protection of the personal data and the sensitive information, based on the following Regulation and Directive.

Regulation (EU) 2016/679 for the protection of individuals regarding the processing of personal data and the free movement of such data and repealing Directive 95/46 / EC (General Data Protection Regulation).

By completing and submitting the questionnaire, you consent to the collection, storage, and processing of your personal data.

Section 1: Demographic Questions

1. What is your gender?

- Male
- Female
- Nonbinary
- Prefer not to say

2. What is your age-range?

- 18–24
- 25–34
- 35–44
- 45–54

- 55+

3. What is your highest level of education?

- I did not complete secondary/high school
- High school or equivalent
- Professional qualification
- Bachelor's degree
- Masters or Doctoral degree

4. What is your country of residence?

- Latvia
- Cyprus
- Slovenia

Section 2: Awareness-based Questions

5. Familiarity with Social Death:

- Never heard / unclear
- Basic understanding
- Good understanding
- In-depth understanding

6. Confidence in using Social Death concept:

- Never heard
- Heard but cannot apply
- General idea
- Can discuss
- Fully understand and apply

7. Do you think social death is preventable?

- Yes / No

8. Do you know strategies to reduce risk?

- Yes / No

Section 3 Symptoms, Impacts, and Causes

9. Do you know main causes of social death?

- Yes / No

10. Do you know main symptoms of social death?

- Yes / No

11. Are you aware of impacts of social death?

- Yes / No

Section 4: Civic Responsibility

12. Responsibility for preventing social death:

- Personal
- Community support
- Both
- Need more knowledge

13. Can you contribute as an adult educator?

- Yes / No

14. Concerns (choose up to 3):

- Lack of education
- Lack of research
- Lack of initiatives
- Lack of public knowledge
- Subtle nature
- Learner unwillingness

Section5: External Support

15. Provided general information?

- Yes / No

16. Provided information in your language?

- Yes / No

17. Plan to use/share materials?

- Yes / No / Not sure

18. Did activities help you learn?

- Yes / No

19. Most valuable aspects (choose up to 3):

- Definition
- Social isolation schema
- Symptoms/impacts
- Interventions
- Recommendations
- Recognition ability

Section 6: Final Question

20. Comments / suggestions

SME Representatives

This survey has been designed in order to assess awareness level about the social death phenomenon from the perspective of SME representatives after Social Death Awareness Campaign events. The survey will take 10-15 minutes to complete. Thank you very much for your participation in advance.

Note**:** *The data obtained will be STRICTLY used for research purposes.*

During the study, the data will be collected, stored and analyzed on an online platform. The essential steps have been adopted to ensure the protection of the personal data and the sensitive information, based on the following Regulation and Directive.

Regulation (EU) 2016/679 for the protection of individuals regarding the processing of personal data and the free movement of such data and repealing Directive 95/46 / EC (General Data Protection Regulation).

By completing and submitting the questionnaire, you consent to the collection, storage, and processing of your personal data.

Section 1: Demographic Questions

1. What is your gender?

- Male
- Female
- Nonbinary
- Prefer not to say

2. What is your age-range?

- 18–24
- 25–34
- 35–44
- 45–54
- 55+

3. What is your highest level of education?

- I did not complete secondary/high school
- High school or equivalent
- Professional qualification
- Bachelor's degree
- Masters or Doctoral degree

4. What is your country of residence?

- Latvia
- Cyprus
- Slovenia

Section 2: Awareness-based Questions

5. Familiarity with Social Death:

- Never heard / unclear
- Basic understanding
- Good understanding
- In-depth understanding

6. Confidence in workplace use:

- Never heard
- Heard but cannot apply
- General idea
- Can discuss
- Fully understand and apply

7. Do you think social death is preventable?

- Yes / No

8. Do you know strategies to reduce risk in workplace?

- Yes / No

Section 3: Symptoms, Impacts, and Causes

9. Do you know main causes of social death?

- Yes / No

10. Do you know main symptoms of social death?

- Yes / No

11. Are you aware of impacts in workplace?

- Yes / No

Section 4: Civic Responsibility

12. Responsibility for preventing social death:

- Personal
- Community support
- Both
- Need more knowledge

13. Can you contribute as SME representative?

- Yes / No

14. Concerns (choose up to 3):

- Lack of employer training
- Lack of employee training
- Lack of initiatives
- Resource constraints
- Lack of staff motivation

Section 5: External Support

15. Provided general information?

- Yes / No

16. Provided information in your language?

- Yes / No

17. Plan to use/share materials?

- Yes / No

18. Did activities help you learn?

- Yes / No

19. Most valuable aspects (choose up to 3):

- Definition

- Social isolation schema
- Symptoms/impacts
- Interventions
- Recommendations
- Recognition ability

Section 6: Final Question

20. Comments / suggestions

Employes Adults

This survey has been designed in order to identify the needs and challenges about the social death phenomenon from the perspective of employed adults after Social Death Awareness Campaign events. The survey will take 10-15 minutes to complete. Thank you very much for your participation in advance.

Note**:** *The data obtained will be STRICTLY used for research purposes.*

During the study, the data will be collected, stored and analyzed on an online platform. The essential steps have been adopted to ensure the protection of the personal data and the sensitive information, based on the following Regulation and Directive.

Regulation (EU) 2016/679 for the protection of individuals regarding the processing of personal data and the free movement of such data and repealing Directive 95/46 / EC (General Data Protection Regulation).

By completing and submitting the questionnaire, you consent to the collection, storage, and processing of your personal data.

Section 1: Demographic Questions

1. What is your gender?

- Male
- Female
- Nonbinary

- Prefer not to say

2. What is your age-range?

- 18–24
- 25–34
- 35–44
- 45–54
- 55+

3. What is your highest level of education?

- I did not complete secondary/high school
- High school or equivalent
- Professional qualification
- Bachelor's degree
- Masters or Doctoral degree

4. What is your country of residence?

- Latvia
- Cyprus
- Slovenia

Section 2: Awareness-based Questions

5. Familiarity with Social Death:

- Never heard / unclear
- Basic understanding
- Good understanding
- In-depth understanding

6. Confidence in understanding Social Death:

- Never heard
- Heard but cannot explain

- General idea
- Can discuss
- Fully understand and apply

7. Do you think social death is preventable?
- Yes / No

8. Do you know strategies to reduce risk in workplace?
- Yes / No

Section 3: Symptoms, Impacts, and Causes

9. Do you know main causes of social death?
- Yes / No

10. Do you know main symptoms of social death?
- Yes / No

11. Are you aware of impacts in workplace?
- Yes / No

Section 4: Civic Responsibility

12. Responsibility for preventing social death:
- Personal
- Community support
- Both
- Need more knowledge

13. Can you contribute as an employed adult?
- Yes / No

14. Concerns (choose up to 3):

- Lack of management awareness
- Management aware but not acting
- Lack of management education
- Lack of employee awareness
- Lack of employee interest

Section 5: External Support

15. Provided general information?

- Yes / No

16. Provided information in your language?

- Yes / No

17. Need more information?

- Yes / No

18. Did activities help you learn?

- Yes / No

19. Most valuable aspects (choose up to 3):

- Definition
- Social isolation schema
- Symptoms/impacts
- Interventions
- Recommendations
- Recognition ability

Section 6: Final Question

20. Comments / suggestions

Adult Learners

This survey has been designed in order to assess awareness level about the social death phenomenon from the perspective of SME representatives after Social Death Awareness Campaign events. The survey will take 10-15 minutes to complete. Thank you very much for your participation in advance.

Note**:** *The data obtained will be STRICTLY used for research purposes.*

During the study, the data will be collected, stored and analyzed on an online platform. The essential steps have been adopted to ensure the protection of the personal data and the sensitive information, based on the following Regulation and Directive.

Regulation (EU) 2016/679 for the protection of individuals regarding the processing of personal data and the free movement of such data and repealing Directive 95/46 / EC (General Data Protection Regulation).

By completing and submitting the questionnaire, you consent to the collection, storage, and processing of your personal data.

Section 1: Demographic Questions

1. What is your gender?

- Male
- Female
- Nonbinary
- Prefer not to say

2. What is your age-range?

- 18–24
- 25–34
- 35–44
- 45–54
- 55+

3. What is your highest level of education?

- I did not complete secondary/high school
- High school or equivalent
- Professional qualification
- Bachelor's degree
- Masters or Doctoral degree

4. What is your country of residence?
- Latvia
- Cyprus
- Slovenia

Section 2: Awareness-based Questions

5. Familiarity with Social Death:
- Never heard / unclear
- Basic understanding
- Good understanding
- In-depth understanding

6. Confidence in understanding/applying Social Death:
- Never heard
- Heard but cannot explain
- General idea
- Can discuss
- Fully understand and apply

7. Do you think social death is preventable?
- Yes / No

8. Do you know strategies to reduce risk?
- Yes / No

Section 3: Symptoms, Impacts, and Causes

9. Do you know main causes of social death?

- Yes / No

10. Do you know main symptoms of social death?

- Yes / No

11. Are you aware of impacts?

- Yes / No

Section 4: Civic Responsibility

12. Responsibility for preventing social death:

- Personal
- Community support
- Both
- Need more knowledge

13. Can you contribute as an adult learner?

- Yes / No

14. Concerns (choose up to 3):

- Lack of awareness
- Lack of interest
- Belief it is incurable
- Belief it will never happen
- Fear of stigmatization

Section5: External Support

15. Provided general information?

- Yes / No

16. Provided information in your language?

- Yes / No

17. Plan to use/share materials?

- Yes / No

18. Did activities help you learn?

- Yes / No

19. Most valuable aspects (choose up to 3):

- Definition
- Social isolation schema
- Symptoms/impacts
- Interventions
- Recommendations
- Recognition ability

Section 6: Final Question

20. Comments / suggestions