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Editorial

Papers

Research Notes

Editorial

Dear readers,

The collection of articles in the issue is not thematically unified. The common denominator of the papers, however, seems to be the authors‘ beliefs in the key importance of research in improving the quality of social work practice. They understand the role of research in social work in varied ways.

Pavel Zikl, Aneta Marková, Michal Nesládek, Petra Bendová, Ivana Havránková, Adéla Mojžíšová, Radka Prázdná, and Zuzana Truhlářová in their article give an example of research documenting unknown phenomena and their influence on social work practice. It presents the results of a qualitative pilot research that investigates the impact COVID-19 had on selected types of services for people with disabilities. The research uncovers pandemic-driven changes in provided services, routine in facilities and financing, as well as those identified on the side of clients and staff.

The critical nature of social work research links the next two articles. Libor Musil raises the issue of participation of users in the planning and delivery of services offered to them. He introduces the concept of Policies by People with Intellectual Disabilities (PID), by which term he refers “to the agency and ability of people with the stigma of intellectual or learning disabilities to take an independent direction and act as sovereign entities in promoting their opportunities”. The study explores action plans adopted by actors promoting opportunities for PID in a selected local community. The two of them are examined in the article as well as the analogy between them and the features of street-level policies by Lipsky (1980).

The latter constitutes a theoretical inspiration for research by Barbora Gřundělová. In her article based on qualitative research conducted within selected branches of the Labour Office of the Czech Republic, she seeks to understand both participants‘ experiential knowledge about implementation of activation policy and the extent to which this policy has proved to be a tool for combating poverty and social exclusion. The research uncovers how activation policy could act on the contrary and contribute to deepening of poverty and social exclusion.

The diagnostic role of the research is exemplified in the next two articles. The first, by Tetiana Chechko, Tetiana Liakh, Tetiana Spirina, Maryna Lekholetova, Svitlana Sapiha, and Karina Salata diagnoses the needs of parents of children with disabilities in preschool education institutions in Ukraine. In result of their research based on interviews with parents, they named and described the unmet needs in their daily care and upbringing of their children. The radical change of the context does not seem to outdate the results of the study. However, the scope of addressees is expanding. Considering the number of war refugees, we, as organizers of social and educational services in hosting countries should look at this diagnosis with special interest.

The study by Victor Otieno Okech, Monika Mačkinová, Pavol Kopinec, and Barbara Nowak seeks to measure the quantity and quality of stimulants available in caregiving environment of children with behavioural problems. Drawing on the bioecological model developed by Urie Bronfenbrenner, it identifies the range of factors that make up the ”home environment“ and measures their impact on the children‘s development. The picture emerging out of the research is positive as most homes provided to their children, stimulants promoting their development, except for setting emotional climate. The latter outlines the scope of changes needed in social work addressed to that category of service users.

Kateřina Glumbíková, Marek Mikulec, Veronika Mia Zegzulková, Kristina Wilamová, Ivana Kowaliková, and Lenka Caletková in their article uncover the resilience in interactions between siblings experiencing the crisis of homelessness. The qualitative research allowed researchers to capture and describe a complex picture of children's needs ”from within“ perspective and enhance reflection on the strength-based social work to help families overcome such crisis and, above all, on systemic changes that prevent circumstances generating such strengths.

Resilient factors in social workers as representatives of the profession particularly vulnerable to burn-out are captured in the article by Monika Punová, Denisa Kreuzziegerová, Pavel Navrátil. Against the background of an extensive discourse of hardships experienced by social workers in daily routine, the authors empower a positive narrative of social work as a profession generating and multiplying protective factors within the context of their own environment.

Two studies contribute to professionalization of social work. Sizikova Valeria and Anikeeva Olga share with us some effects of a large-scale quantitative research aiming to “analyse the impact of the development and professional and educational standard implementation on the education integration and the labour market in social work” as well as “identify risks and barriers in the application of professional and educational standards”. Contrary to previous research on standardization that had focused on the value aspects of the profession, its social significance, the research takes the form of a “holistic study of the labour functions and labour actions of specialists of different levels”.

The article by Eva Grey, based on the comparative qualitative study of the position and tasks of a social worker in a multidisciplinary team in hospices care in the Czech Republic and Slovakia identifies the determinants of similarities and differences in social workers' position and employment in that field. The main finding indicates insufficient recognition of social work in Slovak health care law and adds to the discourse of the structural barriers in social work professionalization.

I hope you find this edition of the Journal inspirational for new topics and new questions posed in your future research.

Anita Gulczyńska
editor of the issue

Changes in Social Services for People with Disabilities in the State of Emergency Instigated by COVID-19 – Results of Preliminary Research[1]

Pavel Zikl, Aneta Marková, Michal Nesládek, Petra Bendová, Ivana Havránková, Adéla Mojžíšová, Radka Prázdná, Zuzana Truhlářová

Pavel Zikl[2] is a special education teacher by profession and works as an associate professor at the University of Hradec Králové. His work focuses on the issue of education and comprehensive rehabilitation of persons with disabilities. Besides his activities at the university, he has worked as a special education teacher for a number of years and collaborated with social services for people with disabilities.

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Abstract

OBJECTIVES: The objective of the paper is to present the results of a pilot research project dealing with the impact of the COVID-19 pandemic on selected types of social services for people with disabilities (changes in provided services, sources of information, routine in the facilities and modifications of internal procedures, impact on clients, staff and finance). THEORETICAL BASE: The theoretical background is constituted by government resolutions, measures, and recommendations issued by ministries, internal regulations in the social service facilities, and the results of foreign studies analysing the impact of COVID-19 on social services for people with disabilities. METHOD: The chosen method was qualitative and the data was collected through semi-structured interviews. The target group comprised the management of social services for people with disabilities. OUTCOMES: The article presents the results of the qualitative content analysis of interviews, which are structured according to the areas defined in the section "objectives" and they include a discussion aiming at the identification of potential risks, areas of further research, and limits thereof. SOCIAL WORK IMPLICATIONS: The text provides social workers with insight into how the selected social services for people with disabilities coped with the pandemic, into their greatest challenges, and effects of the pandemic on services, clients and staff.

Keywords
social services, COVID-19, disability

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INTRODUCTION

Due to the outbreak of COVID-19 and the exceptional measures adopted to cope with it, social services have probably gone through the most difficult period in modern history, which will result in long-term effects (see APSS, 2020; Kendall, Ehrlich, Chapman, et al., 2020; MoLSA, 2020). Thus, we need to prepare ourselves for further potential epidemics, but also for the possibility of the persisting presence of COVID-19, specifically its new mutations, which may influence social services in the long term. The response to this situation and especially the preparations for similar future problems is the focus of a project funded by the Technology Agency of the Czech Republic, entitled “The Changes in Selected Social Services for People with Disabilities during the State of Emergency Sparked by a Viral Disease” (TL05000413). The main investigator of the project is the Faculty of Education at the University of South Bohemia in cooperation with the Faculty of Education at the University of Hradec Králové. The general objective of the entire project is to map and analyse the approach of selected social services to the quarantine measures associated with the outbreak of the viral disease COVID-19 and to propose and pilot test procedures and measures potentially required in the event of a similar crisis. In order to achieve this goal, we cooperate with the application guarantor of the project, which is the Ministry of Labour and Social Affairs of the Czech Republic (hereinafter MoLSA), and our team comprises social workers, special educators, and also experts from the fields of medicine and law, because the complexity of the problem necessitates a multidisciplinary approach.

People with disabilities represent a risk group along with seniors and people suffering from respiratory diseases. They often use social services (are threatened by frequent contact), their access to medical care may be restricted (e.g., due to limited mobility or communication barriers), the adherence to the protective measures is more difficult for them (e.g., due to intellectual disability or ASD) and they have a relatively higher incidence of comorbidities (Department of Health & Social Care, 2020; Cabrera, Sharma, Warren at al., 2021). Although the epidemic is still in progress, results of studies already accessible at the moment unfortunately confirm these assumptions. For instance, data from the UK for April-May 2020 (compared with the same period in 2019) confirm an 80% increase in total death rate but 134% increase in death rate in the group of people with intellectual disabilities (Office for National Statistics, 2020). A study analysing data from 547 medical facilities in the US shows that intellectual disability is the second most important factor increasing the risk of dying due to COVID-19 (the first being age) (Gleason, Ross, Fossi et al., 2021)[10]. The rise in mortality (in comparison with the whole population) is a significant but not the only consequence of the pandemic. Due to the epidemic, people with disabilities suffer from isolation, there is a higher incidence of mental illness as well as acute conditions (depression etc.), there are more cases of abuse, the accessibility of medical care becomes limited (including the necessary support in the use of medical care), families and informal care givers are being put under excessive pressure, general physical fitness decreases and so do self-care and other everyday abilities (Alexander, 2020; Aliance pro individualizovanou podporu, 2020; Courtenay, Perera, 2020; Senjam, 2020). A crucial condition of the prevention/solution of many problems is to maintain the accessibility of social services at the highest possible level, however, this is difficult to achieve during the pandemic. A study involving 1,301 people with an autism spectrum disorder from several EU countries revealed that restricted access to the necessary everyday support concerns 70% of respondents (Oakley, Tillmann, Ruigrok et al., 2021). A survey conducted in the Czech Republic from March to May 2020, which focused on people with disabilities and chronic diseases, shows that if we consider all the possible types of care (informal care provided

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[10] The above data apply to the group of people with intellectual disabilities, not to the entire population of persons with disabilities, however, clients with intellectual disabilities make up the largest part of the monitored clients in social services from the group of people with disabilities.

by the family or other persons, formal care offered by a social services provider or formal care provided by a medical facility) the greatest reduction of services occurred with social services providers and 90% of respondents experienced limited accessibility of the required care (Aliance pro individualizovanou podporu, 2020).

Providing social services during the pandemic is directly related to the management and organisation of social services. From the organisation's point of view, the crisis means volatile times, where endogenous and exogenous information and its coordination play a very significant role for organisations, people in the organisations and their culture (Angeletos, Werning, 2006) in the system. Cortez and Johnson (2020) describe that crises that must be solved by organisations, are mainly caused by natural catastrophes, health epidemics, technological catastrophes, financial collapses and government failure. At the same time, Bratianu (2020) describes that a huge crisis has a direct impact on organisations and their stability itself.

Björck (2016) found during comparison of previous research, that contemporary studies about crisis mainly focus on four main fields: crisis in organisation's management, crisis from the prediction aspect and probabilities, crisis in terms of its participants, and crisis in terms of communication, whereas he points out that individual approaches and research methods describe the crisis in isolation. Nevertheless, the current situation of COVID-19 shows us that it is essential to monitor the issue of crisis from a broader view and synthesise existing knowledge and approaches to the crisis. The unstable epidemiologic crisis has just not caused by the health system followed by financial crisis, but as well as a crisis of government policies and generally caused a crisis in people's behaviour (Bratianu, 2020; Cortez, Johnson, 2020). Organisations that provide social services, in times of serious epidemiological situations, also face numerous problems that must be solved, and therefore a new skill of social work managers is needed in terms of crisis management. Crisis management and communication require strategic thinking, with the correct identification of a crisis situation being the critical important first step (Burnett, 1998). Cortez and Johnson (2020) characterise crisis management in organisations due to a poor epidemiological situation as a "black swan". The black swan is defined as an unexpected event, which is beyond a framework of what is expected and has serious consequences (Bogle, Sullivan, 2009). Coombs (2012) describes the crisis in terms of three phases: a situation before a crisis, a situation during a crisis, a situation after a crisis. In the pre-crisis situation, an emphasis is placed on preparedness for the crisis or on its prevention. In this regard it makes sense to be inspired by the history of the epidemiological situation on a global scale, where the epidemiological situation in the global scale had already happened (Ebola, SARS and now COVID-19) and how the organisations proceeded in the given situation (Day et al., 2004; Powell et al., 2018). In accordance with Bratianu (2020), it is therefore appropriate for the needs of crisis management in social services and organisations to be inspired by experience from past situations of a similar nature, because according to Coombs (1998), only by understanding the crisis situation, the manager can choose an appropriate mode of action and communication.

OBJECTIVES AND METHODOLOGY

The objective of the preliminary research was to gain basic awareness of the procedures adopted in social services to handle the measures introduced due to COVID-19 (to describe impacts of the pandemic and measures taken), and obtain data which will serve as a foundation for future stages of the research (especially the follow-up questionnaire survey). The target group at the first stage of research but also in the whole project are providers of social services for people with disabilities. Specific social services include: day care centres, week care centres, personal assistance, homes for people with disabilities, and early care.

The definition of objectives reflects our intention to cover the problem in its complexity, as opposed to analysing impact on a specific group (clients, staff, management) or a narrow area

(hygienic measures, restrictions on services etc.; see Björck, 2016). We focused on direct impact of social service providers, not just the impacts of the health system or government policy. Our survey was aimed at the course of crisis situation, i.e., the middle phase of the crisis situation, not the one before and after (see Coombs, 2012). Our point of departure was the measures adopted in the course of the pandemic (Resolutions of the Government of the Czech Republic, measures of the Ministry of Health, and recommendations of the MoLSA). There was also a source of inspiration in foreign qualitative studies analysing the impact of the pandemic on different kinds of social services (e.g., Baginsky, Manthorpe, 2021; Hanna, et al., 2021; Nunes, Rodriguez, Cinacchi, 2021) and, last but not least, personal experience of the members of the research team. The first stage of our research, the results of which are presented in this article, covers the following areas:
1) Changes in/restrictions on the provided services
2) Sources of information, cooperation with other subjects
3) Routine in the facilities and modifications of internal procedures/standards
4) Impact on clients
5) Impact on staff
6) Finance

The research question focused on each monitored area:
Q1: What changes/restrictions are there for service providers in connection with the epidemiological situation?
Q2: What sources of information did the social service providers use, and with which other entities did they cooperate in connection with the epidemiological situation?
Q3: How has the operation of facilities at social service providers changed?
Q4: What impact did the epidemiological situation have on service users?
Q5: What impact did the epidemiological situation have on social workers?
Q6: What impact did the epidemiological situation have on the financing of social service providers?

The survey was designed to be qualitative and data collection took place through a semi-structured interview in the period from May to June 2021. Overall, there were 5 interviews with representatives of social services, which are followed in this project (interviews happened to be on a one-to-one basis, one researcher with one representative of social services worker). Research participants were chosen by the target selection method. In all cases there was one head social worker of the monitored service (a manager of the entire organisation or a manager of the specific type of service in the case of a larger entity). The period was monitored from Spring 2020 (beginning of pandemic) until June 2021, when data collection was carried out.

Interviews were conducted by project staff in face-to-face meetings lasting appr. one hour. Interviews followed a pre-arranged structure. It was created on the basis of the mentioned monitored areas; the structure contained a total of 20 basic (general) questions, which were supplemented by 14 other (specific) sub-questions so that all monitored topics were discussed in the interviews. At the same time, the research participants were encouraged to provide comprehensive answers to further develop their answers, and if necessary, to be asked additional questions by the interviewers so that the prepared structure of the interview was fulfilled. By the end of individual interviews, the participants were given some space to express their observations or add information about a specific topic. The interviews were recorded, transcribed word for word and analysed.

The analysis of obtained data was performed by using the method of qualitative content analysis. The text (transcripts of interviews) snippets have been identified. During the process, a universal hierarchical code structure was created, which was then used for describing monitored actions with all interacted social services. General categories have been created deductively before the actual coding of the text based on set research questions (primary structure). The lower level of code structure was then subsequently created in a combined way – deductively and inductively. The codes were then categorized during the analysis. The coding was implemented so that the primary general structure was developed and divided – in this way the codes were identified and described into partial thematic fields within the framework of main categories and subcategories.

In total, there were 252 text parts coded with 111 unique codes, and with four main categories: services, information, workers, and clients. The main category was divided into subcategories of multiple levels. The service category had the most content, which included 64 unique codes and was divided into five subcategories: service, communication, collaboration, finance and positive impact. The category of clients was the least extensive. Given that the values had been used for description of saturation of the main (sub) categories in terms of unique codes, quantitative (frequency) analysis has not been made. Details about dividing categories is described in Table 1.

Mostly obvious phenomena were coded, mostly explicitly named and described by the study participants. More general terms commonly used in the context of social services have often been used for titles of codes (e.g., quality of services, content of the service, payments from the clients, providing of services), furthermore, terms related to the extraordinary pandemic situation in social services were often used (e.g., service restrictions, measures, recommendation).When capturing a significant phenomenon during the analysis, the text coding was also performed in order to classify the phenomenon and to identify specific significant aspects of phenomenon (within the subcategory of recommendations, e.g., codes were time aspects, legal aspects or health issues). The quantification has been carried out by using the program Atlas.ti, and graphical interface had been also used to create the code structure. The given program was used as well as for the quantification of code structure.

Table 1: Main identified categories

Main categories		**Main subcategories**	
Title	**Code***	**Title**	**Code**
Services	64	Services (changes and provisions)	44
		Communication	7
		Collaboration	6
		Finance	4
		Positive impact	3
Information	26	Recommendation	20
		Sources	5
		Information flow	1
Staff	12	Impact on staff	7
		Staff response	3
		Competence	2
Clients	9	Impact on clients	7
		Other used services	1
		(dis)information	1

*There is a number of unique codes listed in a table (different codes had various frequency of occurrence, frequency analysis was not performed). Quantification had been made with the use of program Atlas.ti.

Participation in the research was without a finance benefit. Of course, research ethic was ensured. Participants were introduced to the research and its aims in the document "Information for research participants". The condition of participation was the signing of an informed consent, the participant had the opportunity to withdraw from the investigation at any time. Participants were guaranteed anonymity and during the interview no personal information about participants were collected.

OUTCOMES

Results of the content analysis in the text below are structured in the order of the research questions.

Q1: What are the changes/restrictions for service providers in relation to the epidemiological situation?

The unpleasant epidemic situation affected all of the monitored social services. There was a temporary suspension in the daily and weekly services – in both cases it was the period of the first wave of the pandemic in the first half of 2020, in the following period some services were limited (afternoon hobbies, optional activities), which partially persists to date (for more than a year): *"It isn't yet 100%, because they can't … be the clubs in the same range as they had been. The groups of (clients) can't meet up, cause those people are from different groups and we try to separate the groups"* (Adult Day Care, hereinafter ADC). In the case of the Homes for People with Disabilities (hereinafter HPD) and ones with Early Intervention Services (hereinafter EIS) the services were not suspended, but there was a services reduction. Especially in the cases with early care major limitations were made, services were happening without any suspensions but only online, family visits and additional emergency services were suspended: "*We had to cancel all consultation in the terrain and not even plan others, as well as complete ambulance had been cancelled in our centre together with meetings of our clients …. Actually, everything moved to an online environment… Common communication was not a problem in this way, we could see each other at least, but the work with kids was not possible in that way according to their age and specifications."* Contact with clients was reduced in some cases only to phone calls (absence of Internet connection for some clients). People with disabilities were limited in some of the activation activities, the main activities were maintained. The head of personal assistance (HPA) stated that there was no restriction on the services provided in the given facility, however, in several individual cases, clients themselves requested temporary suspension of services due to concerns about their own health. The resumption of the use of suspended services was made at the request of clients, usually after a few days. Similarly, some clients of ADC interrupted their attendance at the time of the peak epidemic due to concerns about their own health or health of their family members: *"The most fundamental and biggest problem for us was actually the clients' attendance restrictions, which we restricted ourselves due to worries about health…many parents started to have worries of course so they stopped sending the clients to the facilities"*. The worries concerned not only a possible infection within mutual contacts in ADC, but also travelling by a public transport. The quality of services during pandemic was also discussed. All research participants stated that they did not perceive a decrease in the quality of the provided services.

Q2: Which sources of information did social services providers use and with which other subjects did they cooperate within the epidemiological situation?

The need to have sufficient relevant information in connection with the COVID-19 pandemic was often mentioned in the interviews. All of the monitored subjects used multiple information sources, one of the research participants stated that services worked with "whoever was available". They received information from external subjects and actively searched it on their own. Information was searched via the Internet and official websites of institutions (Czech government, Ministry of Health, MoLSA), media information was used, and services were in contact with regional authorities and regional hygienic stations. In two cases it was stated that communication with institutions was difficult and less effective at the beginning of pandemic: *"The government was surprised and partly paralysed at the beginning of the pandemic. Everything from the government took long time to sort out (providing protective equipment and disinfectants), and we needed more flexibility and action."* (HPA) Later, some progress was noticed as ADC stated: *"When it came to the protection tools and its acquisitions at the time when they were not available, the regional authorities communicated with us, provided information on how to get them and which subsidy program to apply with*." Communication with lawyers was suggested as well.

Information about services were sent by the founder and Association of Social Services Providers was often mentioned. They were sorting information and sending updates to each service, and pointing out important changes. Communication with other service providers and other NGO was described (within the region). Services usually shared their practical experiences, difficulties, and reliable practices (e.g., within the Framework of community planning), however, mutual assistance at this level has been limited – the reason was the fact that services usually haven't had enough information (and experience), how to solve optimally each situation: *"Consultations with an NGO were not successful….we did not know what and how they should do in the field, perhaps some residential services…there we were looking for inspiration."* (Personal Assistance, hereinafter PA)

On the one hand, it can be stated that the representatives of the monitored services tended to have an overall moderate evaluation of the institutions that were to provide information to the services (especially MoLSA). Participants in the research perceived the whole situation as unique and unprecedented, they often expressed understanding for provided information, which was not ideal from their point of view, and their attitude was relatively lenient: *"Materials for MoLSA arrived a bit too late, more than we'd have expected, but the situation happened for the first time…nobody had a clue what to do, everyone needed some time to react to the situation… We respected each suggestion, the situation was new for us. We did care about our satisfaction with them… We were looking for what is useful for us and if we are able to make it happen."* (HPD). On the other hand, representatives of monitored services pointed out specific shortcomings in the published information, especially with suggested methods. The general lack of information and lack of clarity were mentioned, published restrictions and recommendation were too issued and difficult to navigate. Related to this was the need to have information in a comprehensive form in one place. A complication was when released restrictions and recommendations were changed often. In terms of time, the restrictions were issued too late, after which the services had little time to implement them: *"(Recommendation) mostly arrived so late…that it had to be (done) the same day. We received the recommendation, and it was applied and came into force, from day to day"* (ADC). In terms of content several topics were mentioned in which the services found shortcomings:

- Services lacked health information (e.g., providing and using protective aids, hygienic restrictions, testing, and work safety).
- Another important topic were recommendations how to work with clients in the pandemic (specific methods).
- Lack of legal information was often mentioned (e.g., how to restrict the movement of clients in the facility, the possibility of staying outside the facility, etc.).
- As a shortcoming it was stated that MoLSA did not release individual recommendations specifically adapted for each type of services.
- In one case a request was stated for consultants who would be available for services; the consultant should be qualified for a specific type of service, possibly for a narrow range of services. A similar request of released recommendation from MoLSA was found – assistance should be as specific as possible, tailored to the specifics of the type of service.
- Sometimes the services did not know how to report new activities (e.g., online forms of work).

The Personal Care Assistance (hereinafter PCA) employee stated that the service worked better with the MoLSA materials. Services then worked with published information, including released recommended methods – these were partially adjusted by staff, so the individual procedures reflected the specifications as much as possible: *"It was necessary to adapt the issued regulations and provisions to our practice and specific conditions… everything adapted to a specific type of service, to a specific problem."* (HPD)

Q3: How has the operation of social service providers facilities changed?

The research participants listed regulations, which were accepted by each service. In particular, health and safety measures were mentioned – the use of protective aids, disinfection, testing of clients and employees, and quarantine. In terms of aids, getting them was problematic (especially at the beginning of the pandemic.) From the point of view of operations, the entry of third parties into the facility was restricted (locking of buildings), communal catering was cancelled in some places, and the possibility of free movement and mutual contact was restricted for clients.

In the area of management and communication, the importance of the distance (online) form was mentioned. Telephone and e-mail communication was used more, as well as various platforms enabling video communication (Skype, Teams, and Zooms) – this was used for joint meetings, in the case of (EIS) consultations with clients (parents): *"We were quite successful in having remote consultation. Nevertheless, there was the lack of direct work with a child, it was still ok with the users to stay in a relatively intensive connection, to share several things, consult, give the users instructions, present some aids."* (EIS). Sometimes the clients did not have the necessary hardware devices or did not have access to the Internet. Communication with disadvantaged clients took place via phone when the service called the client (so they did not have to pay for the call.) EIS staff sometimes encountered the limits of online communication: *"What did not work were therapies we provide to some clients such as visual therapy, training in forms of alternative and augmentative communication, but also, for example, development of motor skills, sensorimotor… it is not possible at a distance."* In the day hospital, staff training was moved to the online environment. Online communication was sometimes accepted positively during the pandemic, on the other hand it is important to say that this form of communication did not suit some employees.

The measure mentioned several times was the creation of smaller (preferably permanent) work teams so that the employees met as little as possible – for that reason the mutual meeting of employees during work breaks was also limited. Crisis management was introduced, and a crisis team was set up in HPD to take an action. Intervisions and meetings were set up more often. Other major changes in the management level were not mentioned.

In connection with the pandemic situation, internal documents were prepared in all monitored services, it was a crisis plan, then new partial methodologies, or the original methodological documents were modified (e.g., Visit methodology, testing methodology, catering methodology, such as an adjustment, methodology of activations, methodology of purchases,) possible new forms of work (e.g., Home office) were also dealt with in internal documents: *"Modification of methodology for providing services was made,… new forms of services had been described in terms of remote consultations. Previously it was just not possible to imagine, but due to circumstances it became a reality. Furthermore, we have changed the conditions for home office work in the organisational guidelines." (EIS)* Documents were created and edited continuously. One joint document was created in the day hospital (director's measures during the pandemic), which was continuously updated and supplemented – the necessary information was always in one place. A HPD employee perceived the updating of methodological materials as a certain positive way of the pandemic.

The issue of staffing was also discussed in the interviews. The situation was different in individual organisations, it differed over time – a situation was described where there was a temporary shortage of staff in the services (illness, quarantine, care of a close person): *"We had personal insufficiency, we had a high illness…(we) had almost no occurrence of the disease by the end of the* *year (when the epidemic started), but suddenly at the beginning of January during one week …there were 32 sick employees, so we were significantly hit"* (HPD). Individual organisations dealt with staff shortages from their own resources (working overtime, assistance from other departments), sometimes external resources were also used – in different services with different intensity. The army was not used anywhere, in HPD and PCA external workers (temporary workers), in HPD and partly in ADC volunteers/students helped (mostly without being in touch with clients, but in the form of materials preparation). In general, third-party services were not allowed to enter the facility – the reason was the fear of these people potentially spreading COVID-19 in the facility.

Employees sometimes created auxiliary materials for their clients – for example, instructional videos (EIS), and ADC clients then received materials at home after the service closed down.

The representatives of individual services differed in their opinion on which measures worked best. These were generally measures related to health and safety (PCA), the abolition of communal meals (HPD), restrictions on the entry of third parties into the facility, temperature measurement of clients as a form of screening (ADC), and the possibility to conduct online consultations (EIS). Some measures that did not work were also mentioned – in the case of ADC it was a fact that clients with intellectual disabilities or other serious mental illnesses did not have to wear respiratory protection, which, according to the service representative, let to the spread of the disease in the facility. Furthermore, the wearing of protective suits (problem with subsequent liquidation) was named as non-functional by the service. In the case of DP, adherence to a two-metre distance during face to face meetings with clients proved to be non-functional – sometimes it did not allow the arrangement of the meeting area (clients' apartment), in other cases compliance with prescribed distance was disrupted by spontaneous reaction of children seeking physical contact with the employee. In rare cases, parents violated their hygiene measures (e.g., wearing respiratory protection aids). Representatives of other services then considered basically all the measures used to be functional: "*such (non-functional) measures were not, by responding to the practice and needs, so we applied such measures that will help us solve the specific problem that arises.*" (HPD)

Q4: What impact did the epidemiological situation have on service users?

It was a difficult restriction for clients, or a temporary closure of services – it was a fact that clients could not use the services they need – this applied not only to the monitored services, but in general to all the services that clients used: *"Lives of those clients stopped…the events simply ceased to exist…clients were locked up at home"* (Adult Residential Care), as a complication, it was mentioned that the whole situation was unexpected, the clients (or their loved ones) could not prepare for that. The restriction and closure of services was a difficulty not only for clients, but also for their loved ones, especially parents who had to provide alternative care for their children. Social isolation was described as burdensome for clients who were temporarily unable to use the services.

Clients were afraid of COVID – clients had concerns about their own health and the health of their loved ones, clients had the need to discuss the issues associated with the pandemic with service workers: *"From the beginning concerns, the uncertainty and actually the overload of all information in the media, because this was overwhelming…those clients perceived it very hard. So we had to deal it here with a psychologist … (she) cared and talked about it a lot in groups."* (ADC) Clients' fears sometimes let them to set restrictions about meeting other people and movement. The information from the media was overwhelming for the clients, the problem in some cases was the spread of disinformation: "*At first, nothing was known much, then too much was known, then the conspiracy theories began to rise.*" (ADC)

Adherence to the (hygienic) measures and related restrictions in the operation of services was difficult for clients – it was use of protective equipment, restrictions on free movement and mutual contact (division of clients into smaller group), and the need for quarantine for some clients. In the case of HPD, a ban on visits was also mentioned. When working with clients, the fulfilment of individual plans was temporarily limited.

For clients with reduced cognitive ability, it was sometimes difficult to understand the whole situation and the meaning of taken measures. Clients were informed about the changes personally by the staff of the facility (hospital, HPD), in the case of early care and personal assistance, clients were informed primarily by phone and e-mail. In the day hospital, they also used pictorial instructions, pictograms, and simple texts to inform clients. Information on the changes was also published on the websites of the monitored facilities. In services, it was sometimes necessary to deal with exceptional and demanding situations with clients – in a day hospital, for example, it was a situation where both of the client's parents died: *"Some clients' parents passed away, so we had to solve it. Actually, in one example both parents passed away, so we had to solve issued concerning support, what shall be with the client." (*ADC)

Q5: What impact did the epidemiological situation have on social workers?
The COVID pandemic meant a certain level of burden for employees of all monitored services associated with higher demands on adaptation. Workers had to deal with a greater workload, with a number of changes in the operation of the service, they had to learn new things. The epidemiological situation was difficult for employees even outside the job itself... A general concern about the disease was mentioned, especially in cases where COVID occurred in the service, some workers then contracted COVID, and many workers were quarantined. It was difficult for some employees to combine increased work demands with caring for their loved ones (e.g., women – mothers).

The change of regime in the facility associated with the overall higher volume of work (sometimes overtime work) was difficult for the employees, following the health and safety regulations was also difficult. In this context, social workers mentioned in particular the wearing of protective aids, where on the one hand they were exposed to the long-term wearing of protective aids and on the other hand the obligation to control clients of wearing protective aids, as described by a worker of ADC: *"Well, it's actually more demanding …to check the hygiene …what persons have, but clients, it's now up to the point to check more than before."* In some cases, it was necessary to temporarily compensate for the lack of staff in the service (illness, quarantine, caring for loved ones) – this means a higher workload for employees, often performing activities they do not normally do, as described by a HPD representative: *"We dealt with these situations that whoever was available went to work where it was needed."* In this context, the high commitment of employees was described: *"I must say that our team of employees showed that in times of crisis the character of a person will show"* (HPD), it was positive for employees (and management) that they were able to handle the difficult situation together.

The fact that employees could not meet each other due to restrictions was mentioned often (employees could usually only meet each other within smaller groups.) Negative effects on the psychosocial level were mentioned – the inability to spend time together in the free time and the absence of interpersonal sharing. Furthermore, it was on a working level, when it was not possible to discuss work with clients together. This fact is described by an early care worker as follows: *"I think what affected all of us was a social isolation from other colleagues. We did not have the possibility of full direct sharing which we are all used to, and which is very important for our work. For us, the fact that we can share is a form of psycho-hygiene, but also a professional reflection on the procedures we apply in practice."* Due to the frequent changes, the planning of services was more demanding, it was often necessary to operatively intervene in the set plan and adjust the services to employees (for example, due to the illness of colleagues).

Employees described physical and mental fatigue. Acute fatigue associated with the current higher volume of work (and its complexity) was reported, as well as fading exhaustion associated with long-term workload: *"Currently me and my colleagues in the workplace feel tired from the post-stress period."* (PCA)

Service staff were forced to learn a number of new things due to the situation. Firstly, there was learning related to the COVID disease itself, workers had to learn how to prevent the transmission the disease and how to use protective equipment. Then a need to learn new IT skills was also mentioned – specifically, the basics of online communication. Representatives of monitored services stated that in this connection it was about increased demands on employees, but at the same time none of the research participants stated that this would be a more serious problem.

The pandemic also had a negative financial impact on some workers, with a temporary reduction in their income – these included cases where employees were long-term ill, quarantined due to suspected COVID or caring for loved ones.

Representatives from all monitored services provided their employees some means of help. The most common one was supervision – group or individual. In the case of the day hospital, the supervisors could also deal with business outside of work: *"I think that for most of them meeting here is even more important that work issues. I think there is a collective where people can share their thoughts. Issues outside of the office definitely affect their work, but it's not our business to deal with it."* Furthermore, support was offered from by the manager with the possibility of personal meeting, employees were provided with contacts for psychological help, early care staff could use a training focused on stress management. HPD employees received also vouchers for using services within leisure activities.

An ADC employee perceived as problematic that other employees from that specific facility were vaccinated too late. According to the research participant, social workers should have been vaccinated earlier – a certain symbolic benefit for hard work during the pandemic.

Q6: What impact did the epidemiological situation have on the financing of social service providers?

Representatives from all monitored services, within the exception of early care, stated that this emergency situation associated with pandemic had a negative financial impact on them. Service staff perceived the financial aspect of the pandemic throughout, and in some cases stated that they feared the financial implications in advance.

An important and recurring topic was the financial costs necessary to acquire the aids to ensure health and safety measures (especially protective aids) – some protective equipment services received as a gift, some were purchased from various grants titles, the remaining part services had to pay from their finances (according to ADC it was about a third of the cost.). High prices of protective aids were burdensome for some services at the beginning of the pandemic, which was not very pleasant for leaders because they did not know how the expenses would be covered. A question was also in the length of the pandemic (for services it was difficult to predict how high the total costs of the health and safety restrictions would be): *"Well, in the first point it was unsettling and wasn't clear from what sources would be increased cost financed and coved by that situation. At the start, protective aids were unavailable or cost a high price, but still had to be bought. For small non-profit organisations it was really unpleasant." (*EIS)

Services which are paid by clients have experienced significant financial loss in this area due to the reduction of temporary closure of services – for example a representative of the day hospital reported a reduction in income from payments by up to 80%. Furthermore, the obligation was mentioned to return subsidies to the region that could not be used. This is also related to the reduction of subsidies to services for the next year.

According to EIS representative a provider has an important role in the question of financial impacts – at the beginning of the pandemic services were supplied with protective aids and its costs were charged outside of the service budget. In this context, the respondent saw the advantage of being a large provider (a provider with a large number of services), and in their view financial demands associated with the purchase of protecting aids could be more burdensome for smaller organisations.

DISCUSSION

Due to character of the research, the presented results cannot be generalized, the results are indicative and vitrificated. The limits of the preliminary research can be illustrated by the situation described in Q6 – the obligation to return subsidies and the threat of reducing the subsidy for the next years. This testifies only to the practice of one Regional Authority and the given method of financing services could only be an excess. However, it is here that the importance of qualitative preliminary research can be seen, because such information needs to be verified and without the preliminary research a questionnaire survey would not have to focus on this problem, a significant risk for social services, and the results would not be identified (or refuted).

Statements related to the quality of services provided, which according to the respondents did not decrease during the pandemic, are also debatable. Due to relatively significant restrictions on some services, interruptions (due to closure but also restrictions by clients due to concerns about the disease), the internal health and safety guidelines (e.g., restrictions on meeting people inside the facility, restriction on the movement outside of the facility), restriction on contacts (cooperation with family, external collaborators, restrictions within the services) it can be stated that the quality of services has actually been reduced. The subjective view of the facility staff may indicate their efforts to address the effects on the pandemic and to adapt their functioning within the established rules so that the quality of service suffers as little as possible.

Individual Regions are important participants, who have influenced the provision of services during the pandemic (e.g., distribution of protection aids, roles of founders, especially of residential services, financing, methodological aid), which could not be duly taken into an account in the preliminary research, because the interviews were taking part only in two regions, although the services provided have often had a supra-regional impact. In some cases, the leaders consulted procedures with similar organisations in different regions and found out, that the interpretation of some measures differed in various regions. On the contrary, all major measures (state of emergency, restrictions of running services, ordering anti-epidemic measures etc.) were implemented by central government. Different interpretations of the regulations might also occur in the regions, as well as the differences of providers in one region or municipality. The regional authority is a founder of a part of social services, but others are established by municipalities, churches, or private entities. The role of Regional Authorities and their impact on the provision of services during the pandemic shall be addressed in the construction of the questionnaire for the follow up quantitative part of the research, which will focus on the entire Czech Republic.

From the analysis of parts of the interviews focusing on the impacts of the clients themselves, showed the need to adapt to the content of the service to new challenges life situations that the pandemic has brought (cf. Kendall, Ehrlich, Chapman, et al., 2020). These include the need of online communication, online shopping, contactless delivery, changing rules for travelling or contact with authorities and social services etc., which places and will place significant demands on social service users and the need to help them. It is understandable that in the first period social services had to cope with acute issues, however, in the future, it is also necessary to focus on partial activities of social services, such as support and training of self-sufficiency, rights enforcement, procurement of personal affairs, counselling, educational and activation activities etc. In connection with the new challenges, is possible to recall as a good example of the situation, when the outpatient social service (ADC) was helping clients who lost their family as a result of COVID-19. But there can be many such new situations and the social service should actively look for them and find ways to help. This may include assisting health professionals in communicating with an acutely ill patient with disability, practising hygiene procedures (washing hands, disinfection), compliance with new rules in public places, and many others (cf. Courtenay, Perera, 2020).

When planning the interviews, we also paid attention to the information sources with which the providers worked and drew information from. There have been quite a few, but the providers still perceived the amount of information as insufficient. However, as Doyle and O'Brien (2020) point out, with a large amount of information, there is a risk of so-called "oversaturation" of information, which results in a loss of orientation, inconsistences in the instructions of various institutions, and outdated information. Therefore, is necessary to keep this area in mind of situations in a similar nature. Inspirations on how to prevent oversaturation in the field of social services can be a creation of one internal document, which would summarize essential information, which will be regularly updated. So that employees of a certain service shall have essential information for their work given and would not be distracted by searching information and which proceeds uniformly.

We focused on the phase of crisis itself from the whole pandemic crisis, not on the situation before crisis (readiness of facilities), which are significant for the following reaction. All of the facilities have crisis plans prepared, but there are no procedures listed for cases of pandemic. COVID-19 was an unexpected crisis ("the black swan", see Bogle, Sullivan, 2009), where facilities had not been prepared. General awareness for crisis situation was not the subject of our research, although it may have been partially reflected during the crisis itself.

CONCLUSION

As it had been mentioned in the introduction of the paper, foreign research and data show, that the impact of the pandemic on people with disabilities (specifically with intellectual disabilities[11]) is very negative and in the paper by Gleason (2021) is described as devastating. One of the ways to reduce the effects of this pandemic (as well as other pandemics, including "common" influenza) is to maintain the functioning of social services and modification of their activities so that they could keep the highest standard and range of services while responding to new threats of clients as well as employees.

From the interview analysis it is clear that social services for people with disabilities have sought to maintain service provision (except for ordered abeyance during the first wave of the epidemic). However, in some cases there was interruption of service provision based on clients' wish, which mainly concerned outpatient services. The range of services was limited, especially with regard to the protection of client and employee health. There were also facultative services limited and additional services (therapies, training in alternative and augmentative communication, etc.), but adjustments have also been made in basic services, especially with regard to compliance with hygiene measures. These were mainly restrictions on contact with the environment and restrictions on freedom of movement due to the ban of visits, the need to restrict movement of clients inside and outside the facility, quarantine, but also due to the staff restrictions (permanent teams at client groups, suspension/restrictions with external workers, and illness/quarantine of staff). During a standard operation, there were situations where it was very difficult to comply with the prescribed measures, such as the use of protective aids and their proper use. Although, these measures were not binding for clients with intellectual disabilities, nevertheless, some of them complied with the measures, there were misunderstandings, it was problematic in contact with other persons, who felt threatened (other clients, families, and workers). Explaining all the limitations, especially to clients with intellectual disabilities.

A significant issue for the providers but also the lack of information, or rather their abundance and ambiguity. Individual measures (especially Ministry of Health) were not always formulated in terms of the reality of social services, there was a lack of specific information for individual types/

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[11] Our research focuses on all services for persons with disabilities, however, out of this whole group of people with intellectual disabilities make up the largest group, and a very significant one in many types of services For example, 57% of people with intellectual disabilities and 36% with combined disabilities (that is most often combination of intellectual disabilities with another type of disability; Public Defender of Rights, 2020).

forms of social services and information were often provided late (although the activity of MoLSA was mostly positively evaluated). On the other hand, workers understood that with regards to such an exceptional and new situation, it is difficult for central authorities to specify all details in terms of individual types and services. Cooperation with other similar services and support from non-profit and professional organisations, especially the Association of Social Services Providers, were perceived positively.

The pandemic period for social workers was (and still has been) very demanding. They had to cope with new and unknown tasks (hygienic measures), often work overtime and with a limited number of workers, represent positions that they are not used to, and to reconcile their work and family life (threat of disease transmission into families, need to care about children in a quarantine/online education). They were also limited in the possibility of informal contacts with colleagues, but also in the possibility of professional consultations. The possibility of supervision was evaluated positively, not only in relation to work, but also to personal issues. Social workers, where it was not possible to completely reduce contact with clients, were perhaps more at risk of COVID-19 infection than health workers (clients with intellectual disabilities did not have to wear respiratory protection or they were not able to do so, there is a close or a long-term personal contact necessary, especially when necessary with common daily activities).

The services had to deal with a number of hitherto unknown problems, such as the need to use online forms of communication, among employees and others (meetings, consultations, communication with the management and families of clients), as well as while providing services (mainly EIS). They have also encountered some totally new and challenging problems that actually do not belong to the services provided, such as the need to help outpatients when their family member dies (an assistance in providing residential services, psychosocial assistance to clients and families).

In addition to many negatives that the pandemic has brought, of course, there have been positives in the analysis. The use of technologies (not only the possibility of online communication, but also the shooting of instruction materials), more intensive forms of online consultations with clients, families and workers and external collaborators, intensification of supervision (albeit online). However, parts are is perceived inconsistently by individual employees (implementation of online communication, the possibility of online education). When dealing with the pandemic, adjustments to the internal processes and redistribution of work responsibilities (adaptation to a new situation), setting clear rules, cooperation with founders, and support of employees (psychological/supervision, adaptation to a situation in a family).

Presented research cannot lead to a comprehensive answer to the question "What lessons can we learn from the pandemics?" Or "What impact did the pandemic have on individual social services?" see Discussion). The evaluation of this research will be followed by a questionnaire, where all providers of all above given social services for people with disabilities will be addressed. After evaluating the quantitative part, the next step shall be a focus on groups consisting of professional workers of social services, users of social services/family members, representatives of the Ministry, and professional counsellors. Based on these documents, professional teams will prepare functional methodologies, with the aim to help social workers, clients, and employees to better cope with challenges posed by the pandemic.

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Policies by People with Intellectual Disabilities[1]

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Abstract

OBJECTIVES: The article aims at introducing the concept of "policies by people with intellectual disabilities". THEORETICAL BASE: The idea that action plans pursued by people with intellectual disabilities (PID) can be seen as "policies" is derived from Street-level Bureaucracy (Lipsky, 1980), interpreted as suggesting the notion of bottom-level policies. METHOD: Action plans to promote PID opportunities were identified by analysing interviews devoted to the question of "what should be done for PID", conducted in 2019/2020 in a selected local community. Two of the action plans, namely those formulated by PID, are examined in the article. An analogy between the features of street-level policies by Lipsky and the action plans by PID was identified. Hence, the PID action plans are interpreted as "policies by PID". OUTCOMES: Two types of such policies by PID were identified, namely "personal supporting network" and "participation in public affairs". SOCIAL WORK IMPLICATIONS: The PID narrations of PID concerning their social workers convey the message that social workers are expected to listen to the policies by PID and to contribute to their autonomous implementation by supporting PID in dealing with practical matters and in promoting their self-esteem.

Keywords

intellectual disabilities, sheltered housing, becoming independent, autonomous policies, autonomous implementation

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INTRODUCTION

The aim of the article is to introduce the concept of "policies by people with intellectual disabilities"[3], by which term I refer to the agency and ability of people with the stigma of intellectual or learning disabilities (hereinafter "PID") to take an independent direction and act as sovereign entities in promoting their opportunities. Researchers pay attention to the ways in which PID view their own social interactions ("PID viewpoints"). However, they often do not expect that PID have the agency and ability to follow their own policies. In my opinion, research of PID viewpoints which neglects the possibility that PID could act as autonomous policy makers limits the researchers' ability to recognise the part of the views of PID regarding their own social interactions, which I refer to as "policies by PID". The same seems to be true of helping practice. Failure to recognise independent policies adopted by PID limits the ability to promote the true opportunities of those PID who endeavour to achieve independence through autonomous efforts.

The following text provides a background for understanding the assumptions and concepts outlined in the preceding paragraph. It includes an overview of selected relevant literature which seems to support the assumption that researchers dealing with PID viewpoints quite often do not really see PID as people who act autonomously. This seems to imply a gap in looking at PID viewpoints regarding their social interactions. To bridge this gap, I am introducing the concept of "policies by PID". Based on this conceptualisation, I present the policies adopted by PID that have been identified by research examining local actors' action plans in promoting PID opportunities. The research in question was conducted in a selected local community in 2019 (Musil, 2022). Two distinct policies by PID, namely "participation in public affairs" and "personal supporting net", were identified by the research (see below). Referring to these results, this article proposes that the existence of policies autonomously implemented by PID should be admitted by both researchers and those supporting PID in helping practice.

"PID HARDLY ACTING AUTONOMOUSLY" – AN OVERVIEW OF THE LITERATURE ON PID "SUBJECTIVE ASPECTS"

For a better understanding of the term "policies by PID" put forth in this article, we will first look at the story of Helena published by Cree and Davies (2007:106–114):

Helena was told that she had a learning disability at the age of 11: *"I was just about to go on to the secondary school. When my mum and dad saw the headmaster, he said that your daughter is slow at learning to read and write … I would have to go to a special school."*[4] She felt that the school offered her no education at all: *"You just sat in the classroom; the teachers didn't talk to you. If you did something wrong you were told you were stupid … Everyone there thought we weren't worth anything."* At the age of 13, Helena decided, with the help of her sister, to learn read and write: *"I decided to get some books and do it myself."* At 18 years of age she was told that she would be attending training schemes for the rest of her life: *"I said I wanted to go out to work. He* [the headmaster] *said: 'You can't go to work because you can't read or write.' I told him I could but he didn't believe me."* When she was 20, Helena said she was no longer prepared to stay in the training schemes. She was told at the centre she was attending: *"Someone will have to come round and see you then"*. Helena and her parents were visited by Alison, a social worker from the municipal disability employment scheme: *"She was the first one who was interested in us … we told her … what I would like to do ... it gave me confidence that someone wanted to know what I wanted to do."* Alison supported Helena in looking for employment at the job centre and linked her to a group of jobseekers with disabilities. Supported by Alison

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[3] Text in quotation marks in regular type are the concepts or interpretations of the author of this article.

[4] Text in quotation marks in italics are quotations from literature or the verbal accounts of the research informants.

and the group, Helena became a part-time administrative assistant at a department of the local university. After 3 years Alison proposed Helena would move to a full-time permanent salaried job as a service user, interviewing candidates for programmes in social work. In talking about what helped her manage her disability, Helena identified the following resources: her own efforts, friends and family, user groups, and social work.

It seems that Helena avoids the reluctant practices of some of her service providers by taking her own direction despite the service providers' restraining assumptions. The text below offers evidence in support of the claim that she follows a consistent personal "policy". What is more, she is not the only person with the stigma of intellectual or learning disability to have set on this course.

There is a robust volume of literature on what Dean et al. (2016:435) refer to as the *"subjective aspects"* that PID associate with interactions between them and society ("subjective aspects"). However, it provides very few examples, let alone systematic descriptions, of analogies to Helena's approach. It seems that the authors of research on subjective aspects often assume that PID are unlikely to act autonomously. There are several reasons for this assumption. First, authors across the above-mentioned relevant literature reflect on the subjective aspects surrounding PID using terminology unrelated to action. Second, even though some authors look at subjective meanings in PID contexts using terminology which implies action (such as "strategy"), they often interpret their findings as action initiated by support staff rather than PID. Third, the assumption that PID lack control over their social environment seems accepted and unquestioned by many authors. It is hence appropriate to explore in more detail the reasons leading most researchers studying the subjective aspects of PID to consider that PID are unlikely to act autonomously.

As regards conceptualisation of subjective aspects of PID, the disabilities and communication problems of PID were deemed to be so extensive that *"evidence from them was not sought"* in the 1970s. Hence, the perspective of PID themselves was regarded as *"hard to determine"* at that time (Manthorpe, 1999:112). Since about the year 2000, researchers have stressed the importance of *"understanding subjective aspects"* (Dean et al., 2016:435), i.e., aspects which PID attribute to their interactions with their social environments.

Referring to "subjective aspects", the researchers in question use the following terms: *"satisfaction"* (Asselt-Goverst van, 2014; Copeland et al., 2014), *"meaning"* (Dean, Fisher, 2016; Byhlin, Käcker, 2018), *"views"* (Manthorpe, 1999), *"(subjective) perspective"* (Manthorpe, 1999; Schleien et al., 2013; Overmars-Marx et al., 2014; Sandjojo et al., 2019; Tilley et al., 2020), *"perceptions"* (Dean, Fisher, 2016; Byhlin, Käcker, 2018) or *„self-perceptions"* (Esdale et al., 2015), *"preferences"* (Dean, Fisher, 2016; Sandjojo et al., 2019), *"wishes"* (Asselt-Goverts van et al., 2015; Bredewold, 2021), *"desires"* and *"dreams"* (Schleien et al., 2013; Harrison et al., 2021), *"voices"* (Manthorpe, 1999; Schleien et al., 2013; Davidson, 2015), *"plan"* (Schleien et al., 2013), and *"strategies"* (Li, 2004; Hartley, Maclean, 2008; Smith et al., 2015; Bredewold, 2021).

The term "strategy", as used in the above–cited works, implies three connotations. I will call them "strategies for PID", "strategies for the agency of PID", and "strategies by PID". "Strategies for PID" are support approaches available to frontline staff to promote greater social inclusion of PID (see McConkey, Collins, 2010). "Strategies for the agency of PID" are ways to learn a pivotal skill which, once mastered, enables the individual to learn other skills independently of the support staff (Smith et al., 2015:20.) I will use the term "strategies by PID" for *"viewpoints"* of PID (Li, 2004:243) and *"clear plan*[s]*"* for PID (Schleien et al., 2013:224) in relation to PID promoting opportunities, social acceptance or independence through their own effort.

In summary, from among the fourteen above-mentioned concepts related to the subjective aspects of PID, only four, i.e., "voices", "plans", "strategies by PID", and "strategies for the agency of PID", seem to imply a meaning involving autonomous action by PID. The remaining ones refer to a subjective "looking at" rather than an independent direction and operation by PID. Authors using the "looking-at" concepts seem to recognise subjective views of PID while considering it unlikely that PID could act autonomously.

The second indicator suggesting that autonomous action by PID is seen as unlikely is the use of findings related to the subjective aspects of PID. There are two categories of authors. Some of the above researchers use their findings as a source of recommendations for action by the support staff. Based on their findings on the subjective aspects of PID, they propose how the support staff can reasonably build social environments which promote opportunities (Asselt-Goverts van et al., 2015; Esdale et al., 2015; Smith et al.; 2015; Wilson et al., 2017; Byhlin, Käcker, 2018; Bredewold, 2021; Harrison et al., 2021). Even when findings on the desires of PID for independence are presented, the barriers to and risks involved in such independence are discussed in one breath, and the need to prevent these desires through the support staff is stressed (Sandjojo et al., 2019). In the second category are researchers who, based on their findings, put forth explicitly action in which PID are the principal agent (Manthorpe, 1999; Davidson, 2015; Schleien et al., 2016). For the most part, these authors use the term "voice" in their concept and, consequently, they promote self-advocacy by PID, their participation in designing services, and informing the community of the experience of PID. Li (2004) is the only author from both groups who adopts either of the two approaches in interpreting his findings. This supports the idea that it is uncommon for these authors to interpret the results of their research as a source of recommendations for action by both support staff and PID.

The above overview leads to the conclusion that a substantial part of the authors in question use their findings to encourage action by support staff. These authors seem to assume that PID are unlikely to act autonomously.

The third observation supporting the conclusion that researchers looking at the subjective aspects of PID consider autonomous action unlikely stems from their implicit assumption that PID have little control over their environments. Hartley and MacLean (2008:2–3) distinguish between *"active"* and *"avoidant"* coping with stressful circumstances. Active coping consists in efforts to gain control over stressful circumstances, avoidant coping in efforts to disengage from stressful circumstances. Based on their findings, Hartley and McLean (2008:122–123) draw the picture of adults with mild intellectual disabilities as those who *"often have little control over their environments"* and hence *"may not have the ability to modify many stressful social interactions"*. On this background, Hartley and McLean imply that for persons with mild intellectual disabilities confronted with stressful interactions, avoidant coping *"may be related to better psychological outcomes than futile attempts to modify a situation that is outside of their control"*.

This conclusion seems to be a rather logical implication of the assumption that PID tend to have little control over their environments. It is a question though how Hartley and McLean's data on coping by PID would be interpreted, or indeed what data would be obtained in respect of coping if the background assumption is that there exist PID who follow their own direction through their own efforts.

Shogren et al. (2010) report the subjective tendency of people with and without intellectual disabilities to perceive their own actions as failing to influence their environment. If this is the case, the person's environment is thought to be influenced by outside forces. This tendency is more frequent among PID with mental retardation than among those with learning disabilities and among their peers without disability. However, the subjective tendency to attribute influence on one's environment either to external factors or to one's own personal actions *"may be subject to significant individual variability"*, according to Shorgen et al. (2010:88). This conclusion implies that there are individuals with intellectual disabilities who believe they can exert personal influence on their social environment. These people may depart from avoidant to active coping. Consequently, it seems that there are activist departures from the universal inclination to avoidant coping, as identified by Hartley and McLean in the population of PID.

In other words, even though the avoidant interpretation by Hartley and McLean is reasonable, there may be PID who individually adopt their own policies. Helena is probably not an absolute exception.

“POLICIES BY PID” – THE CONCEPT

I derive the idea that action plans adopted by PID can be seen as “policies”, from Street-level Bureaucracy by Lipsky (1980). Lipsky uses the term “policies” in reference to independent action plans by street-level bureaucrats who are frontline workers in public bureaucracies. Hence, he puts forth the concept of policies by people in a submissive and overregulated position. In other words, Lipsky comes up with the idea of “bottom-level policies”. I employ this idea in conceptualising independent action plans by PID who, like Helena in the text above, try to make their intentions happen under the circumstances of their submissive position, overregulated due to the stigma of intellectual disability. From this perspective, “policies by PID” constitute a specific kind of bottom-level policies.

Lipsky provides a clue for understanding the concept of bottom-level policy. He (1980:13) argues that no matter how submissive and overregulated (by the rule of legislation and multiple expectations of multiple authorities) the frontline position of street-level bureaucrats may be, it permits them to pursue a *“policy”* with respect to significant aspects of their interactions with the citizens they serve. In his narrative, Lipsky (1980; 1991) depicts street-level bureaucrats as lower-level public workers who use their essential discretion to cope with stressful working conditions. With resources being inadequate, expectations ambiguous and clients typically non-voluntary, public frontline workers are unable to do their job well. Hence, they experience the feeling of inadequacy in meeting their service ideals. In response to these stressful circumstances, street-level bureaucrats follow their own interests by making their tasks manageable in order to feel adequate. To reach this point they construct and implement their own patterns of practice which help them promote such lower-level interests. They execute these patterns of practice autonomously, through their own efforts, in the long-term and in a routine manner.

Following the line of argument put forth by Lipsky, I propose that a policy by PID, like any bottom-level policy, is an **action plan** which a **person who resides in a submissive and overregulated position** uses to respond to his or her circumstances (conditions and interactions) in that position. The persons concerned find these circumstances stressful in terms of their capacity to attain their ideals and a feeling of adequacy. In line with the above concept of street-level policy by Lipsky, the elements of a policy adopted by PID are as follows: **discretion** of the person with the stigma of intellectual disability; **feeling of inadequacy** in meeting an ideal; **perception of stressful factors** by a person with intellectual disability; **interests** in making stressful circumstances manageable so that the person with intellectual disability can attain an ideal and feel adequate; a **pattern of practice** adopted by the person with intellectual disability to promote his or her interests; **autonomous effort** in implementing his or her pattern of practice.

Looking at the above story in the light of the concept of “policy by PID”, an analogy emerges between the assumptions presented by Lipsky and Helena’s narrative.

Helena seems to meet the elements of a person residing in a submissive and overregulated position. The submissiveness and overregulation elements stem from her being labelled as *“slow at learning to read and write”*. This stigma implies she *“would have to go to a special school”* and is expected not to *“go to work because … she can’t read or write”*, even though, as a matter of fact, she has attained these skills. Being stigmatised, Helena has not met anybody *“who … wanted to know what I wanted to do,”* until she meets social worker Alison.

Helena conveys her view of what is stressful in her position by describing her repeated encounters with disinterest in relation to her person. In this respect, she refers to three kinds of experience: other people disinterested in *“what I wanted to do”*; special school teachers not talking to children in class; the headmaster’s scepticism when confronted with Helena’s claim that she *“could”* read and write, and hence would *„go out to work”*. There also seems to be an implicit message that this lack of interest was an obstacle in Helena’s effort to be accepted as a self-reliant person. Because her wish does not come true, Helena seems to be experiencing a feeling of inadequacy which she conveys by commenting on the stressful attitude of the school staff: *"Everyone there thought we weren't worth anything."*

In the logic of what she considers stressful in her position, Helena expresses her interest by wishing *"to learn to read and write"*, to abandon the training schemes and *"to go out to work"*, to be accepted as a self-reliant person.

Helena says that she uses considerable discretion in implementing her interest: she has *"decided to get some books and do it* [learn to read and write] *myself."* Hence, she has taken the opportunity to use her autonomous judgement. This kind of discretion seems to be a part of the pattern of practice she applies to accomplish her goal. The other part of the same pattern seems to consist in using external support to reach the desired point: Helena's decision to learn to read and write *"by myself"* was made *"with the help of her sister"*. Becoming a client of social worker Alison from the disability employment scheme, Helena formulates her interest in making use of her ability to read and write in order to get a job. It thus becomes clear what she *"wanted to do"*, which opens the door to using Alison's support in looking for work at the job centre and linking Helena to a group of jobseekers with disabilities. Helena reports that she was able to get a part-time job and later full-time job owing to her autonomous efforts as well as support from the family, user groups and Alison.

I assume that using external support in pursuing their interests is a substantial feature in the patterns of practice employed by PID. There are two reasons behind this idea: Helena describes how she uses support from her family, user group and social worker to avoid the restraining practices employed by some service providers as well as to promote her own interests to become educated and employed. Also, her narration fits with the argument put forth by Hartley and MacLean (2008:2–3) that involving other people or resources in a person's own effort to cope with stressful circumstances is one of the crucial elements of "active coping".

Throughout her life, Helena implemented her pattern of practice to promote her interests. Her policy was thus a long-term one. Lipsky (1980) argues that practices adopted by frontline workers become part of street-level bureaucracies' culture. Taking this line of argument, it seems reasonable to assert that policies by PID, like any bottom-level policy, include long-term elements, such as long-term interests and their long-term implementation through repeatedly applied practices. This assertion, however, is questionable from the perspective of the argument that ad hoc and short-term targets prevail in present-day (post-modern) society (Musil, 2013).

Helena's action plan shows features of the bottom-line policies put forth by Lipsky. Consequently, her action plan can be referred to as "policy by PID". The following question arises: is the policy adopted by Helena an exception from the rule or are there other people living with the stigma of intellectual disability who follow their own policies? The next sections bring to light cases which support the assumption that the policy pursued by Helena is not an exception.

METHODOLOGY

With the help of my co-workers Lenka Kaňovská and Miloš Votoupal, I carried out research exploring "action plans adopted by actors promoting opportunities for PID in a selected local community ("the Community") in 2019 (Musil, 2022). Eleven individual or group interviews were conducted with fifteen actors involved in network promoting opportunities for PID. The actors had been selected in a targeted manner. They were social workers, social service managers, policy co-ordinators, and residents of a selected local sheltered housing establishment for PID. These local actors had been identified and selected by a local expert who described and approved their active engagement in promoting opportunities for PID in the Community. The article aims at interpreting the action plans adopted by the sheltered housing residents. The process in which they were selected is therefore described in more detail below. The scope of the disclosed data on selected actors is intentionally limited and the members of the sample are pseudonymised in the following text as the author committed himself to protect the informants' anonymity.

The interviews were aimed at answering the following question: “What should be done in relation to PID in the Community?” The concerns and issues expressed spontaneously by the approached actors were discussed with them after they answered this initial question.

The transcripts of the interview records were analysed and interpreted on the backdrop of the principles of *“deductive qualitative analysis”* by Gilgun (2015) and *“thematic analysis”* by Braun and Clark (2019), as well as the assumptions concerning the *“network style of implementation structure”* (hereinafter the “network style structure”) by Peters (2014).

Gilgun (2015:4, 9) calls the deductive qualitative analysis a *“hybrid”* model which combines the idea of the inductive building (rather than testing) theory and the concept of *“sensitizing concepts”*. By this term Gilgun refers to ideas and hypotheses which stem from conceptual frameworks and which *“focus and guide research”* and *“suggest directions along which to look”* at the research topic.

The conceptual framework of the network style structure implied that the individual actors engaged in the opportunities for PID promoting the local network *“do not necessarily share the same perspectives on the policies”* and that they *“may well have different ideas and interests about policy”* (Peters, 2014:135). Hence, the primary aim of the analysis was not to identify the informants’ common policy views. Attention was paid to the differences identified; the separately analysed transcripts of the individual interviews were the initial step in examining the interviews. Subsequently, comparing the outputs of the individual interview analyses were the next step in the process of data examination.

The principles of reflexive thematic analysis by Braun and Clark were applied in analysing and comparing the individual transcripts of the interviews. The concept of themes understood as *“domain summaries”* was applied. Themes of this kind are *“summaries of the range of meaning in the data related to a particular topic”* which *“aim to capture the diversity of meaning in relation to a topic or area of focus”* (Braun, Clark, 2019:592–593). Braun and Clark (2019:591) point out that *“themes do not passively emerge from data”*. In accordance with this assumption, meanings were identified inductively and, subsequently, they were deductively categorised into topic groups. The term “meaning” refers to diverse ideas about the individual actors’ strategic intentions and measures (hereafter “ideas”). These ideas were inductively identified from the interview transcripts. The term “topic” refers to rather broad categories labelled by general terms such as “residential care”, “independence”, “employment”, “housing”, “getting in touch” “leisure activities”, “public acceptance”, etc. These terms convey the identified meaning of the informants’ verbal statements placed in the relevant categories. They were not used in this exact form by the informants but, as already mentioned, by the author to identify a category.

A total of twenty-eighth such “ideas” were identified in the transcripts of all the eleven interviews. The author found that the thus-identified ideas were related to seven abstract themes, and he subsequently assigned each of the twenty-eight ideas to one of the seven themes. Specifically: transforming residential care; reducing elements of residential care in the approach of sheltered housing workers; promoting the individual capacity of PID to become independent; promoting the integration of PID in employment; promoting independent housing for PID which provides contacts with the community; promoting independence of PID in leisure time activities; promoting acceptance of PID by the local community. Distinct views of what and how should be achieved and done were identified within every theme as well as within the individual ideas assigned to the different themes.

A master list of the themes, ideas and distinct views of ideas was derived from all the eleven interviews. Each actor’s list of themes, ideas and distinct views of ideas was compared with the master list. In most of the twenty-eight ideas, different views by different actors were identified in terms of what and how they thought should be achieved and done. Based on these differences, seven types of the actors’ action plans to promote opportunities for PID were identified: *“assisted independence”*; *“assisted spending of time”*; *“participation in public affairs”*; *“co-ordination facilitating community living for PID”*; *“coalition of social service providers”*; and *“personal supporting net”*. These action plans and the way in which they were identified are described in more detail elsewhere (Musil, 2022). In the text below, only the action plans titled "participation in public affairs" and "personal supporting net" are examined. The reason for this selection is that specifically these two types of action plan were formulated by the actors (PID).

I based my considerations on the assumption that PID are autonomously acting people who design and implement their own action plans. This was the reason why PID were included in the local advisor's list of the actors to be approached. Hence, two of the eleven interviews involved selected sheltered housing residents living with the stigma of intellectual disability. It was difficult to select just two such residents. They differed in terms of willingness to participate in an (one-on-one or group) interview. Moreover, unlike the other actors, the sheltered housing residents had no clear position in the supporting net for PID within the Community in 2019. Furthermore, they had different aspirations in terms of becoming actors in the Community. To cover the full range of their views regarding participation and aspirations, we decided to conduct a one-on-one interview with sheltered housing resident Mr R. and a focus group interview with a group of sheltered housing residents comprising Mr P., Mr O., Mr K., and Ms F.

The "personal supporting net" action plan was identified in the transcript of the interview with Mr R., and the "participation in public affairs" action plan was derived from the transcript of the focus group interview with the group of sheltered housing residents. After identifying these two action plans of PID, I started to look for ways of assigning relevant meanings to them. Both plans show some signs of discretionary intentions and measures. My goal was to highlight this aspect and to respond to doubts regarding autonomous acting by PID. I had encountered these doubts in personal communication with some of the actors, helping workers and family members of PID in the Community. In addition, during the interviews, the actors approached reported that local community members, some public authorities and family members of PID questioned autonomous acting by PID.

I found it relevant to use Lipsky's term *"street-level policies"* (Lipsky, 1980:86) to refer to the narrations of PID concerning their autonomous action plans. Hence, my interpretation of the ideas presented by Mr R. and the group of sheltered housing residents was shaped on the background of the analogy between the policies of public frontline workers and the action plans of PID. My attempt to produce an interpretation of this kind is described in this article.

OUTCOMES – TWO POLICIES BY PID

The action plans of Mr R. and the group of sheltered housing residents are described below. They are included under the umbrella term "policies by PID".

The action plan titled **"personal supporting net"** was voiced by Mr R. during the interview conducted in 2019. I am interpreting his action plan as a certain kind of bottom-level policy of a PID overcoming personal difficulties in becoming part of the local community. In Mr R.'s perception, this policy entails two crucial ideas: *"consulting"* helping workers on how to tackle the personal obstacles involved in belonging in the Community, and fostering friendly relations, sometimes having the characteristics of personal relations, with helping workers and fellows who are sympathetic to him as a user of sheltered housing for PID (his "friendly circle"). In simple terms, Mr R. counts on a kind of personal supporting net which he sees as a means of alleviating the difficulties he is facing as a PID in the local community.

For him, being part of a personal supporting net is not just his individual way of dealing with his personal difficulties, but a practice useful also for other PID facing similar troubles and a precarious position in the local community: *"… if someone doesn't go out and meet people and doesn't communicate … these people can get help from a psychiatrist, psychologist, or social worker, get help with things like that … I'm in psychotherapy … and I speak with my public guardian Mrs Látalová and with other people as well … we exchange e-mails."*

Mr R. feels stigmatised by being a sheltered housing resident. He voices this self-perception indirectly by saying: *"… disabled people should be integrated with normal people"*. He notices that he is not seen as "normal", which entails difficulties in contact with some segments of the Community. He feels to be a target of mockery (*"I can't avoid being laughed at by young students at the bus station, they offend me, speak about me …"*) and harassment (*"Gypsies and the homeless trouble me … the homeless always beg for money from me … Gypsies always hang around and smoke at the bus station …"*). It is embarrassing for him to be the target of such undesired attention whenever he enters a public space such as the bus station. Interpreted in terms of the bottom-line policy concept, Mr R. feels overwhelmed, and hence overregulated because he is not seen as "normal" and attracts disquieting attention by (some segments of) society. Given this disturbing experience, he feels to be in a submissive position towards people in public spaces.

In his position, Mr R. experiences inadequacy in meeting his ideal of being integrated with "normal people": *"I try to go out and meet people, but I have … a problem … I simply fear … I'm simply afraid of those Gypsies, students and homeless people …"* His words reveal what he finds stressful: it is the lack of opportunity to go out and meet people without being annoyed by those who make him the target of their stigmatising views and harassment. According to Mr R., it is not just him but also other sheltered housing residents who wish to avoid this kind of stress and be able to meet people without being harmed.

Mr R. describes, and recommends to others, a pattern of practice he has acquired. It consists of the following three practices: instant avoidance, consulting helping workers, and enjoying contacts with those who are sympathetic to him and his effort to become a member of the Community. He believes that this pattern is a relevant instrument to promote the interests of sheltered housing residents who share his unpleasant experience.

Instant avoidance means hiding and immersing in your own little world: *"I just walk around, making a few extra steps so that I don't meet them* [*students, Gypsies, homeless*] *… I make myself a coffee, a large paper cup, black coffee, and I sip at my coffee and look at buses passing by. I just sit on the bench, sipping coffee and meditating."* Albeit discretionary, this element of Mr R.'s pattern of practice seems to be avoidant.

Other components of the pattern consist in communicating with helping workers and enjoying contacts with his friendly circle. These components engage other people and services in the efforts of PID, which Hartley and MacLean (2008:2–3) regard as one of the crucial elements of active coping.

Mr R. describes his communication with helping workers by answering the following question: "Could you say there is an idea of what to do to ease your fear?" He replies: *"I consult my psychologist Mrs Veselá, psychiatrist Mr Rada, public guardian Mrs Látalová, my assistants Anička and Dášenka, and my social worker Zuzka* [using the diminutive form of the assistants' and social worker's names] *about it … I'm in psychotherapy …"* Mr R. believes that using this support helps him *"handle everything like* [Mr R.'s friend] *Jonáš, work on getting a flat, go out to work … simply learn good manners and get along with people"*.

Mr R's words in the interview transcript draw a picture of someone who enjoys contacts with his friendly circle: *"… with my fellows, bosses, assistants and social workers … I like it so much that they are ready to help, support, have a talk … and chat with humour and fun … I can confide in them, I just need advice … we exchange e-mails, I'm in touch with them…"* Mr R. recalls this kind of social contact taking place in a rather broad set of social service settings: *"… in the sheltered workshop and sheltered housing, at the labour office, in the Citizens Advice Bureau and in the Volunteer Centre …"* Moreover, Mr R. reflects on his close ties with his fellow workers: *"I have friends at the worksite, guys at the workshop … and Mrs Kulhánková. She supports me in becoming independent."*

Mr R. reflects on the overlapping nature of communication with helpers and the fostering of contacts with his friendly circle: *"I'm really happy that my public guardian is frank with me, she has said she's fond of me, and she encourages me to trust in Good … she's kind to me, I can simply confide in* *her all the time, … she doesn't get upset, she isn't angry with me, she accepts me the way I am, and she will support me absolutely, discuss anything with me, she doesn't hide anything from me and keeps me informed … she doesn't mind all those long e-mails I write to her…"* He reflects on the pragmatic side of his friendly relationship with the guardian: *"My aunt Zdeňka didn't want to tell me how much money I had on my account … she is no match for Mrs Látalová and I don't regret that my guardian was changed and I'm extremely happy that they changed my guardian."* The mention of the replaced guardian seems to indicate that designing a personal supporting net is a matter of Mr R.'s discretionary choice as he prefers a framework which promotes his autonomy.

The transcript of the interview with Mr R. reveals that he attributes three meanings to the practice of consulting helping workers and fostering contacts with his friendly circle: support in dealing with practical matters; promoting his prestige and self-esteem; and support in coping with psychological stress.

He says that helping workers and the friendly circle help him deal with practical matters such as housing and going out to a sheltered or even (*"in future"*) regular job: *"They advised me on how to handle it …" "Just helping my friend Jonáš move to his flat was an opportunity to see the place, and I enjoy it very much and would like to do the same."* Mrs Látalová *"shows me my mail and account statements and pension assessments"*. Mr Lukeš from the labour office *"said it's OK that I have his e-mail address and phone number and if I need something I should let him know right away."*

Communication via e-mail and communication on social media with people in politics (*"Mayor"*, *"Regional President"*, *"Senator"*, *"party leader"*) seem to be a source of self-esteem and feeling of prestige for Mr R.: *"I simply get their contact details on Facebook or their e-mail address … and we exchange messages … I would like to say that I've joined a political party."*

All these contacts and relations with helpers and friendly acquaintances help Mr R. deal with his inclination to *"fear"* and *"isolate myself"*. Being able to consult helping workers contributes to transforming these inclinations into Mr R.'s introspection. Thanks to this he distinguishes between assumed (*"I can't avoid being laughed at by those … young students … I make myself believe that this is what's going on."*) and objective (*"the homeless … offend me …"*) intimidation by people in public spaces in the local community. This insight and trust in his friendly circle (*"Ms Látalová"*, *"Ms Kulhánková"*, *"Jonáš"*, *"social worker Zuzka"*) makes Mr R. open to becoming connected to other people as he believes in their good intentions.

Ms Látalová was one of the fifteen actors promoting opportunities for PID approached in 2019. The transcript of her interview shows that, same as Mr R., she believes that PID should be connected to a net of personal ties and support in the Community. Unlike Mr R., she considers that a personal supporting net is established purposively by a *"co-ordinator"*. Mr R. describes his personal ties and net; however, in his narration there is no sign of it being designed with purpose. He becomes connected with people whose services are recommended to him by his friendly circle. Instead of just using their services, he builds partnerships. His account of one of his conversations with social worker Zuzka is characteristic in this respect. Zuzka was surprised to learn that he continued to maintain contact with Mr Lukeš from the local labour office (see above) because *"I have a sheltered job actually, so she thinks I have finished that co-operation."*

Mr R.'s personal net seems to be the result of his discretionary, even if intuitive plan to *"get in touch…"*.

The action plan titled **"participation in public affairs"** was formulated by Mr P., Mr O., Mr K., and Ms F. (jointly the "sheltered housing residents") during the focus group interview in early 2020. I am interpreting their action plan as a sort of bottom-level policy of PID aimed at reducing *"discrimination"* and *"stressing that we have the same rights as others"*. The sheltered housing residents' version of this policy entails the crucial idea of *"drawing attention to … and … fighting for"* what they think is in their interest.

As sheltered housing residents, they reflected on the issue of *"becoming independent"* during the interview. In the interview, *"independent housing"* became a synonym of *"becoming independent"*: *"… if one of us, the mentally impaired, applies for a flat … he won't get it … We need to become independent after all…"* Their ideal is to obtain independent housing in order to experience independence and to become independent. Different interview participants strive for this ideal in different ways. Mr O. has been independently residing in a flat in the local community since 2020. Mr P. is determined to *"apply next year"*. Mr K. keeps *"the application in a binder … I wanted to submit it at an earlier point but I didn't … I forgot to ask my physician to give me the certificate … I feel encouraged when I discuss the matter with you."* Ms F.'s account: *"I'd like to go and live in a flat as well. But I don't dare. People from the social department insisted I should sell my flat in the neighbouring city to have the means of subsistence. They refused to give me social aid because I own a flat. This isn't good."*

The difficulties faced by the individual respondents are not the only stressful factors the sheltered housing residents have to tackle. Even more daunting is the general position of PID in the hierarchy of applicants for municipal flats from *"the municipal council"* (the administrative authority of the Community):

> Mr P.: *"… elderly people are preferred, women with children are preferred … and we simply always come last … if one of us, the mentally impaired, applies for a flat … he won't get it … I think it's discrimination …"*
> Mr O.: *"I have the same experience … more or less, yes, you're right …"*

The conversation shows that the sheltered housing residents *"always come last"*, i.e., find themselves in a submissive position, overregulated by the stigma of *"mentally impaired"* people and by the limited chances thus available to them. This experience is accompanied by a feeling of inadequacy in meeting the ideal of becoming independent by receiving independent housing:

> Mr P.: *"I'll apply* [for a flat] *next year … I'm sure they'll give it to someone who isn't like us …"*
> Mr K.: *"They prefer other people … but those who are in need. If there's a single mother with a child she should have priority."*
> Mr O.: *"But we need it too. We need to be independent. We matter no less than a mother with a child or an elderly person."*

To overcome these stressful circumstances and to reach the ideal of becoming independent by obtaining a flat, the residents consider that it would serve their interests if *"the municipal council"* changed the procedure of processing applications from PID:

> Mr P.: *"… they should do it in a better way. So that people with mental impairment, if we try to become independent, they should simply give us a chance."*
> Mr O.: *„… we have the same right to housing as people without impairment."*

To promote these interests, the residents rely on a practice of *"drawing attention to"* and *"fighting for"* what they think is in their interest. They discussed the autonomy aspect during the interview:

> Mr K.: *"I agree with you … drawing attention to our existence and that we have the same rights and we have the same right to housing as people without impairment … the managers of sheltered housing should do something about it …"*
> (commotion in the recording)
> Mr K.: *"You mean we will draw attention to it?"*
> Mr P.: *"Who else should if not us?"*
> Mr O.: *„… I'll fight for it … I may bring it to court if they ignore this…"*

I recall from my participative observation that Mr O. repeatedly contemplated *"setting up a self-advocacy group"* in the late 2019 and early 2020. The words *"I'll fight for it"* prove his determination to participate in making the idea of a self-advocacy group happen. The group was indeed set up by some of those involved in the focus group interview later in 2020.

The residents contemplate the option of using advice from outside. *"We have Natálie …* [a worker of the 'Life with Health Impairment' advisory centre]. *She advised us of what can be done about those flats. We're in touch with her …"* Some participants of the focus group interview even inquired about the competence of their social worker, Zuzka, to set up the self-advocacy group. Zuzka has confirmed this account.

There is hence a discretionary pattern of practice repeatedly referred to by the sheltered housing residents during the focus group interview.

DISCUSSION – POLICIES BY PID AND DIFFERENT MODES OF INVOLVEMENT

The action plans adopted by Mr R. and the group of sheltered housing residents seem to show the elements of bottom-line policies as put forth by Lipsky (1980; 1991) and presented in the text above in the section introducing the concept of "policies by PID". Two types of such policies were identified by analysing the transcripts of the interviews with selected sheltered housing residents, namely "personal supporting net" and "participation in public affairs". Based on these findings, I suggest that the policy from the story of Helena is not an exception.

The research results presented above do not challenge the argument put forth by Hartley and McLean (2008) that PID prefer avoidant rather than active coping strategies. On the other hand, they seem to support the hypothesis that there are PID whose policies represent activist departures from the supposed universal inclination of PID towards avoidant coping.

Moreover, the differences between the policies of PID as described above seem to suggest that the actors of such policies adhere to different kinds of involvement. I will address this idea by comparing the policy adopted by Mr R and the group of sheltered housing residents with different modes of (PID) involvement implied by various models of disability.

Votoupal (2020:80–84) speaks about *"interactional"* views of disability which *"pays attention to interactions between a person with an (intellectual) disability and the social environment"*. Votoupal describes three versions of the interactional disability model. Namely *"environmental"*, *"social"*, and *"relational"*. Disability is perceived as an implication of inconsistencies between the person's capacities and the demands of the environment within the framework of the environmental model. From the perspective of the social model, oppression is seen as the source of stigmatisation and exclusion of those who suffer from being labelled as the disabled. In the relational model, disability is understood as a situational construct depending on a changeable interrelation between an individual person's capacity and his or her living conditions.

Various models include different approaches to understanding (PID) involvement. In brief, in relation to the different ways of understanding involvement, the term "being part of the community" is based on the assumptions of the environmental model, "democratic participation" is consistent with the propositions of the social model, and "informed choice" complies with the postulates of the relational model of disability.

The concept of *"being part of"* the community defines involvement of PID in line with the environmental model according to Bogdan and Taylor (1999:1). For these authors, being part of the community means to have genuine, spontaneous and meaningful relations with community members; being known as a unique person; and contributing to the community by sharing its practical as well as public concerns.

To extend participatory democracy and to condemn the interests of those who subvert service users' aspirations for empowerment and involvement is the purpose of service users' (including PID) involvement from the perspective of the social model of disability according to Beresford (2019). He makes the case for the following principles of service users' involvement: self-organisation and organisations led by service users; their self-advocacy and taking part in professional and occupational education and training; taking part in emancipatory research stressing service users' experiential knowledge.

According to Tøssebro (2019) and O'Brien (in Thomas, Woods, 2003:65–80), in the core of the involvement of PID are informed choices made by people with complex service needs that promote the development of relevant services for PID. PID are taking part in a large set of decisions which, taken together, create the man-made community environment which respects the preferences of PID. These decisions concern housing models and individual service plans and independent living schemes embodied in formalised statements which can be subject to appeals.

The comparison of the policies adopted by Mr. R and by the group of sheltered housing residents brings the following findings: Mr. R declares that his policy of "personal supporting network" is an expression of his effort to develop meaningful human and helping relations to overcome barriers of stress and to become a respected member of the community. Hence, the policy of a "personal supporting network" seems to be analogous to environmental model understanding of PID involvement. The people in the group of sheltered housing residents express their wish to overcome what they perceive to be discrimination in housing and to voice their rights as citizens. Hence, the policy of "participation in public affairs" seems analogous to the way in which involvement of PID is understood by the social model.

To sum up, the policies adopted by PID and the actors of these policies take various approaches to understanding the involvement of PID. This implies that the concept of "policies adopted by PID" addresses neither a specific focus or interests of the actors involved, nor the specific ways in which they are achieved. It refers merely to the personal agency of the actors of such policies and their determination and ability to use it independently.

CONCLUSION

I recommend that those who co-operate with PID in policy and practice presume the existence of discretionary policies adopted by people with intellectual disabilities, which they implement autonomously. Helena, Mr R. and the group of sheltered housing residents spontaneously mention social workers. They draw the picture of social workers as helpers interested in listening to PID and promoting their interests and intentions, prepared to engage their expertise in the practice patterns implemented by PID themselves – in the role of discretionary policy makers. Their narration seems to convey the message that the mission of social workers, other helping workers, and policy makers is not just practicing their strategies for PID who are supposed to expect paternalistic guidance, but rather preparedness to listen to and understand the policies by PID and to contribute to their autonomous implementation. The policy makers among PID cited earlier in the text seem to expect both support in dealing with practical matters and promotion of self-esteem and encouragement for those who *"try to become independent"*.

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Activation Policy in the Czech Republic: A Failing Tool to Fight Poverty and Social Exclusion

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Abstract
OBJECTIVES: The aim of this article is to investigate participants' experiential knowledge about implementation of activation policy in the context of Czech employment policy and to find out to what extent activation policy has proved to be a tool for combating poverty and social exclusion. THEORETICAL BASE: The paper is theoretically based on street-level bureaucracy, micro-institutionalist theory, and advanced marginality. METHODS: This article is based on qualitative research of the implementation of activation policy in selected branches of the Labour Office of the Czech Republic. The data include in-depth interviews with clients registered at labour offices and interviews with clients' social workers. OUTCOMES: It is concluded that jobseekers' responses to the implementation of the current work-first activation policy reflect survival strategies and are rooted in ethnic, gender, and class-based inequalities in neoliberal societies. SOCIAL WORK IMPLICATIONS: Long-term unemployed need comprehensive support to overcome their social disadvantages. The activation policies must be based on social services in order to be labelled as inclusive. This is especially true for integrating groups with complex social problems in the labour market.

Keywords
activation policies, work-first, social exclusion, poverty, employment policy

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INTRODUCTION

The term "activation" is part of a widely accepted political discourse in Europe today. Since the 1990s, social policy in OECD countries has highlighted activation as the main tool for (re) integrating unemployed people into the labour market, and as an effective strategy to combat social exclusion (Nybom, 2011). The phenomenon of social exclusion is today a major socio-economic problem and an important area for implementing the priorities of the EU cohesion policy (Sikora, 2017). The fight against poverty and social exclusion has become a key issue in recent years (Panican, Ulmestig, 2016), and activation policies have become part of the EU policies of 'Active Inclusion' (Council of the European Union, 2010). However, questions have been raised about their real effectiveness when overcoming poverty and social exclusion (Barbier 2001; Lødemel, Trickey, 2001).

Poverty has been driven rapidly up the policy and research agendas of the European welfare states and increasingly, it is discussed in the vocabulary of social exclusion. Social exclusion is often identified as a phenomenon associated with multiple deprivation (Walker, Walker, 1997). Paugam (1995) cites as defining features of social exclusion: low income, precarious employment, poor housing, family stress and social alienation. Social exclusion is a multidimensional phenomenon that includes spatial exclusion as well (Percy-Smith, 2000; Gojová et al., 2021). The social exclusion paradigms offer an integrating framework, which puts institutional processes at the heart of the poverty debate. This framework helps to focus on the institutions and actors involved in the processes that cause deprivation. It thus has immediate implications for policy (de Haan, Maxwell, 1998).

Heidenreich and Aurich-Beerheide (2014) claim that activation policies must be based on social services in order to be labelled as inclusive. This is especially true for integrating groups with complex social problems in the labour market. Recent studies suggest (e.g., Langenbucher, 2015; Eleveld, 2017) that countries with high rates of social exclusion and poverty have introduced stricter work-related sanctions compared to countries that have a relatively low risk of social exclusion and poverty.

Little attention has been paid to how activation policies are supposed to produce their effects, and what chain of mechanisms unfolds upon and during implementation. We assume that the success of an activation policy solving social problems depends mainly on the way it is implemented in practice. The aim of this article is therefore to investigate participants' experiential knowledge about implementation of activation policy in the context of Czech employment policy and to find out to what extent activation policy has proved to be a tool for combating poverty and social exclusion.

ACTIVATION POLICIES AND THE RISK OF SOCIAL EXCLUSION

A number of scholars maintain that social exclusion is a process, not only the condition reflecting the outcome of that process (e.g., Beland, 2007). Poverty and social exclusion are embedded in the social relations that generate and maintain it. Sen (2000) claims that social relations that restrict access to rights give rise to the lack of freedom underlying poverty. Conceptualizations of social exclusion emphasize that the key cause of social exclusion is "institutionalized discrimination" (Mingione, 1997). Atkinson and Davoudi (2000) describe what might be included as institutionalised exclusion, as exclusion from the democratic and legal system, exclusion from the labour market, exclusion from the welfare system, and exclusion from the family and community system.

Activation policies today focus less on education or (re)training and more on promoting rapid(re) entry into the labour market through negative incentives, mainly related to the threat of suspension or termination of benefits and mandatory work activity (Adler, 2018; Redman, 2021).

Supporters of the activation policy concept perceive employment as a necessary condition for an individual's involvement in society. They associate this social significance of work with neoliberal political values, such as limiting the culture of addiction (Winkler, 2009).

Activation policies are conceptualized in various ways. They are most often understood as a continuum bounded by two ideal types: the work-first model and the human resource development model (e.g., Lødemel, Trickey, 2001; van Berkel, van der Aa, 2012; Sirovátka, 2016). The first model emphasizes negative incentives and sanctions for the unemployed, the aims of the second model are empowerment and increasing people's skills. Many scientists (e.g., van Berkel, van der Aa, 2012; Nothdurfter, 2016) emphasized the impact that the shift towards activation had on employment and social policies and on interactions among frontline practitioners and clients, these interactions being increasingly based on interventions aimed at changing individuals' behavior, attitudes, and compliance. This leads to frontline practitioners putting pressure on people to change themselves, and not to change the structures that lead to their difficult situation (Nothdurfter, 2016). Consequently, critical research considers activation policy to be disciplinary (Kampen, Tonkens, 2019). Disciplining may include setting precise timetables and requiring compliance from everyone without any exception and regardless of individual needs (Foucault, 2008). Within the framework of activation practices there is a long tradition of using the so-called "work-test". With the help of the work-test, job seekers are supposed to demonstrate their willingness to work or lack of ability to work, and in this context the content of activation programs focuses on job seeker's behaviour instead of focusing on resources that increase opportunities in the regular labour market (Nybom, 2011). Compliance with the expected behaviour can be enforced either by law, or sanctioned by frontline practitioners themselves, but also by social pressure of the environment (Foucault, 2008). Eleveld (2017) points out that there is a correlation between the harshness of the work-related sanction and the risk of material deprivation or even social exclusion. These results call into question the current approach of European Union policies that consider work-related sanctions a common tool of activation policies. Pérez Eransus (2008) mentions a "double trap" of activation and precariousness. He points out that when people living in social exclusion, receiving social benefits, and participating in activation programs get low-paid jobs they soon return to the social security systems. He also points out the risk that enforced activation may undermine the civil rights of vulnerable job seekers (see also Daguerre, 2004; van Berkel, 2006).

STREET-LEVEL ACTIVATION STRATEGIES

In the last decade, research conducted at the 'street-level' (Lipsky, 2010) examining how the implementation of activation policies are experienced by various groups (Prior, Barnes, 2011). Redman (2021) concluded that job seekers are not always "passive victims", but with the help of "everyday weapons" they can bend policy implementation to avoid undesirable political results. However, their strategies are largely rooted in the "material nexus" of class inequalities in neoliberal societies. Frontline workers have on the other hand, a significant amount of space for discretion (Lipsky, 2010). The activation policy is thus partly formulated and implemented through the street-level bureaucrats' discretionary practices and informal coping behaviours (Thorén, 2008).

Street-level activation strategies are influenced by ideological discourse and a specific concept of activation as well as institutional conditions in which they are implemented (Sirovátka, 2005). Rice (2013) views street-level bureaucracy at three levels: (1) interactions between caseworkers and clients, (2) the environment of the implementing organization, (3) the relationship between the two levels of interaction and the broader economic, political, and social context. Micro-institutionalist theory argues that the welfare state is not just a product of the laws and regulations that elaborate how the welfare state should function but is constantly and dynamically created and reproduced in human interaction (Rice, 2013). Human interaction is rooted in social structures, such as economic, political, cultural, and social systems, or social institutions that, according to Jenkins

(2000:10), represent “patterned, organized, and symbolically templated ‘ways-of-doing-things’”. Wacquant’s (2008) advanced marginality can help to understand little-explored experience with implementing activation policies. It is characterized by a current, developed and advanced form of socio-economic and political marginality, typical of modern and advanced capitalist states. Wacquant sees advanced marginality as a relatively new regime of social and spatial exclusion, which crystallized as a result of the uneven development of the capitalist economy and distribution within Western societies, while reducing the cost of the welfare state. Advanced marginality is a multidimensional problem that cannot be solved by one-dimensional, albeit well-thought-out, intervention. Wacquant (2008) has succeeded in relatively effectively and sensitively linking the macro-level of economic, social, and political relations and processes that make up the “infrastructural” basis of the process of advanced marginality with the micro-level phenomenology of the everyday life of people affected by these changes.

ACTIVATION POLICY IN THE CZECH REPUBLIC

The beginnings of the activation reform in the Czech Republic are associated with neoliberal rhetoric referring to individual causes of welfare dependence. Therefore, the reforms are characterized by cuts in social spending (Saxonberg, Sirovátka, 2014). Sirovátka (2016) states that the reforms started to be introduced since 2006 and peaked in 2010–2012. The re-centralization took place between 2010 and 2011, bringing a stronger subordination of local labour offices and staff cuts. Sirovátka (2016) states that the dictate of cutting public spending led to non-professionalism, and approval procedures that were non-transparent and non-standard. The reforms transformed employment service delivery to discourage, subject recipients to surveillance and punishment by harsh sanctions.

The Czech Republic is currently a country with the lowest unemployment rate in the EU (Eurostat, 2021), but it suffers from stagnating long-term unemployment. According to OECD (2021) the unemployment rate in the Czech Republic was 3.20 percent at the end of 2020, and Long-Term Unemployment Rate was in 2020 at 22.3 percent. Is striking that at least one fifth of the job seekers has been penalty-excluded from the register. Trlifajová et al. (2019) state that there were over 85,000 sanction terminations from the registration in 2018, while the average number of job seekers was almost 240,000. In 2019, a total of 110.6 thousand job seekers left the register, of which over 52 thousand were sanctioned, which is almost half. Šimáček (in Cechl, 2021) from the Institute for Social Inclusion stated that in 2018 and 2019 the termination from the registration were so significant that the number of paid benefits fell to half of the original number. The sanction termination from the registration leads to the suspension of health and social insurance payments. Pursuant to the Employment Act No. 435/2004 Sb., the sanction termination from the registration can be imposed for up to six months. Such excluded people fall out of the statistics and the system, and it is not clear what their subsequent situation is.

People who remain registered at the Labour Office of the Czech Republic often face multiple barriers when entering the labour market (Władyniak et al., 2019). Getting a job by itself is not enough to change the social situation - long-term unemployed need comprehensive support to overcome their social disadvantages. However, coordinated provision of services in this area is not yet available.

RESEARCH DESIGN AND METHODS

We were interested in experiential knowledge of people who are a group in the sense that they share a particular experience with job placement at the Public Employment Services. We wanted to understand their information and wisdom gained from lived experience (Schubert, Borkman, 1994), because an activation is considered fair and effective only if it is adapted to the problems and needs of the individuals who are activated (Borghi, van Berkel, 2007). The frontline practitioners in Public Employment Services play a key role in how clients understand and experience politics (Prior, Barnes, 2011). This paper seeks to provide space for people who are directly affected by the implementation of activation policy whose voices and experiences are still lacking in professional discourse.

In order to understand how activation materialises in the practice of policy implementation for its ultimate beneficiaries, it is necessary to conduct in-depth qualitative research. Qualitative research is based on how relationships and concepts of different types are understood by participants in social reality (Rubin, Babbie, 2011). The article presents partial data from wider research focused on the implementation of activation policies, which was carried out from January to December in 2019. The aim of the research project was to understand how the activation policy at the Labour Office of the Czech Republic is implemented. Partial research questions were: How do the research participants describe their experience with job placement at the Labour Office of the Czech Republic? How do the research participants reflect their experience with job placement at the Labour Office of the Czech Republic? How do research participants interpret the impacts of activation policy implementation on their lives/clients' lives? How does the implementation of the activation policy affect the future actions of research participants?

Participants

The group of the research participants consisted of men and women with experience in registering at the Local Labour Office. The participants were included in the research according to the following criteria: the job seeker is registered at the Local Labour Office; the length of registration is at minimum 5 months; he/she is willing to participate in the research.

Twelve interviews were conducted (8 individual interviews, 2 two-person interviews and 2 group interviews) with 19 job seekers (14 women and 5 men aged 16 to 63 years). Out of these ten participants were Roma and one non-Roma - recipients of social assistance, who are living in socio-spatial excluded neighbourhoods, and eight recipients of unemployment benefits from a majority society (white, middle class). Socio-spatial excluded neighbourhoods being defined as 'concentration of more than 20 people living in unsatisfactory conditions (indicated by the number of recipients of subsistence allowances) and occupying a physically or symbolically enclosed space (indicated by external identification)' (GAC, 2015:14). The unemployment benefits are those that are typically received during an initial phase of unemployment (typically requires previous employment or insurance contributions). The duration is limited in time to 5-11 months. Individuals and households living in poverty and who are not entitled to unemployment benefits are the recipients of social assistance receiving a minimum level of income support. The division into recipients of unemployment benefits and recipients of social assistance is very simplistic but it only aims to distinguish the social-economic situation of the interviewees.

Communication partners were selected using deliberate sampling through the institution (Lewis-Beck et al., 2004). We completed the obtained data with interviews with three workers dealing with these clients (these were workers who helped us carry out interviews with job seekers) and one frontline practitioner in Public Employment Services. The workers who provided contacts with the job seekers had direct experience with the activation system, so we also included them in the sample to perform a multi-level analysis of the implementation of active policies and to create a broader and finer picture of the nature of activation procedures.

We had aimed to continue interviewing until we had reached saturation, a point whereby further data collection would yield no further themes. In practice, the size of the sample was largely determined by the availability of respondents and resources to complete the study (financial and temporal). Nonetheless, by the last few interviews, significant repetition of concepts was occurring, suggesting ample sampling. The composition of sample reflected our interest in how contextual factors (for example, poverty, social exclusion, gender, and ethnicity) mediated the activation policy experience. We tried to support the depth of case-oriented analysis. We selected the cases based on the virtue of their capacity to provide richly-textured information, relevant to the phenomenon under investigation (Vasileiou et al., 2018). The data cannot be generalized and only speak to the perspective of a certain research sample. The research study is intensive rather than extensive, and further investigation is needed.

Table 1: Participants – job seekers

Type of interview	**Pseudonym**	**Sex**	**Age**	**Education**	**Length of registration with labour office**	**Number of registrations**	**Place of residence**	**Duration of interview**
Individual interview	Bela	F	47	vocational	5 months	First registration after 20 years	outside a socio-spatial excluded neighbourhood	42 minutes
Individual interview	Ela	F	49	trained	5 years	multiple	in a socio-spatial excluded neighbourhood	35 minutes
Individual interview	Olga	F	16	elementary	5 months	second	in a socio-spatial excluded neighbourhood	10 minutes
Individual interview	Petr	M	19	elementary	18 months	first	outside a socio-spatial excluded neighbourhood	8 minutes
Individual interview	Radka	F	43	elementary	9 months	multiple	in a socio-spatial excluded neighbourhood	21 minutes
Individual interview	Silva	F	63	none (illiterate)	more than 10 years	multiple	in a socio-spatial excluded neighbourhood	14 minutes
Individual interview	Vojta	M	17	elementary	6 months	first	in a socio-spatial excluded neighbourhood	10 minutes
Individual interview	Zdenko	M	24	trained	7 months	second	in a socio-spatial excluded neighbourhood	22 minutes
Two-person interview	Tibor	M	16	trained	8 months	first	in a socio-spatial excluded neighbourhood	23 minutes
	Ulrika	F	18	trained	5 months	second	in a socio-spatial excluded neighbourhood	
Two-person interview	Claudia	F	26	vocational	5 months	multiple	outside a socio-spatial excluded neighbourhood	52 minutes
	Dara	F	23	vocational	6 months	multiple	outside a socio-spatial excluded neighbourhood	

Group interview	Franta	M	60	elementary	1 year	multiple	in a socio-spatial excluded neighbourhood	30 minutes
	Gabka	F	28	elementary	1 year	second registration after parental leave	in a socio-spatial excluded neighbourhood	
	Heda	F	54	elementary	10 years	multiple	in a socio-spatial excluded neighbourhood	
Group interview	Karin	F	60	vocational	1 year	multiple	outside a socio-spatial excluded neighbourhood	1 hour 2 minutes
	Lada	F	57	vocational	13 months	multiple	outside a socio-spatial excluded neighbourhood	
	Mirka	F	57	trained	1 year	multiple	outside a socio-spatial excluded neighbourhood	
	Nora	F	56	vocational	18 months	multiple	outside a socio-spatial excluded neighbourhood	

Table 2: Participants – workers

Type of interview	Pseudonym	Sex	Age	Work experience	Education	Work position	Employer	Duration of interview
Individual	Alice	F	27	5 years	Bachelor's degree in economics-administration	Frontline practitioner	Local Labour Office	1 hour 8 minutes
Individual	Iva	F	25	2 years	Master's degree in social work	Social worker	Municipal Office	26 minutes
Individual	Jana	F	44	15 years	Master's degree in public administration and regional development	Project manager	NGO	25 minutes
Individual	Vanda	F	36	30 months	Secondary school	Community worker	Municipal Office	26 minutes

Procedures

The data were collected using in-depth interviews. Interviews (individual interviews, two-person interviews, and group interviews) with elements of the ORID method (Stanfield, 2000) were used. ORID (*Objective, Reflective, Interpretive, Decisional*) allowed us to structure and naturally develop the conversation through a targeted discussion. The ORID method helped us to comprehensively understand how activation policy is implemented from a micro-perspective of job seekers. For the workers, questions were based on the same principle. Workers answered questions from their own perspective and were encouraged to interpret clients' perspectives to help complement the context of implementation of the activation policy.

We chose the technique of group interviews because in contrast with individual interviews it allows creation of data through interaction between participants. During the group interviews, participants were able to verbalize their views and attitudes in response to the statements of others. All interviews took place either in the cooperating organization, at participants' residence, or at our Faculty.

Ethical approval

The participants were acquainted with the topic, objective, course, and circumstances of the research, and gave their consent to processing their statements for the research purposes. We followed the Ethical Principles in Research with Human Beings, adopted by the American Psychological Association (APA, 2010) during our research. The research was subject to the University research ethics approval by the University of Ostrava.

Data analysis

The data analysis was conducted using the Constructivist Grounded Theory (Charmaz, 2006). Interview data were literally transcribed. In the analysis process, we searched for categories, i.e., significant classes of behaviour, persons or events, and then defined their specific properties, compiling a set of relations among these classes. The data analysis was carried out using the two main types of coding that Charmaz (2006) described as follows: (1) initial line-by-line coding and strategies that encourage a detailed study of data and creation of concepts; (2) focused coding that allows large amounts of data to be separated, sorted, and synthesized. During the coding as well as afterwards we were making memos (memo-writing; Charmaz, 2006).

FINDINGS

The findings show that activation policy is failing both as a tool for (re)integrating clients in the labour market and as a strategy to combat poverty and social exclusion. The activation policy proves to be disciplinary and has a negative social and financial impact on people living in social exclusion.

Consequences of activation practices for labour market inclusion

Activation policies can be seen in the participants' statements as the work-first activation model. The participants said that frontline practitioners expect them to find a paid job quickly. However, the needs of the participants were complex and external conditions often made it difficult for them to find work. For some recipients of unemployment benefits, registration at the Local Labour Office is only a temporary solution to the current situation and relates to the payments for health and social insurance.

> "*I actually came from abroad and I didn't go to work right away... so I just didn't want to pay for social and health insurance, so I got registered at the labour office ...*" (Dara, F, 23 years). "*So, I came in January, and I started* [a retraining course] *in April. It was amazing that the State would pay for my health insurance for one year…*" (Bela, F, 47).

On the other hand, recipients of social assistance have other financial needs.

> "*Well, they could have offered me some help, maybe one-time help. I returned from prison. I showed them the papers from the doctor on the medication, but I didn't have money for it. I had to come there and wait. She* [frontline practitioner] *said that I had to hold on, that it is not so fast…*"

> (Radka, F, 43). "*Yeah, they need support, a total support…, they don't know what to do, where to go and what they need. They need comprehensive advice, we arrange for them other things, housing and so on*" (social worker Iva, F, 25).

The participants' statements also show that frontline practitioners make activation requirements in contradiction with their clients' needs and abilities. Participation in activation programs is subject to several requirements, such as the length of registration or the age limit for some entitlement, etc. For example, Ela was interested in computer courses but could not attend the program because she did not fit in the required age category. "*I'd go there. They actually told us that those courses would be free of charge… and that one would educate there somehow, but I never fit in that age limit*" (Ela, F, 49). Olga had a need to develop her practical skills. When determining appropriate activation, however, the social worker followed her own ideas of what was best for Olga (a young Roma woman).

> "*I was disappointed because I… my sister was attending a cosmetics course and I wanted to go there too, and I asked if she* [frontline practitioner] *could give me an application, and she told me no, that I hadn't been there for three months… I expected they would help me somehow… finding a job myself or sending a CV somewhere, that I have already tried. But because of me being sixteen, they didn't accept me anywhere. This is a problem*" (Olga, F, 16).

This approach was a violation of the principle of personalization (Christensen, Lægreid, 2011; Toerien et al., 2013, Solvang, 2017) because services do not correspond to an individual but to the idea that the individual must fit the service. And it is a typical example of "parking" (Carter, Whitworth, 2015). An absurd example of a work-test, and at the same time a contradiction between the activation requirements and the job seeker's skills, is the case of Silva. Being illiterate, she was sent by a frontline practitioner to apply for a job that required computer skills. "*Well, I can't read, and she* [frontline practitioner] *offered me a computer-related job, well, I went there, I went there on purpose…*" (Silva, F, 63). Activation requirements are also made in contradiction with the clients' health abilities.

> "*…there is a lot of pressure there, with all the job vacancies they have on offer, they are sending them to all possible jobs, even if the job seekers themselves don't feel that this is something that is right for them*" (manager of the NGO project Jana, F, 44).

Activation, in its current form, is failing to (re)integrate people into the labour market and is misleading because job offers do not lead to getting paid work.

> "*I don't think it's intensive job placement, it's just some rules… I haven't seen any one from those people to find a job through the labour office*" (community worker Vanda, F, 32). "*…As for me, these are meetings about nothing, just to meet a requirement, to tick something off, and that's all*" (social worker, Iva, F, 25).

Although unemployment has been decreasing nationwide, pressure on the unemployed by the labour offices has been increasing. "*… In the past six months I also felt that there has been a lot of pressure from the labour office on people… like, is it all right, but like at any cost?*" (NGO project manager Jana, F, 44). The pressure on the candidate is made through sanctions. Applicants are most likely to be penalized for failing to meet the exact timetable for meetings. If the applicant does not keep the appointment, he/she is excluded from the register without exception and regardless of individual needs.

> "*You have to come at a certain hour, God forbid, if you come earlier, they told me it was a reason for being excluded, too ... Threatening, that's all they do*" (Karin, F, 60). "*Then I found out from friends and colleagues… that you couldn't even go on vacation, so I was shocked that you couldn't say you were going on vacation, it's like being in prison*" (Bela, F, 47).

Not keeping the appointment was the most frequently mentioned reason for being excluded from the registration, mostly with the participants living in social exclusion. "*… well, you want to go there, but you forget, so you feel sorry afterwards. Well, but it can't be undone. It is so strict now*" (Ela, F, 49). In order to excuse the absence, it is necessary to deliver the excuse in person on the same day. According to some participants, it is not enough to provide a medical certificate. A sickness certificate must also be presented. Nor are excuses accepted electronically. "*Nowadays they don't even accept an email, and if I sent them an excuse from the doctor as a community worker, that's not possible either. Clients simply have to come*" (Vanda, F, 32).

The participants faced other sanctions for inactivity in finding a job or refusing the offered job. Job search activity is tested. Normally, an official confirmation is required.

Finding a job is often accompanied by feelings of pressure and fear to accept any job.

> "*They're very scared there. They're really afraid that when they come to an employer and say it's not quite right for them because they would have to carry heavy things or anything… that it's possible that the employer will make it difficult for them at the labour office*" (NGO project manager Jana, F, 44).

If the employer refuses to issue the certificate or if the applicant fails to agree with the employer and the employer informs the labour office that the applicant refused the job, the applicant is asked to justify his/her actions. If he/she is unable to prove that he/she did not intentionally refuse the job, he/she is excluded from the register. It is therefore important to look more closely at how employers engage in activation policy.

> "*… When I came there, the receptionist at the entrance, when I told her I came up with a labour office recommendation, told me that it was not within their discretion to sign this [confirmation] and called the security to expel me…*" (Zdenko, M, 24 years). "*I didn't get on with her [potential employer] well because she started acting arrogantly, so I said I would not be there… and she angrily made a note that meant exclusion... As I was taking care of my dad, we then agreed somehow, but it is a problem to defend it afterwards*" (Lada, F, 57).

The participants often stated that they felt the need to defend themselves before the frontline practitioners and to explain to them that it was not a matter of not refusing to work, but they were often prevented from starting work for objective reasons.

> "*I told her* [frontline practitioner] *when I call him* [the employer], *so he says yes, he has time for me and when I come there, seeing I'm Roma, he says, unfortunately, we have no vacancies. She thought I was joking, but then I gave her the certificate that I had really been there and then she believed me*" (Vojta, M, 17)."

Sanctions are sometimes associated with threats and intimidation. For example, Silva described her experience of being threatened by a frontline practitioner to be excluded from the registration because of being illiterate. "*She was rude to me. She said: 'You are illiterate, I could exclude you from the registration if I wanted to,' so I didn't even talk anymore because I was afraid of being kicked out by her*" (Silva, F, 63).

The imposing of sanctions is closely linked to how job seekers are aware of their rights and obligations. Act No. 435/2004 Sb. only stipulates that labour office staff are obliged to instruct job applicants about their rights and obligations, but it is not stipulated how it is to be done. According to the participants, this is usually done by handing the instruction in writing and confirming it by signature meaning that the client has read and acknowledged the instruction. However, written formulations are often difficult to be understood by people with lower education. "*Well, they wouldn't understand it, even if they read it eight times, so they actually depend on us to tell them everything*" (social worker Iva, F, 25).

In addition to written instructions, the applicants are sometimes acquainted with their rights and obligations at group meetings. However, group meetings may create unpleasant feelings and fears of humiliation for the unemployed.

> "*There are about 30 people who have come to register ...*" (Gabka, F, 28). "*For example, they set the meeting for the morning, and the commuters don't follow the rules because they don't remember them or don't understand them, they're afraid to answer, they're afraid to ask…*" (Zdenko, M, 24).

The participants also stated that they did not remember any instructions about their rights and obligations, others stated that they had difficulties to understand the rules. It often happened that, due to a misunderstanding of the rules, they were excluded from the register.

> "*Well, I don't remember anyone instructing me about anything, maybe at that first meeting*" (Bela, F, 47). "*They have a lot of rules. In the beginning, you do not absorb it and make a mistake you do not even know about and for that you are excluded…*" (Zdenko, M, 24). "*They told me that if there was something within eight days, I was supposed to call, or something. So, I thought that they wouldn't exclude me, and I went there early in the morning the day after I was supposed to go there, and they excluded me.*" (Olga, F, 16).

The information barriers may have several negative consequences for job seekers and may ultimately lead to exclusion from the register. A similar lack of awareness of job seekers prevails in the area of individual planning, although there is a statutory obligation to plan individually. Most of the participants we interviewed did not know that there was something like an Individual Action Plan (IAP), let alone knowing what was set out therein. Individual planning is a mere formality. The goals are set by the frontline practitioners, and clients only perceive IAP as another paper they must sign, otherwise they would be excluded from the register. "*Well, I think that it was the frontline practitioner who set those goals, it was definitely not in cooperation with that client*" (social worker Iva, F, 25). As the goals were not even discussed with the clients, the IAP only serves as another disciplinary tool. Similarly, van Berkel (2007) states that in Finland, individual action plans were originally designed as a disciplinary tool, adding that the first group of people targeted were social assistance recipients who rejected job offers or training.

The following, Table 3, provides a summary of the current consequences of activation practices for job seekers and their labour market inclusion and contrasts them with the perceived needs of job seekers.

Table 3: Summarising: Consequences of activation practices for labour market inclusion

Dimensions	**Activation practices**	**Consequences for job seekers**	**Needs of job seekers**
Expectations	work-first activation	the obligation to accept any work or work program, regardless of its quality or suitability	comprehensive support
Activation requirements	does not consider clients' needs and abilities	clients are perceived as objects of intervention and there is not enough space for their participation (top-down strategy)	personalized approach
Labour market integration	workforce flexibility	intersectionality of labour market disadvantages	support of capability (for example through counselling and training)
Introduction to rights and obligations	written, at a group meeting	misunderstanding of the rules and imminent sanctions	verbal, individual explanation
Sanctions	repressive	sanction termination from the registration	freedom of choice
Individual planning	disciplinary tool	absence of individual planning	own formulation of goals

Consequences of activation practices for poverty alleviation

Dogmatic adherence to the duty of appearing at the labour office appointments entails a heavy financial burden for people living in poverty. The participants testify to the fact that appointments are held once a month, or more frequently if illegal work is suspected. In the case of the so-called "intensive job placement" it can even be once a week.

> "*Intensive job placement means the frontline practitioner has fewer clients, so she can invite them every week. So, we have some spare time, about 15 minutes for the chosen client… the time is shorter when I don't have the 15 minutes for that person, because he is late and someone knocking on the door are added in*" (frontline practitioner Alice, F, 27).

The participants also stated that the length of meetings is most often between 10 and 15 minutes. From the length of meetings, it is obvious that they are not used for systematic and personalized work with clients, but only for testing and checking. If they stated that the meeting lasted about 30 minutes, this time was largely filled with administrative tasks.

> "*I was only terrorized by an* [frontline practitioner], *some of us went after a month, a month and a half, and I had to go every 2 weeks... And when someone is at the labour office, he does not have a lot of money, so the trips and all the arrangements cost quite a lot of money. When you're here in B and you're supposed to go looking for something in O… She* [frontline practitioner] *said like that I was either going to work right now, like she was trying to get rid of me right away, or that she would kick me out, and she didn't care at all*" (Zdenko, M, 24).

When determining the frequency of meetings, frontline practitioners do not consider the distance from the place of residence or the financial situation of the clients. For people living in poverty, regular commuting to the labour office always carries the risk that they will not have money for traveling and will be excluded from the register, their benefits will be withdrawn, and they will be obliged to pay health and social insurance from their own resources. Intensifying the frequency of meetings aims to combat illegal work but does not resolve the difficult situation of clients. For people who only achieve low-value work or are in execution, legal work often does not allow them to break out of poverty, even if they want to work for various reasons. (Trlifajová, Gajdoš, 2019).

> "*For example, on Monday he* [client] *comes to the intensive job placement, gets an offer, within three days he must discuss it with the employer, then the next Monday must bring a certificate, so he has not much room for the performance of illegal work. They may not like it and maybe they will not appear on the agreed day and then they will not come to the labour office at all*" (frontline practitioner Alice, F, 27).

This is not just about appearing in the office. Also, in the case of compulsory job search, clients must go to potential employers and ask for work or take part in job interviews. The frontline practitioners searched for job ads without considering how far the clients would have to commute to work and what their potential earnings would be. For many low-educated recipients of social assistance it is not worth traveling to work because the travel costs are high, and the earnings are low. "*She* [frontline practitioner] *gave me an offer in O* [distant city] *and she* [community worker] *called* [to the office] *that it was not possible to commute up to O as a cleaning woman*" (Silva, F, 63). The statement shows that frontline practitioners mediate work regardless of the quality of work. During their interactions with clients, they exercise a vast amount of discretion. Decisions made in this discretionary space can greatly impact clients' lives (Lipsky, 2010; Keulemans, van de Walle, 2020).

In addition, many elderly clients from socially disadvantaged environments are struggling with digital exclusion. "*The elderly people are more complicated. They are often unable to phone because they do not use mobile phones*" (community worker Vanda, F, 36). At the same time, they do not receive information in a form that is understandable to them. "*They are mostly helpless, because they don't know what the frontline practitioner wants from them, so they may come up with a document and don't know where to go with it and what they were supposed to do*" (community worker Vanda, F, 36).

People from socially disadvantaged environments face several barriers when searching for and maintaining a job. The most common ones are financial barriers, low education, and often the ethnicity of job seekers.

> "*Today, education is very important because they want at least a vocational certificate everywhere. Now there are no factories where they would only take people with elementary education.… Unfortunately, the colour of the skin has been confirmed several times to be decisive for getting or not getting a job*." (community worker Vanda, F, 32).

Roma often come in contact with institutional racism in the policies, processes, and practices (Cashman, 2017). Racism is widely denied in the Czech Republic, and Roma are accused of irresponsible lifestyle choices and anti-social behaviour (Čada, 2012).

Moreover, gaining a paid job is not a solution for people living in poverty. They often work in cycles of short-term, precarious and informal jobs and, over time, return to the labour office. The situation of the people we talked with corresponds to the findings of foreign research on the so-called "double trap" of activation and precariousness. "*…I don't know if they* [frontline practitioners] *realize that if one gets a job that he doesn't find convenient, they will have him back in the labour office in a few months*" (NGO project manager, Jana, F, 44 years).

Participants who were not at risk of poverty and social exclusion had an "escape plan" prepared to defend themselves against sanction termination from the registration, a plan which contained some relevant reason for non-sanction termination from the registration. "*Either I had an agreement to do a job, or a full-time employment, or I had the registration cancelled at my own request, or I started a business, always like that, they never kicked me out*" (Claudia, F, 26).

People from segregated locations usually do not have this opportunity due to institutional racism. Their strategies are mostly dysfunctional and meet sanction termination from the registration of the labour office. They often resign and do not seek to defend against an administrative decision (even if they try, they are not successful); rather, they try to survive from day to day. Their actions have been contextual, emergent, contingent, relational, and dynamic, rather than strictly individual, unitary, rational, or purposive.

> "*Mostly, they go to the doctor's because they don't have money and they have the doctor here, so they don't have to go anywhere and have an excuse for the labour office, or they think they do, but the frontline practitioners do not accept it anyway if the excuse is not delivered on the same day. We tried it several times. For the 2.5 years I have been here, we made about 15 appeals and none of them was successful*" (community worker Vanda, F, 32).

People excluded from registration are then on their own or depend on support from informal networks (e.g., families) or on the assistance of local social and community workers. This means that the solution of system and organizational failures is solved on an individual level.

Many of the participants were not informed by the frontline practitioners, when being removed from the registration, that they had to pay insurance from their own resources, otherwise they would increase their debt with the health insurance company. They usually obtained the information from their relatives or acquaintances. They discussed the next steps (such as setting up repayment schedules) with social workers in their place of residence. Whether the frontline practitioners cooperate with social service workers is entirely at their discretion. "*They don't want to communicate much with us. Situations when they are willing to do so are usually resolved smoothly because they are helpful*" (community worker Vanda, F, 32).

The low unemployment rate, which is to a certain extent artificially reduced by sanction termination from the registration of the labour office, is used for political purposes, when the unemployment decrease is presented as a political success of some politicians.

"*We have meetings on inclusion and a community plan, and these meetings are usually attended by people from the town council, and they claim that there is low unemployment in M., that it is decreasing, etc., but it is due to the fact that people fail to come to their appointments and are excluded from the registration*" (community worker Vanda, F, 32).

Activation strategies are then only 'rhetoric exercises' and 'window dressing' and do not lead to a real change in the political discourse and social inclusion (see also Mareš, Sirovátka, 2008).
The following, Table 4, provides a summary of the current consequences of activation practices for poverty alleviation and contrasts them with the perceived needs of job seekers.

Table 4: Summarising: Consequences of activation practices for poverty alleviation

Dimensions	**Activation practices**	**Consequences for job seekers**	**Needs of job seekers**
Appointment attendance	testing and checking	risk sanction termination from the registration	consider the distance from the place of residence or the financial situation of the clients
Sanction termination from the registration	interpretation as an individual failure of a job seeker	cessation of payment of benefits and creation of compulsory insurance payment, increasing the risk of indebtedness	support from family and community
Job placement	mediate work regardless of the quality of work and its impact on clients' lives	accepting part-time or low-paid work	to consider the skills, preferences and needs of the job seekers
Combating illegal work	aimed to remove job seekers from the Labour Office register	stuck in a "double trap"	legal employment is not usually a solution to the situation of excluded individuals (debts, execution, precarious jobs)

DISCUSSION AND RECOMMENDATIONS

Activation policies can fail not only at the political and organizational levels (Sirovátka, 2016), but also at the personal level - the frontline practitioners do not take into account the socio-economic situation of the applicants, they make activation requirements in contradiction with the needs and abilities of their clients. The primary objective of the frontline practitioners is to (re)integrate the unemployed into the labour market. In some cases, for example when there is a suspicion of illegal work, this objective is replaced by the effort to remove the applicant from registration (also Trlifajová, Gajdoš, 2019). Imposing sanctions does not usually result in the reintegration of people living in social exclusion into paid work (Wacquant, 2008). The imposition of sanctions often results in their income falling well below the poverty line and in increasing the risk of indebtedness. It has been confirmed that sanctions within the activation policy can lead to a deepening of social exclusion, as the sanctioned job seekers face serious financial difficulties.

The implementation of the Czech activation policy is affected by numerous problems that call into question its effectiveness in overcoming poverty and social exclusion. An important factor that weakens the impact of the activation policy is that it ignores the limitations of the labour market as well as the limitations of its participants. The study results show that the activation policy in the Czech Republic tends to the work-first model (also Sirovátka, 2016; Trlifajová et al., 2019). According to several authors (e.g., Pérez Eransus, 2008; Solvang, 2017), this model is more likely to be successful if it focuses on those most likely to be employed, which raises concerns about the consequences for disadvantaged groups. The complexity of social exclusion makes inadequate and ineffective those activation programs that only consider labour integration without addressing other issues such as health, social skills, housing, etc. (Pérez Eransus, 2008; Trlifajová, Gajdoš, 2019).

The statements of clients' social workers suggest the need to coordinate employment services in order to make the cooperation between labour offices and social services as effective as possible. Heidenreich and Aurich-Beerheide (2014) confirm that coordinated provision of employment and social services is an important prerequisite for integrating the long-term unemployed and other disadvantaged groups into the labour market. Wright (2012) writes about a new approach to the social security system, grounded in the lived experience from users' perspectives, which could better recognise connections to intersubjective context by legitimising of non-individual causes of being out of work.

It is also important to consider how the competencies of frontline practitioners contribute to the success of the activation policy. Frontline practitioners should be able to network and collaborate with a large number of stakeholders (employers, social and community workers, etc.), while paying close attention to people's needs in the context of their situation, which puts great demands on the performance of this profession (Corbière et al., 2014). The professionalizing of activation work could counteract the precarious and individualized role of frontline practitioners in this ambiguous policy (Nothdurfter, 2016).

The results show that activation policy limits need to be set, as activation policies are not a panacea, and it is not possible to activate everyone, especially those with low education and income. Investments in human capital need to be increased in order to improve the employability of these specific groups in the labour market and increase their chances of finding sustainable employment with better prospects (see also Broschinski, 2014).

CONCLUSION

Research results suggest that activation policy implemented as a work-first model may contribute to deepening of poverty and social exclusion. Work enforcement faces a number of barriers to (re)-integration in the labour market. These barriers arise at different levels, not only at the individual's level, but also at the employer level, or due to the specificities of the local labour market as well as at the organisational and structural level. The presented data show not only how individual levels of activation intertwine, but also how they strengthen and create a comprehensive, normative system around work, unemployment, and financial support. The current setting of activation practices and requirements is the least suitable for people who have the most complex needs on the labour market and are most often subject to discrimination on the grounds of ethnicity, gender, or age. Long-term unemployed need comprehensive support in overcoming their social disadvantage, which is not currently available. Regular employment is an important policy goal, but activation implementation toward the work-first model and coercive practice increases the potential risk of placing clients in unstable work and financial situations.

Currently, the information most lacking is on the impacts of exclusion from registration. It is necessary to start monitoring what happens to people who are excluded from registration at the Labour Office of the Czech Republic, especially in connection with indebtedness and the increased threat of social exclusion.

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Needs Assessment of Parents Raising Children with Disabilities in Preschool Educational Institution

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Abstract

OBJECTIVES: The authors focused on the study to assess the needs of parents of children with disabilities in preschool education institutions in Ukraine. THEORETICAL BASE: The geography of the study covered three regions of Ukraine and seven preschools of different types. The study sample was limited to parents whose children attend preschool and consisted of 107. METHODS: Series of in-depth interviews were conducted with parents of children with disabilities attending preschool. The results were transcribed word for word. To determine the descriptive topics, the pre-coding was performed, and then refined and interpreted using the MaxQDA10 program. OUTCOMES: The results suggest among the basic needs of parents, which they lack in care and upbringing, included: free time (42%); financial capabilities (financial support) (14%); special skills of communication with children and parenting experience (11%); endurance and patience (8%); coherence, understanding between family members (4%); psychological support (3%). SOCIAL WORK IMPLICATIONS: Many indications imply the absence of awareness among parents in the care and upbringing of children with disabilities; misunderstandings with the social environment; lack of knowledge of parents about social institutions where families can receive help and support; lack of meaningful leisure time with children with disabilities, social isolation of the family.

Keywords

parents, children with disabilities, preschool educational institutions, needs assessment, socio-pedagogical support, Ukraine

INTRODUCTION

The ongoing reform of preschool education in Ukraine emphasizes the need to create an inclusive educational environment conducive to children with disabilities and provide effective socio-pedagogical support for their parents in preschool educational institutions.

In Ukraine, the position of social pedagogue has been introduced in preschool education institutions. The main goal of the specialist is to help children socialize and increase the educational potential of parents. This specialist also provides socio-pedagogical support to parents of children in difficult life situations, particularly raising a child with disabilities. However, preschool educational institutions in Ukraine mostly ignore the need for such a specialist in the state and are often not ready to work with the parents of such children.

Understanding the essence of socio-pedagogical support for parents of children with disabilities in preschool education involves, above all, knowledge of the specifics of various types of developmental disorders, assessing the needs of children with disabilities, identifying current needs of parents as

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caregivers, and creating appropriate conditions for providing them with the necessary assistance in preschool education.

Given the peculiarities of the socialization of children with disabilities, they have their own specific needs, which differ from the needs of children without developmental disabilities, requiring more attention and care from adults, in particular from parents. Therefore, the needs of parents are directly related to the needs of children, complicated by their disabilities, and impact the life of the whole family.

According to researchers L. Stasiuk and M. Slyusar, the difficulties that a family with a child with disabilities constantly experiences are significantly different from the daily worries of a family raising a child with typical development. Researchers emphasize that almost all parental functions, with rare exceptions, are not realized or are not fully executed (Stasiuk, Slyusar, 2017). We believe that difficulties in performing parents' functions can affect the development of a child, his/her upbringing and education, and quality of life for the whole family. It also makes it impossible to fully meet the needs of children and parents, hindering the solution of problems directly related to the limited capabilities of the child.

Thus, the first step in organizing socio-pedagogical support for parents of children with disabilities is to determine the child's needs through the parents' needs assessment. Because children are usually unable to express, explain, and justify their needs due to the peculiarities of their age (preschool period) and the specifics of developmental disorders (mental, speech, motor development).

The aim of the study is to assess the needs of parents of children with disabilities in preschool educational institutions in Ukraine. Authors identified the basic needs of parents caring for children with disabilities and determined the interaction of parents of children with disabilities with preschool specialists and the support provided to children and families.

To achieve this goal, the objectives of the study are: to identify the basic needs of parents caring for children with disabilities; to determine the peculiarities of the interaction of parents of children with disabilities with the specialists of the preschool institution, and to specify the assistance they provide to children and families; to develop recommendations for preschool professionals on socio-pedagogical support of parents caring for children with disabilities.

THEORETICAL BASE

Many foreign studies have investigated the organizational characteristics of an inclusive environment in preschool institutions. In particular, the socio-pedagogical support for parents of children with disabilities in Hungary was analysed by Costin (1969) and McMonagle (2012). The researchers emphasize that local autonomy and assessment of parents' needs are the key features of preschool education in Hungary. Local institutions and schools have the opportunity to adapt to their conditions one of the 15 approved programs from the national database, such as "Waldorf", "Freinet", "Montessori", "Step by step", or to prepare and get the approval of a local educational program. As part of the comprehensive programs of Hungarian preschools aimed at addressing the general needs of children and their parents, an integrated package of services is provided, including health care, nutrition, and psychosocial stimulation; special events for children and families; the participation of parents and community in the curriculum reform is ensured. According to the needs of children, professionals of the health service, psychologists, teachers of special education, speech therapists regularly visit preschool institutions. The focus of Hungary, which strives to provide families with quality and affordable support, is on services for children and parents (McMonagle, 2012).

The studies of the psychological well-being of parents caring for children with disabilities give a basic understanding of how to meet the communication, medical, educational, and other needs of families. Based on different studies exploring the quality of life and mental health of caregivers of children with disabilities (Yamada et al., 2012; Guillamon et al., 2013; Marchal, Maurice-Stam, Hatzmann, van Trotsenburg, Grootenhuis, 2013) it has been proved that raising a child with disabilities is associated with lowered quality of life. Parents of children with disabilities encounter stresses unlike families with typically developing children, so the physical and mental health impacts on the parents of a child with a chronic disability should be appreciated (Chambers, Chambers, 2015).

There are universal factors that contribute to family quality of life and specific such as context and culture. The coping strategies of parents are also important (Sergienko, Kholmogorova, 2019). The mental health of parents caring for a child with an intellectual disability is influenced by child and family factors (Baker, Devine, Ng-Cordell et al., 2021). To provide effective, culturally relevant support that enhances the quality of life for families of children with disabilities it is important to recognize the influence of context-specific factors (Jansen-Van Vuuren et al., 2021). Researchers Bogdanović and Spasić Šnele made the meta-analysis of life assessment of parents of children with developmental disabilities and indicated the need for developing better and more focused interventions aimed at providing support and assistance to this group (Bogdanović, Spasić Šnele, 2018).

Research team Vasiljević-Prodanović, Krneta and Markov report a need for planning guidelines and implementing practical procedures that would contribute to better cooperation between preschool institutions and, parents of children with developmental disabilities (Vasiljević-Prodanović, Krneta, Markov, 2021). It is also important to emphasize that educational staff should be more engaged in the development of parental competence (Vukusic, 2018).

According to the study of psychological well-being of parents with children with intellectual disabilities conducted by Kislyakov and Shmeleva, educational personnel plays an important role in providing support, so interconditionality of psychological well-being of children and their parents can and must be supported and adjusted by the educational institution (Kislyakov, Shmeleva, 2017).

Research by Hanson and Lynch focuses on socio-pedagogical support for parents of children with disabilities in the United States. Researchers identify that the main feature of such support, besides providing them with general support (to provide psychological support, to listen about worries and problems), is the promotion of parenting and meeting the needs of parents raising children with disabilities (advice on child problems, help in caring). Such support in the United States is called child support (Hanson, Lynch, 2013). Scientist Fenlon emphasizes the peculiarity of parents' involvement and providing support in the process of admission of a child with disabilities to a preschool educational institution, taking into account the needs of the whole family (Fenlon, 2005).

Researchers A. Turnbull, V. Turbiville and H. Turnbull provide recommendations reflecting parent-centred practices, including, above all, the recognition and consideration of the needs of the child and his or her parents in practice; the organization and provision of accessible services taking into account the identified needs of the child and parents (Turnbull, Turbiville, Turnbull, 2000).

The research team Surel, Douglas, Finley and Priver (2011) has studied various practices of socio-pedagogical support in Denmark, Scotland, and Germany. They emphasize that the main aim of such support is to ensure the child's well-being, and to support the whole family, instead of focusing only on the child. Therefore, the social pedagogue provides practical support aimed at solving everyday life problems with parents, as well as the formation of parents' skills to support these new positive changes without outside help and support (Surel, Douglas, Finley, Priver, 2011).

The researchers Ha, Greenberg and Seltzer have studied the role of social support for African-American parents of children with special needs. Based on their study the practical recommendations for social workers working with parents of this category are provided, including programs for these families that should facilitate their emotional stress and provide financial assistance. The authors identify two main ways of socio-pedagogical support for parents: social workers provide parents with information about the child's disability and the types of support that parents require, and work with the emotional burden of family members (Ha, Greenberg, Seltzer, 2011).

In the context of our research topic, the experience of social institutions in Australia is of scientific interest. There have early intervention services – Early Childhood Intervention Services (ECIS) that support children with disabilities and their families from birth to school. The services are focused to meet the individual needs of the child, supporting him/her in the natural environment, and supporting parents in their daily life and activities. These services are designed to provide parents with the necessary knowledge and skills and support to meet the family needs. The services are funded through the Department and are provided with specialized services for children and early childhood settings (Drabble, 2013).

Researchers Solomon, Pistrang and Barker report forms of support for parents of children with disabilities through the activities of parent groups. They emphasize that members of parent groups are usually satisfied with the support they receive from other team members. Such support is useful in three areas, in particular: socio-political, which includes the development of a sense of control and management in the outside world; interpersonal, which includes belonging to a certain community; internally individual, which includes self-change (Solomon, Pistrang, Barker, 2001).

METHODOLOGY

The geography of the study covered three regions of Ukraine, and seven preschool institutions became experimental sites: Kyiv preschool institutions number 280, 611, 662, and 590; Center for Child Development "I+Family"; municipal institution "Preschool educational institution (nursery-kindergarten) of the combined type № 4" Teremok" of Kirovohrad city council"; Poltava preschool educational institution (nursery-kindergarten) of compensatory type № 78 "Piznayko" of Poltava city council, Poltava region.

A series of in-depth interviews were conducted with parents of children with disabilities to gather information. The study sample was limited to parents whose children attend preschool and consisted of 107 people (71 women and 36 men), among them 59 individuals from complete nuclear families, 31 members of multigenerational families, and 17 single-parent families (Table 1).

Table 1: Information about respondents

Characteristics of family composition	**Distribution of respondents** *(n=107)*
Preschool educational institutions:	
№ 280	20 people
№ 611	15 people
№ 662	10 people
№ 590	15 people
"Center for Child Development "I + family"	15 people
Municipal institution "Preschool educational institution (nursery-kindergarten) of the combined type № 4 'Teremok' of Kirovohrad city council"	15 people
Poltava preschool educational institution (nursery-kindergarten) of compensatory type № 78 'Piznayko' of Poltava city council, Poltava region.	17 people
Gender composition:	71 woman
	36 man
Family composition:	
Complete nuclear family	59 people
Multi-generational family	31 people
Single-parent family	17 people

At the same time, it should be noted that it was originally planned to conduct a series of focus groups. However, during the piloting of the guide for the focus group, it became clear that the parents-participants kept their problems secret, were afraid to voice their position, or were inherently conformist, as they adjusted to the opinion of the most authoritative parent. It should be also mentioned that parents were on the grounds of the preschool institution, which didn't contribute to openness. To exclude these factors, in-depth interviews were chosen as a method of gathering information. The peculiarities of in-depth interviews are their duration, detailing, taking into account non-verbal signals such as intonation, gestures, postures, and increased attention to the respondent. The above-mentioned allow us to study the issue deeper, to reveal details, to discover new facts, and not just evaluate the already known.

We were also aware of the shortcomings of the chosen method, such as the complexity of the organization, high requirements for the qualifications of the interviewer, his/her potential bias, non-standardization, possible impact on the respondent, and suggestion.

We have created appropriate conditions to neutralize and overcome these shortcomings. In particular, to cover a large number of respondents, five volunteer interviewers were trained from among students of the specialty "Social Work" who did not work in preschool education, which ensured their impartiality; an interview plan and a mechanism for transcribing the data were developed. To minimize the effect of suggestion, a list of indicative questions was sent to the respondents in advance, so that they could formulate a clear position of their own before the conversation.

Given the peculiarities of socialization and types of disabilities of children, the psycho-emotional state, and the current situation of their parents, the questions of in-depth interviews began with establishing a trusting relationship with parents, finding out the composition of the family, and identifying family members who help care for a child, asking about family leisure and available free time for parents. The next stage was a gradual transition to identify problem situations and issues that reveal the current needs of parents, complicated by the child's disability, and determining the lifestyle of parents in general. The target group of the study parents was the parents of children attending preschool institutions, so to clarify their needs, the in-depth interview plan included questions about the specifics of the interaction of respondents with preschool workers and about the support they provide to children and families. Thus, such a sequence of questions, a trusting atmosphere between the participants, and the peculiarities of this type of interview contributed to the needs assessment of parents of children with disabilities in preschool education.

The results of the in-depth interviews were transcribed word for word. To determine the descriptive topics, the pre-coding was performed, and then refined and interpreted using the MaxQDA10 program.

RESULTS AND DISCUSSION

By analysing the answers to the in-depth interviews, we identified the basic needs of parents caring for children with disabilities and determined the interaction of parents of children with disabilities with preschool specialists and the support provided to children and families.

The answers to the first set of questions gave us a description of the family composition and the distribution of roles in caring for children with disabilities.

Most children are raised in complete families (54 people) and multigenerational families (29 people) with grandparents and other relatives. Single-parent families represent a small proportion (15 respondents), typically the mother is the caregiver. In the context of this parameter, the smallest representation has complete large families (4 persons), consisting of a father, mother, and 3–4 children. One more type of family is the single-parent extended family, comprised of a mother and her close relatives.

The majority of families (77%) demonstrate the active participation of all adult members in the care and education of children with disabilities. During the interview, the woman raising a child without any help of relatives stated: *"I have no one to count on"*, *"I'm tired of the heavy burden on me, and my responsibility is very high"*, *"I often need more than just physical support, and at least the opportunity to be consulted about certain aspects of parenting"*.

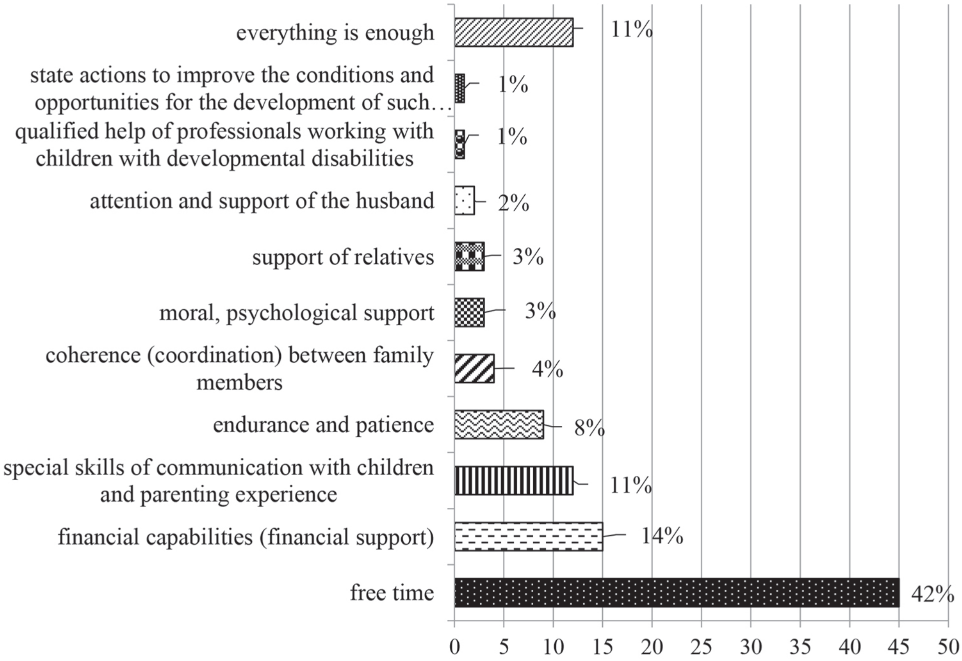
The analysis of the parents' answers to the question "What roles do you play in the family, what functions are you responsible for?" made it possible to determine that the main roles of parents caring for the child are education and upbringing, care (feeding) and meaningful leisure, also that there is a proportion of mothers who don't have help.

To the question "Do you get enough help from family members?" the majority of respondents (48%) indicated that they have enough help from other family members; some (16%) responded "Not always", and almost the same proportion (18%) answered, "No, not enough". One of the families uses the nanny service, and 15 people (14%) are mothers raising children on their own, so they do not have help.

Therefore, these data should be considered in the further development of recommendations for socio-pedagogical support of parents of children with disabilities for specialists of preschool education, considering the need to develop skills to build harmonious family relationships, good interaction between parents and children, distribution of parental functions, building a system of values, and others.

The second set of questions related to the basic needs of parents of children with disabilities in the context of care and education, recreation, and leisure. Among the basic needs of parents, which they lack in care and upbringing, the respondents included: free time (42%); financial capabilities (financial support) (14%); special skills of communication with children and parenting experience (11%); endurance and patience (8%); coherence, understanding between family members (4%); psychological support (3%). At the same time, 11% answered that they were satisfied with the situation, they have enough of everything. It is probably the case when parents are from complete families in which there is a clear delegation of parental functions and roles. As a result, most of the needs of each family member are met, and the difficulties associated with caring for a child with disabilities are overcome together (Figure 1).

Figure 1: Answers of respondents (%) to the question "What do you (and the adults listed by you) lack in caring for a child with disabilities?"

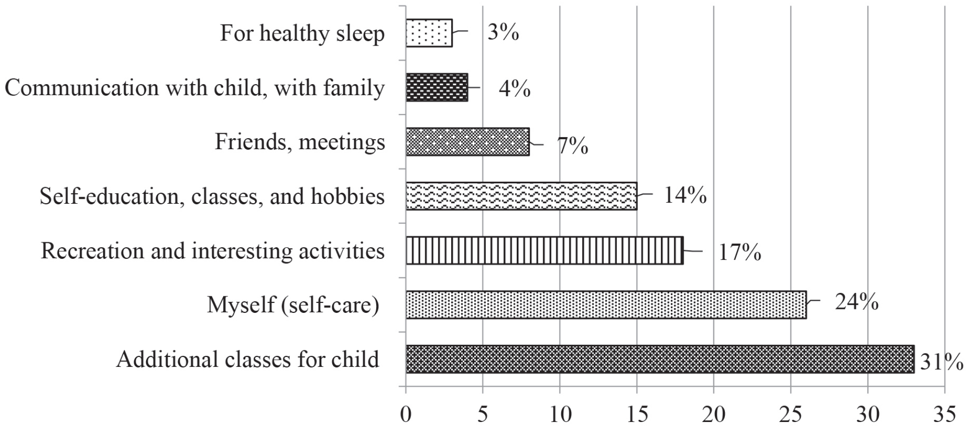


It was also important for us to find out how the daily routine and weekends look like for parents of children with disabilities, their usual activities. Most parents work during the week (65%), and children are in preschool; in the evening adults are mainly engaged in household chores (85%). A small number of parents (37%) can provide children with private psychological and pedagogical services. Only 23% of respondents said they play with a child at home, read fairy tales, paying close attention to a child; and 9% of respondents attend clubs and swimming pools with their children. Thus, parents do not have enough time to spend meaningful leisure time with children with disabilities and lack knowledge in this context.

On weekends, parents run the household (82%), less than a third visit play centres and playgrounds (45%). A small proportion of parents (18%) have the opportunity to visit cultural institutions and parks. At the same time, 5% of parents said that the main reason to stay at home on weekends is lack of money. In this context, here is the answer of one of the mothers: *"Weekdays are like everyone else's, but on weekends there are not enough places to take such a child"*. Thus, the situation of isolation of families is revealed not only in education but also in leisure.

Parents do not have enough time for activities with children and recreation (31%), self-care (24%); recreation and interesting activities (17%); self-education and hobbies (14%). The main reasons for this are employment (35%) and "all attention is focused on family life" (28%): *"I don't have enough time for myself: manicures, exhibitions ... I try to dissolve in children and don't notice what I am missing" and "I don't have enough time to sleep… I would like to sleep"* (Figure 2). Thus, parents are overloaded with work and household chores, which increases the level of dissatisfaction with their needs. Therefore, timely qualified support is necessary to them.

Figure 2: Answers of respondents (%) to the question “What (Who) do you lack time for?”



The next set of questions was to determine the specifics of the interaction of parents caring for children with disabilities with the preschool staff and the support they provide to children and families. The following answers were received while determining the types of support provided by specialists of preschool educational institutions to children with disabilities and their families: they receive partly psychological support (31%) in the form of consultations and advice; moral support (27%) – specialists are positive, meet the child with understanding and support the parents; general information support, more than a message (22%) – specialists provide information on the regime of the preschool educational institution, the structure of educational classes, others. Some parents (4%) openly stated that they did not receive any help: *“The period of adaptation was difficult for us. It was difficult for me as a mother ...I panicked… I didn’t have enough instructions from the specialists on how to behave as a mother of a special child. I wish that the actions of mom and teacher were coordinated, and there was a better result ...”*

It was also found that the general information on the peculiarities of the development of children with disabilities, their upbringing, further education, respondents is provided by an educator (41%; 54 people), a speech therapist, or a special education teacher (22%; 29 people), and by a practical psychologist (13%; 17 people).

The answers of the respondents on the content of the work of a practical psychologist with parents in a preschool institution were important. In particular: *“I saw a psychologist once at a parent meeting. I don’t know if the psychologist works with my children, she hasn’t met with me. Do my children have mental health problems? I don’t know ... “,” I haven’t consulted a psychologist because I have a negative experience with a psychologist in a polyclinic …”, “Several times a psychologist tested my child and helped to do the homework because I don’t know Ukrainian well…”, “Educators in the group coped with everything, we did not visit a psychologist…”, “I don’t think there is a need to go to a psychologist…”, “I didn’t visit a psychologist, because I don’t see the point in taking a child there. She will withdraw, she won’t speak to a specialist…”.* The above-mentioned answers indicate the lack of informational support for parents of children with disabilities in this preschool educational institution and the inability of specialists of the institution to establish partnerships with parents.

Only 17% of parents (18 people) partly know the content of the work of a practical psychologist in the institution, such as: *“Psychologist should work with both the child and parents, give advice on how best to approach a child...”.* In practice, the functions and professional duties of a practical psychologist are much broader according to the classifier of professions (Ministry of Social Policy of Ukraine, 2021).

When asked about the problems associated with raising a disabled child and the help they need, most parents (44%) answered that they are satisfied, and some parents (28%) answered they “do not know". We have suggested that parents do not have information on the types of care that should be provided by preschool professionals. Thus, there is a problem with informational support for parents. Parents also noted that the following issues remain unresolved: further education of their children (6%), a small number of special speech therapy and psychological classes (7%), absence in the institutions of an assistant (assistant) educator or attendant (4%), the problem of lack of interaction between parents and professionals (4%).

Here are some answers that were informative for us: "*… should be more educational work with parents, so that they understand and accept the child's problem, and not just pass it on to specialists, expecting miracles…*". Thus, this situation once again indicates the provision of inadequate informational support and lack of teamwork interaction.

The key needs of parents caring for children with disabilities can be defined as: improving the financial situation of a family (17%), establishing psychological interaction with a child (17%), obtaining timely and detailed information on various aspects of care and upbringing of children with disabilities (18%). Here are some of the parents' answers: *"... We need more information about our rights and opportunities, as well as material assistance because it takes a lot of money to raise such children!", "Material assistance ... we have a limited choice of work ... how to finance services for a child…We don't know our rights, don't know about social security, nobody knows where to go, so you are left alone with your problem."*

Besides, there are other urgent needs for parents of children with disabilities: the need to accept their children by others, a positive attitude towards them from healthy children and their parents (12%), consolidation between social institutions (16%). During the interview, parents of children with disabilities stressed that *"... our children should be treated as equal members of society. Such children should be in the group with healthy children ","... very little information is provided to society, many people put labels on such families"*. At the same time, it should be noted that 9% of respondents stated that they have no problems. In particular, here is the answer of one of the mothers of a child with disabilities: *"... I have a question: what about development? My child is normal, she has no developmental disabilities, we have no problems."* This may indicate that the parents do not accept the life situation, do not recognize the child's problems and special needs. And since the developmental disorders of a child and disabilities give rise to the corresponding needs of a child and his/her parents, this fact should be taken into account by specialists in the organization of work with parents, in particular in providing them with socio-pedagogical support.

CONCLUSION AND RECOMMENDATIONS

Summarizing the results of in-depth interviews, the main needs of parents in the care and upbringing of children with disabilities have been identified by parents as: lack of information on various aspects of care and education of children; financial difficulties; misunderstandings with parents of healthy children and with the social environment in general; lack of knowledge of parents about various social institutions (rehabilitation centres, educational institutions), where families of children with disabilities can receive help and support; lack of time for meaningful leisure with children with disabilities, and lack of knowledge in this context, social isolation of the family in both education and leisure.

Based on the generalization of the results obtained on the needs assessment of parents caring for children with disabilities in preschool education, we can identify the following basic needs:

- Informational and educational needs (various aspects of care for children with disabilities, further education, knowledge of rights and responsibilities, the peculiarities of integration into society)
- Social and legal needs (mediation in receiving various types of social assistance, raising awareness about social protection of children with disabilities and their parents)
- Psychological and pedagogical needs (improving the level of pedagogical culture, the formation of skills to establish a positive psychological microclimate in the family, the

formation of a tolerant attitude towards children with disabilities in parents of healthy children)

Determining the peculiarities of interaction of parents caring for children with disabilities with preschool professionals and the assistance they provide to children and families, it appeared that parents typically receive counselling from a practical psychologist in the form of individual meetings; they don't understand the content of work and functions of a social pedagogue; there is no coordinated teamwork of specialists.

Thus, determining the basic needs of parents caring for children with disabilities and the peculiarities of their interaction with specialists of preschool education, we can outline the following recommendations for preschool professionals on socio-pedagogical support of parents caring for children with disabilities:

- Proper professional training of specialists of the preschool institution for the implementation of socio-pedagogical support for children with disabilities
- Organization and implementation of timely qualified pedagogical, psychological and social support for parents of children with disabilities
- Strengthening informational and educational work on issues relevant to parents
- Developing skills for building harmonious family relationships, proper interaction between parents and children, distribution of parental functions, building a value system
- Work with parents who do not currently accept the child's problems and disabilities. Such parents are practically unable to provide their children with full-fledged care and upbringing, cultural and social development, do not help in social adaptation and rehabilitation. These parents need professional involvement to meet current needs.

The authors of the article consider the following ways to improve the socio-pedagogical support of parents of children with disabilities in a preschool institution as effective:

- Drawing up an individual program of work of a social educator with parents of a child with disabilities, aimed at revealing and maintaining the positive personal qualities of parents necessary for successful cooperation with the child; and increasing their level of adaptation to living conditions
- Assistance in the normalization of family relations, and relationships with others, by teaching parents how to interact with a child with disabilities, methods of education, and training
- Help parents to adapt to living conditions complicated by the child's disabilities
- Analysis of individual functionality of a family with a child with disabilities, identification of the specifics of its socio-cultural development (individual work)
- Organization of work of self-help and mutual aid groups in the conditions of preschool educational institutions for communication, exchange of experience between parents, and meaningful leisure (club meetings)
- Use of the problem-oriented model (concentration of specialists' efforts on the problem that the family is aware of and on which it is ready to work)
- Education and training of parents, their acquisition of practical skills in education, training, and rehabilitation of children with disabilities (lectures and seminars)

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Study on the Assessment of the Home Environments of Children with Behavioural Problems in Bratislava, Slovakia

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Victor Otieno Okech[1] is an assistant professor of Social Work. His area of research interest is on behavioural problems in children and adolescents.

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Abstract

OBJECTIVE: The main objective of this study is to measure the quantity and quality of stimulants available in caregiving environment of children with behavioural problems.
THEORETICAL BASE: This study was guided by the ecological systems theory developed by Urie Bronfenbrenner, where we measured some of the factors in the home environment that influences children's development. METHODS: The research design we used in this study was cross-sectional survey, where we measured the home environments of children using the MC-HOME Inventory, a standardized questionnaire developed by Caldwell and Bradley. OUTCOMES: We found an overall mean of 42.35 ± 6.73, from the 59 items provided in the MC-HOME Inventory. From each of the 8 subscales in the Inventory, we observed that responsivity

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had the highest mean of 9.3±1.63 (max. 9), followed by learning material and opportunity with a mean of 5.65 ± 1.27 (max. 7), and the 3rd position, enrichment, had a mean of 5.60 ± 2.04 (max. 8). SOCIAL WORK IMPLICATIONS: There is need for field social workers to engage parents on the whole process of re-educating children, especially on how to set the right emotional climate at home that promotes the development of children.

Keywords
caregiving, home environment, MC-HOME inventory, responsivity, proximal process, bioecological model

INTRODUCTION

Home is the first caregiving environment with which children come into contact. It plays an important role in determining the kind of skills and competencies they will develop later on in their adulthood. Through the home environment, children acquire communication-, cognitive-, emotions management-, motor-, and social-skills, just to mention but a few. Acquisition of these skills and competencies in childhood enables individuals to perform, with ease, all duties and responsibilities that are associated with adulthood (Hartas, 2011). The quality of caregiving environments children live in varies from one home to another. Bono et al. (2008), referred to the quality of the caregiving environment as the extent to which environments provides children with optimal factors that promotes their development. Our aim in this study is to measure the quantity and quality of stimulants available in the caregiving environment of children with behavioural problems, more specifically the quantity and quality of stimulants in home environments of children who get enrolled into facilities that offer special education in Bratislava, Slovakia. What aspects of their home environments contributed to their behavioural problems?

THEORETICAL PERSPECTIVE

Our theoretical perspective on how children develop behavioural problems is based on some processes that take place in their home environments. The home environment is not just an empty space, but rather a place that comprises a network of reciprocal relationships that influence the development of children. Bronfenbrenner, (1979) considered these networks of reciprocal relationships as an ecological environment. According to his theory, ecology of human development and later refined as a bioecological model, an ecological environment can be conceived as a set of nested structures, each inside the other like concentric circles moving from the innermost level to the outside. These concentric circles represent various levels of the structure of the ecological environment. Based on this analogy, the structure of the ecological home environment comprises the following systems:

The microsystem is the first level of the ecological environment and is usually represented by the inner most circle. The microsystem refers to the settings, such as the family, peer group, and school, where children spend most of their time. These settings are usually characterized by reciprocal and face to face interactions. The nature of these interactions significantly influences how behaviours of children develop. According to Dishion and Patterson (2006), there are two patterns of interactions that have been identified to either elicit or maintain behavioural problems in children. The first mechanism often referred to as 'escape conditioning sequence' or simply *coercion* strategy, involves children using aversive reactions, such as whining, arguing, crying, and teasing, to successfully fend off their parents from either intruding or controlling their behaviours.

The second mechanism is the 'avoidance conditioning model, where children arm-twist their parents into giving in to their demands by holding them hostage through tactics such as throwing tantrums, yelling, screaming, hitting etc. In both situations children emerge as the winner, but they usually fail to learn pro-social behaviours.

The mesosystem is the second level of ecological environment, and is formed when children interact with others in two or more microsystems, such as the family and the school. The size of this type of environment widens when children move to new settings and diminishes when they move away from such settings. It has also been found that experiences children have in one microsystem also influences how they act and interact with people in other microsystems. For instance, children who experience difficulties in their families may also have difficulties in interacting with others in school settings. Developmental processes that take place in mesosystems are also similar to those that take place in microsystems, the only difference being that, at this level, development of a particular behaviour is influenced by a wide spectrum of microsystems (Bronfenbrenner, 1979; Lee et al., 2010; Rosa, Tudge, 2013).

Exosystem is the third level of the ecological environment. It refers to settings that children don't directly participate in, but whose outcomes profoundly affects their development. These settings include the media, the judiciary, neighbourhood, and their parents' workplaces, among many others. For instance, decisions that are usually made at their parents' workplaces, such as promotions or job losses, have the potential of indirectly affecting how microsystems of children functions (Bronfenbrenner, 1979; Lee et al., 2010; Rosa, Tudge, 2013).

Macrosystem refers to the cultural, religious, and political settings as well as economic conditions under which children live. The macrosystem is commonly referred to as a cultural 'blueprint' which determines the kind of belief system people have as well how resources and social roles are allocated. Factors that act at this level of the ecological environment, significantly affect conditions and processes that takes place at the levels of the microsystems. For example, belief systems that parents adopt as a result of the macrosystem can influence how they carry out their parental responsibilities, or social values educators teach children (Bronfenbrenner, 1979; Lee et al., 2010; Rosa, Tudge, 2013; Joubert, 2021).

Chronosystem is the highest level of the ecological environment. It comprises all changes that take place in the environment over the lifetime of a child, such as major life transitions and historical events. In later years, Bronfenbrenner added to his theory of ecology of human development, the concept of ecological transition, which refers to changes in the positions a person occupies in an ecological environment as a result of alterations in their roles, settings, or both (Spernes, 2020). These normative changes take place throughout people's lives, and they include transition from home to school, transition from school to work, and transition from work to retirement. In addition, these ecological transitions are also influenced by biological changes that take place in people, such as physical maturation, or how people deal with such changes (Rosa, Tudge, 2013).

Bioecological model

At a later stage, Bronfenbrenner revised and refined his theory of human development and referred to it as a bioecological model (Ashiabi, O'Neal, 2015). In this model he developed four concepts that explains how environment influences human development. The four concepts are: Proximal process, Person, Context, and Time.

Proximal processes

Proximal processes refer to the reciprocal interactions that children have with people, objects, and symbols in their immediate external environments that operate over time and are posited as the primary mechanism that produces human development. Examples of proximal processes are 'parent-child interactions, problem solving interactions through games, learning of new skills, and athletic activities and play' (Dennison, Smallbone, Occhipinti, 2017). The form, power, and directions of these proximal processes significantly influences developmental outcomes of children i.e., whether their developments will take dysfunctional or competency trajectories. The dysfunctional trajectory is a developmental pathway that results in children failing to acquire skills that assists them in conducting themselves appropriately across many domains, while on the other hand, competency trajectory is a pathway that leads children to acquiring and developing various skills, whether intellectual, physical, socioemotional, or a combination of them (Bronfenbrenner, Morris, 2006; Rosa, Tudge, 2013).

Person

The person refers to certain biopsychological characteristics of individuals that shape courses of their future developments. They do so by not only influencing the form, strength, and directions of proximal processes but by also determining how such processes takes places. These characteristics of the person are of three types, namely:

Dispositional characteristics are certain traits of individuals that can either set and sustain proximal processes into motion or prevent and retard them from taking place (Bronfenbrenner, Morris, 2006). Dispositional characteristics can be further classified into either generative or disruptive dispositions. Generative dispositions are characteristics of individuals that initiate or sustain proximal processes. They include active orientations such as curiosity, tendency to initiate and engage in activities whether alone or with others, as well as responsiveness to what others initiate, and readiness to defer immediate gratification to pursue long term goals. Disruptive dispositions, on the other hand, are certain traits of individuals that impede initiation or sustenance of proximal processes, they include impulsiveness, explosiveness, distractibility, inability to defer gratification or in more extreme form aggression and violence (Bronfenbrenner, Morris, 2006; Miller-Lewis et al., 2006; Rosa, Tudge, 2013).

Resource characteristics refers to certain qualities of individuals that influence their abilities to effectively engage themselves in interactions that set proximal processes in motion. Such resources that enable individuals to effectively engage themselves in reciprocal interactions that turns on proximal processes includes their knowledge, skills, and experience, while those that limit their abilities are genetic disorders, low birthweight, brain injuries or disorders, severe or persistent illnesses and physical handicap. Levels of skills parents also plays a key role in turning or off proximal processes. Parents who are skilled, such as those who are highly educated, are more likely than those who are lowly skilled to prepare or expose their children to environments that stimulates proximal processes (Bronfenbrenner, Morris, 2006; Miller-Lewis et al., 2006; Rosa, Tudge, 2013).

Demand Characteristics are those that invite or discourage reactions from the social environment such as calm or agitated temperament, attractive vs unattractive appearances, and hyperactive vs passivity (Bronfenbrenner, Morris, 2006; Miller-Lewis et al., 2006; Rosa, Tudge, 2013).

Context

Context refers to persons, objects, symbols, and activities that exist in children's immediate environment. Contextual factors that influence children's development include family structure, noise, chaos, overcrowding, and socio-economic conditions in which they live. For instance, parents from lower socio-economic backgrounds do experience higher levels of parenting distress, psychological distress, and depression than their counterparts from higher economic status, which influences their abilities to effectively interact with their children (Ashiabi, O'Neal, 2015; Evans, 2021).

Time

Time refers to the period within which proximal processes takes place. According to this model, there are three levels of time, namely: microtime, mesotime and macrotime. Microtime refers to continuity vs. discontinuity in ongoing episodes of proximal process; mesotime refers to frequency with which episodes of proximal processes occur over days and weeks. Macrotime refers to changing expectations and events occurring in the larger society either within or across generations (Rosa, Tudge, 2013).

Facilities for special education in Slovakia

In Slovakia, according to Section 120 of the Act no. 245/2008, the School Act (§120 Zákona č. 245/2008 Z. z O výchove a vzdelávaní – školský zákon), there are three type of facilities that offer special education (*špeciálne výchovné zariadenia*). The three facilities are: **i) Diagnostic centres** (*diagnostické centrum*) are facilities that provide diagnosis to children who are or are at risk of developing psychosocial problems. Once admitted into these centres, children are normally taken through counselling sessions and procedures that lead to diagnosis of their behavioural problems, which assist in determining for them appropriate educational, resocialization, or re-educational care. The maximum length of time they can stay in diagnostic centres is 12 weeks, upon which they are issued with diagnostic reports before being discharged and referred to other facilities. ii) **re-education centres** (*reedukačné centrum*) are centres that re-socializes children who have been diagnosed with behavioural and emotional problems as result of difficulties in their natural family environments. Children in these facilities are usually provided with individualized special education programs, up to the age of 18 years with a possibility of a one-year extension, that is normally aimed at stimulating their psychosocial development. These facilities also engage children in activities that not only shape their characters but also prepare them for a safer re-integration into their families; iii) **special educational sanitoria** (*liečebno-výhovné sanatorium*) are residential centres that offer psychological, psychotherapeutic, and special educational care to children who have been diagnosed with ADHD, emotional-, behavioural-, and learning-disorders. In these centres, children can only stay for a period of 3 to 12 months (Žolnová, Vaňugová, 2017; Act no. 245/2008 Z. z.).

METHODS

Study population

This study was carried out in Bratislava, Slovakia, between the year 2018 and 2019. Participants were recruited through a special education system in Slovakia. We recruited parents/guardians whose children had been enrolled in two public facilities that offer special education: *Diagnostické Centrum pre deti, Slovínska 1* Bratislava, *and Liečebno – výchovné sanatorium,* Bratislava. At the time of carrying out this study, there were only five facilities in Bratislava that offer special education to children (Ministry of Education, 2021). Out of the five facilities, only two of them admits children below the age of 15 years. Admission criteria for children into these facilities, including length of stay, is expressly prescribed by the law, under Act no. 245/2008. Based on this, we made assumption that all children, in Slovakia, who meet all criteria prescribed by the law, have equal chances of being admitted into any of these facilities. We thus purposively selected facilities for special education that were located in Bratislava. We also enrolled participants into this study on a voluntary basis, and who could opt out of the study at any point without any hindrance. We also obtained informed consents from participants before enrolling them into the study. We also did not collect any personal information that could lead to the identification of the participants.

Data collection

The research design we used in this study was a cross-sectional survey. To ensure measurement validity of the factors that influence children's development, we used a standardized questionnaire; the Middle Childhood Home Observation for Measurement of the Environment Inventory (MC-HOME). This questionnaire was developed by Caldwell and Bradley (2018) for purpose of

measuring the quality and quantity of environmental stimulants available in homes with children aged between 6–9 years. A single questionnaire comprised of 59 items has been divided into 8 subscales. The eight subscales are parental responsivity, physical environment, learning materials, active stimulation, encouragement of maturity, emotional climate, parental involvement, and family participation (Leventhal, Linver, 2004). The 59 Items measures both family environment, such as the built environment, and parenting practices such as encouragement of maturity.
Respondents to this questionnaire were parents whose children had been enrolled in two public facilities that offer special education: *Diagnostické Centrum pre deti, Slovínska 1* Bratislava, has an admission capacity of 44 children, and *Liečebno – výchovné sanatorium,* Bratislava which has an admission capacity of 32 children. Both facilities admit children whose ages range from 3–15 years (Ministry of Education, 2021). Since our study focused on children whose age ranged from 6–9 years, we excluded from the study, parents whose children were not within this age bracket. After excluding all parents who were not eligible for the study as well as those who did not respond to our research invitation, we were left with a sample size of 20 respondents.

Statistical analysis

To quantitatively measure the home environment of the children, the following statistical procedures were computed; frequency, mean, median, the range, and *student t*. To determine how the scores were distributed within each subscale, the frequencies were later subjected to Shapiro-wilk Test. The results of the Shapiro-wilk Test showed that the frequencies were normally distributed.

RESULTS

A total of 20 respondents participated in this study.

Demographics

Figure 1: Permanent addresses of the respondents

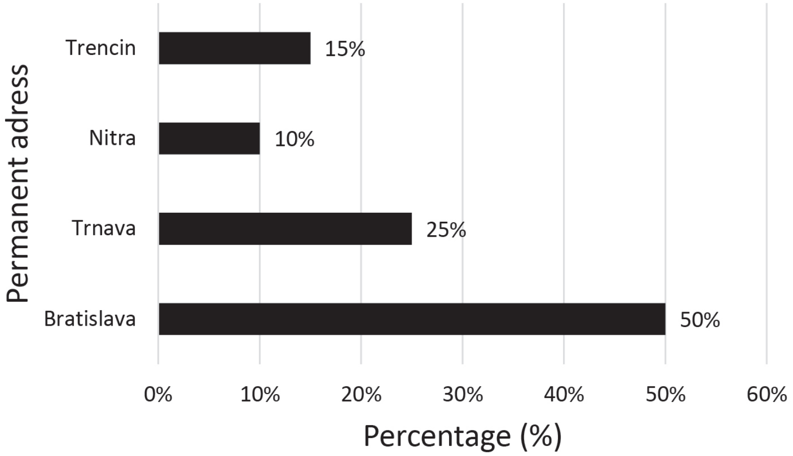

Figure one shows the distribution of respondents according to their permanent addresses. Half of them (50%) had permanent residences in Bratislava while the remaining respondents, came from Trnava (25%), Nitra (10%), and Trenčin (15%).

HOME Inventory results

Table 1: Sub-scale I: Responsivity

Items	Yes n (%)	No n (%)
Family has fairly regular and predictable daily schedule such as regular bedtime	19(95)	1 (5)
Parent sometimes yields to child's fears or rituals such as accompanying child new experiences	19(95)	1 (5)
Child has been praised at least twice during the past week for doing something good	19(95)	1 (5)
Child is encouraged to read on his/her own	18 (90)	2(10)
Parent encourages child to contribute to the conversation during the visit/interview session	19(95)	1 (5)
Parent responds positively when child is praised by the visitor/interviewer	19(95)	1 (5)
Parent responds to child's questions during the interview	19(95)	1 (5)
Parent uses long words and complete sentence structure during the conversation	16(80)	4(20)
Parent's voice conveys positive feelings when speaking of or to the child	19(95)	1 (5)
Allows the visitor/interviewer to ask questions or make comments	19(95)	1 (5)
Mean	9.3±1.63	
P value	0.00	
Minimum	4.00	
Median	10.0	
Maximum	10.0	

Table 1 shows how the 10 questions for the responsivity sub-scale were answered by the respondents. On average 9.3 ± 1.63 of the 10 questions in this sub-scale were answered YES. The range of scores for YES answers in any questionnaire, for this subscale, ranged between 4 and 10. The question, in this subscale, that had the lowest score was on the 'usage of long words and complete sentence structure,' by parents when engaging in conversations that involve their children. Only 80% (n=16) of the respondents used long words and complete sentences during conversations.

Table 2: Sub-scale II: Encouragement of Maturity

Items	Yes n (%)	No n (%)
Child is required to perform self-attending routines i.e., bathes him/herself, making bed etc.	20(100)	0(0)
Child is required to keep his/her living and play area clean	19(95)	1 (5)
Child keeps his/her dirty clothes in a designated place	12(60)	8 (40)
Parent sets limits for child and generally enforces them i.e., homework before TV	12(60)	8 (40)
Parent introduces interviewer to the child	6(30)	14(70)
Parent is consistent in establishing and applying family rules	14(70)	6 (30)
Parent does not violet rules of common courtesy	11(55)	9(45)
Mean	4.7 ± 1.3	
P value	0.00	
Minimum	3.0	
Median	5.0	
Maximum	7.0	

Table 2 shows how respondents answered the 7 questions on the subscale for encouragement of maturity. Slightly more than half of the questions (Mean =4.7 ± 1.3) in this subscale were answered YES. Scores for YES answers in any questionnaire in this subscale ranged between 3 and 7. The question that had the highest number of YES scores, 100% (n=20), was on whether parents required their children to perform selfcare routines such as bathing and making of beds.

Table 3: Sub-scale III: Emotional Climate

Items	**Yes** **n (%)**	**No** **n (%)**
Parent has not lost temper with the child more than once during the previous week	8(40)	12 (60)
Parent reports no more than one instance of physical punishment occurred during the past month	8(40)	12 (60)
Child can express negative feelings toward parents without harsh reprisal	15(75)	5(25)
Parent has not cried or been visibly upset in child's presence within the last 7 days	10(50)	10 (50)
Child has a special place to keep his/her possessions	14(70)	6(30)
Parent talks to child during the visit/interview session	17(85)	3(15)
Parent uses, at least twice, endearment or diminutive terms for the child's name	18(90)	2(10)
Parent does not express overt annoyance with or hostility toward the child	9(45)	11(55)
Mean	**5 ± 1.62**	
P value	**0.00**	
Minimum	**3.0**	
Median	**5.0**	
Maximum	**8.0**	

Table 3 shows how questions in the sub-scale for emotional climate were answered by the respondents. More than half of the questions, (Mean = 5 ± 1.62), in this subscale were answered YES. The lowest number of YES that were answered in any questionnaire for this subscale was 3 while the highest was 8. The question that had the lowest number of YES responses was on whether parents expressed overt annoyance or hostility to the child. We observed that over 55% (n=11) expressed either overt annoyance or hostility to their children.

Table 4: Sub-scale IV: Learning Materials and opportunities

Items	**Yes** **n (%)**	**No** **n (%)**
Child has free access to tape, CD, record player or radio	**19(95)**	**1(5)**
Child has free access to musical instrument (piano, drum, guitar etc)	**10(50)**	**10(50)**
Child has free access to at least ten appropriate books	**18(90)**	**2 (10)**
Parent buys and reads newspaper daily	**3 (15)**	**17 (85)**
Child has free access to a desk or other suitable places for reading or studying	**18(90)**	**2(10)**
Family has a dictionary and encourages child to use it	**11(55)**	**9 (45)**
Child has visited a friend by him/herself in the past week	**19 (95)**	**1(5)**
House has at least two pictures or other types of artworks on the walls	**15 (75)**	**5 (25)**
Mean	**5.65 ± 1.27**	
P value	**0.00**	
Minimum	**3.0**	
Median	**6.0**	
Maximum	**7.0**	

Table 4 shows the distribution of parents' responses to the subscale for learning materials and opportunities. More than half of the questions (Mean = 5.65 ± 1.27) in this subscale were answered YES. The lowest number of YES that were recorded for this subscale in all the questionnaires issued to respondents was 3 while the highest was 7. The lowest number of YES was recorded for the question on whether parents buy and read newspaper on a daily basis. Only 15% (n=3) of the parents bought and read newspaper on a daily basis.

Table 5: Sub-scale V: Enrichment

Items	**Yes** **n (%)**	**No** **n (%)**
Family has a television, and is used judiciously, not left on continuously	**17(85)**	**3(15)**
Family encourages child to develop or sustain hobbies	**18(90)**	**2(10)**
Child is regularly included in family's recreational hobby	**16(80)**	**4(20)**
Family provides lessons or organizational membership to support child's talent, such as art/music lessons	**9(45)**	**11(55)**
Child has access to at least two pieces of playground equipment within the immediate vicinity	**19(95)**	**1(5)**
Child has access to a library, and family makes arrangement for the child to go library at least once/month	**8(40)**	**12(60)**
Family member has taken or arranged for a child's visit to scientific, historical or museum within the past year	**11(55)**	**9 (45)**
Family member has taken or arranged for the child a trip by either bus, plane, training with last 12 months	**14(70)**	**6(30)**
Mean	**5.60 ± 2.04**	
P value	**0.00**	
Minimum	**0.0**	
Median	**6.0**	
Maximum	**8.0**	

Table 5 shows distribution of responses on the subscale V that measured how parents enriched environments of their children. Slightly more than half of the questions (Mean= 5.6 ± 2.04) were answered YES, indicating that slightly more than half of the home environments under the study were enriched. The number of YES scored for this subscale ranged from 0 to 8, indicating that there were some home environments for children that were not enriched to spur their development. The lowest number of YES was observed on the question that focused on whether family members made plans for their children to access library at least once per month. Only 40% (n=8) made plans for their children to access library while the remaining parents never made any attempt.

Table 6: Sub-scale VI: Family companionship

Items	**Yes** **n (%)**	**No** **n (%)**
Family visits or receives visits from relatives or friends at least twice/month	**15(75)**	**5(25)**
Child has accompanied parent on a family business venture 3-4 times within past year	**20(100)**	**0(0)**
Family has taken or arranged for the child to attend live musical or theatre performance	**13(65)**	**7(35)**
Family has taken or arranged for the child to go on a trip that is more than 50 miles away from home	**16(80)**	**4(20)**
Parent discusses TV programs with the child	**17(85)**	**3(15)**
Parent helps child to achieve advanced motor skills such as roller skating	**13(65)**	**7(35)**
Mean	**4.75 ± 1.37**	
P value	**0.00**	
Minimum	**2.0**	
Median	**5.0**	
Maximum	**6.0**	

Table 6 shows the distribution of responses made by parents, for this subscale, on family companionship. Slightly more than half of the questions (Mean= 4.75 ± 1.37) were answered YES. The total number of scores for YES responses per questionnaire for this subscale ranged between 2 and 6. We observed that 100% (n=20) of the parents allowed their children to accompany them on business ventures, such as going for shopping.

Table 7: Sub-scale VII: Paternal involvement

Items	**Yes n (%)**	**No n (%)**
Father (or father substitute) regularly engages in outdoor recreation with the child	**9(45)**	**11(55)**
Child sees and spends time with father or father figure 4 days a week	**8(40)**	**12(60)**
Child eats at least one meal per day with parents or their substitutes	**15(75)**	**5(25)**
Child has remained with his/her primary family group for all his/her life (except when sick or on vacation)	**11(55)**	**9(45)**
Mean	**2.15 ± 1.39**	
P value	**0.00**	
Minimum	**0.0**	
Median	**2.0**	
Maximum	**4.0**	

Table 7 displays distribution of responses for the subscale VII on paternal involvement. Slightly more than half of the questions were answered YES, indicating that fathers were involved in the lives of their children in slightly more than half of the homes under the study. The scores for YES, in this subscale, ranged between 0 and 4 per questionnaire. This finding indicates that in some homes fathers were either absent or not involved at all in the lives of their children. The lowest number of scores were observed for the question on whether children see or spent time with their father or father figures, at least 4 days in a week. We observed that only 40% (n=8) of the respondents said that there were paternal involvements in the lives of their children.

Table 8: Sub-scale VIII: Aspects of the physical environment

Items	**Yes n (%)**	**No n (%)**
Child's room has a picture or wall decoration appealing to children	**17(65)**	**3(15)**
The interior of the house or apartment is not dark or perceptually monotonous	**15(75)**	**5(25)**
In terms of available floor space, the rooms are not overcrowded with furniture	**10(50)**	**10(50)**
All visible rooms of the house are reasonably clean and minimally cluttered	**17(85)**	**3(15)**
There is at least 100 sq. feet of living space per person in the house	**10(50)**	**10(50)**
House is not overly noisy	**11(55)**	**9(45)**
Building has no potentially dangerous structural or health defects	**9(45)**	**11(55)**
Child's outside play environment appears safe and free of hazards	**15(75)**	**5(25)**
Mean	**5.20 ± 1.96**	
P value	**0.00**	
Minimum	**2.0**	
Median	**5.5**	
Maximum	**8.0**	

Table 8 shows the distribution of responses for the subscale VIII on physical environments of children. More than half of the questions were answered YES (Mean = 5.2 ± 1.96). The scores for YES responses varied between 2 to 8 for any questionnaire for this subscale. The lowest number of scores were observed on the question that examined whether buildings where children lived had no potentially dangerous structural or health defects. Only 45% (n=9) of the homes had neither structural nor health defects.

DISCUSSION

The aim of this study was to measure the quantity and quality of stimulants available in the caregiving environments of children with behavioural problems. To measure their homes, we recruited parents whose children had been admitted into two public facilities that offer special education in Bratislava, Slovakia. To measure their home environments, we were guided by the bioecological model developed by Urie Bronfenbrenner. The model is made up of four concepts, namely proximal process, person, context, and time.

The first concept of the bioecological model that guided us in measuring the home environment was the **Proximal Processes**, which refer to the progressively more complex reciprocal interactions that children have with people, objects, and symbols that are available in their immediate environments. Proximal processes have been considered as the 'engines' that drive human development. This is because they are the mechanisms through which developmental potentials of individuals get actualized (Ashiabi, O'Neal, 2015). In this study, we measured how children interacted with people, objects, and symbols in their home environment, the homes they had before they were admitted into the facilities that offer special education. To measure how these children had interacted with people in their home environments, we used subscale I, from the standardized questionnaire on responsivity. We defined responsivity as the 'extent to which parents responded to their children's behaviours, by offering verbal, tactile and emotional reinforcements for desired behaviours as well as communicating freely through words and actions' (Caldwell, Bradley, 2018). From our study, we observed that a majority of the questions answered in this subscale showed that parents were responsive to their children (P = 0.00, Mean= 9.2 ± 1.63). A study done by Farrant and Zubrick (2011) found that parent-child interactions had an influence on the breadth of vocabulary that children learn. For instance, they observed that children who had many siblings had constrained vocabulary development due to limited amount of time their parents interacted with them. The second item we measured on proximal process was on how children interacted with objects in their environments. We measured it using subscale V on enrichment. We observed that more than half of the parents (P=0.00, Mean = 5.60 ± 2.04) allowed their children to interact with objects in their environments such as bathing themselves, making their beds etc. Using this subscale, we observed that only 40% (n=8) of the parents arranged for their children to access library services at least once a month. The third item we measured on proximal process was on how children interacted with symbols in their environments. We used subscale IV on Learning materials and opportunities to measure this aspect of interaction. From our study, we observed that a majority of the parents (p=0.00, mean =5.65 ± 1.27, max. 7) allowed their children to interact with various symbols that promote development such artworks, musical instruments, reading materials, etc.

The next concept of the bioecological model that guided us in measuring the home environment of our study respondents was on **characteristics of the parents**. In this study, the three characteristics of the parents that we measured were: disposition, resources, and demand. We measured the disposition characteristic of parents using two specific questions contained in subscale II on encouragement of maturity. The first question examined whether parents set and enforced limits for their children such as doing homework before watching TV. Our findings to this question showed that only 60% (n=12) of the parents either set or enforced limits for their children. The other question was on dispositional characteristics of parents, which examined whether they were consistent in applying and establishing family rules. Our findings to this question showed that only 70% (n=14) of the parents were consistent in establishing and applying family rules, indicating that majority of the parents under this study interacted with their children in activities that results in promotive proximal processes. The second characteristic of the parents that we measured was demand. To measure this characteristic of parents, we also used specific questions contained in subscale II on encouragement of maturity. One of these specific questions examined whether parents required their children to keep clothes in designated places. Our finding to this question showed that only 60% (n=12) required children to keep their clothes in some defined places. This finding indicate that slightly more than half of the parents interacted with their children in ways that guided them in adopting developmental trajectories that results in them acquiring various skills and competencies.

The last characteristics of the parents that we measured was on resources, more specifically on their parenting skills. Waugh and Guhn (2014) defined resource characteristics of parents as sets of skills, abilities, and experiences needed in sustaining proximal processes. To measure this characteristic of parents, we used specific questions contained in subscale II on emotional climate. For instance, one of the questions examined whether parents expressed overt annoyance with or hostility towards their children. Our findings from this question showed that only 45% (n=9) of the parents, who participated in the study, did not express overt annoyance or hostility to their children. This finding indicates that more than half of the parents under this study did not possess skills that are needed in setting emotional climates for proximal processes.

The third concept under the bioecological model that guided us in measuring the caregiving environments of children was the **context.** Context refers to persons, objects, symbols, and activities that exist in children's immediate environment. In this study we used the subscale VIII on physical aspects of the environment to measure the context of the home environment. Our findings from this subscale showed that slightly more than half of the homes **(**Mean =5.20 ± 1.96, p =0.00) were conducive for children's development. We further observed that only 50% (n=50) of the homes were not overcrowded with furniture, i.e., children had sufficient space to play and move with ease in their homes; only 85% (n=17) of the houses were reasonably clean and minimally cluttered i.e., not chaotic, while only 55% (n=11) homes were not overtly noisy. According to Evans, (2021) noise, overcrowding, and chaos disrupts the effectiveness of the proximal processes that takes place in children's environment. According to them, noise, overcrowding, and chaos hampers parent's abilities to effectively engage their children in interactions that results in promotive proximal processes.

The last concept under the bioecological model that guided us in measuring the home environments of children was **Time**. It refers to the extent to which developing individuals get exposed to the proximal processes, i.e., the duration, frequency, and intensity of contact between developing individuals and the proximal processes. According to Dennison, Smallbone and Occhipinti (2017), exposure acts as the mechanism through which proximal processes produces either dysfunction or competency in developing individuals. In this study, we used two subscales of the HOME inventory questionnaire to examine the extent to which children were exposed to proximal processes. The first subscale was on paternal involvement, where our findings showed that more than half (mean=2.15 ± 1.39, p=0.00) of the respondents said their children interacted with their fathers. When probed further, we observed that only 40% (n=8) of the respondents said that their children spent at least 4 days in a week with their fathers or father figures. These findings indicate that some children, in our study, had low exposure to proximal processes that are usually generated by fathers or father figures. In a study done by Dennison, Smallbone, Occhipinti, (2017) observed that fathers who had been incarcerated had difficulties in providing sufficient amounts of promotive proximal processes to their children, despite being allowed by the prison authorities to make phone calls, send letters, and receive visits from their family members. The second subscale that we used was on family companionship, where we used specific questions to examine aspects of time. From this subscale, we observed that slightly more than half (Mean = 4.75 ± 1.37, p=0.00) of the respondents used various aspects of time to enhance development of their children, such as visiting relatives or going on business ventures with their children.

CONCLUSION

From the eight subscales we used in measuring the quantity and quality of caregiving environments of children, a majority of the homes had scores that were above the average (42.35 ± 6.73). This finding indicates that most homes provided, to their children, stimulants that promote development of their children. The quality of stimulants provided, varied from one home to another, with some providing more while others less. One key area that most homes did not provide stimulants that promote children's development to satisfactory levels was on setting emotional climate. We recommend more study to be carried to ascertain exact factors that hinders most homes from setting the right emotional climate for their children. We also recommend studies with larger sample sizes to be carried out for purpose of generalizing the results.

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Sibling Relationships among Homeless Children and their Connection with Resilience: Example of Homeless Children from the City of Ostrava[1]

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Abstract

OBJECTIVES: The aim of this article is therefore to understand and describe the interactions between sibling relationships in the population of homeless children and the sibling relationships in the specific context of the city of Ostrava. THEORETICAL BASE: Homelessness is a highly stressful situation for entire families, including children. Sibling relationships are a unique and powerful context for children's development characterized by strong positive features, such as warmth and intimacy, as well as negative qualities such as an intense, potentially destructive conflict. METHODS: We used a qualitative research strategy. To collect data, we carried out a total of 16 semi-structured interviews; all in a parent-child set. The data was analysed using constructivist grounded theory. OUTCOMES: The needs listed below were identified as part of the sibling-saturated needs: the need for stimulation, the need for a meaningful world, the need for love and emotional security, the need for identity and finding one's place in society, and the need for life perspective and open future. We also found that the specifics of sibling relationships can lead to either saturation or escalation of these needs, which further affects children's resilience. SOCIAL WORK IMPLICATIONS: The potential for social work interventions supporting the fulfilment of the need for love and emotional safety is opening up.

Keywords

sibling relationship, homeless children, resilience

INTRODUCTION

Sibling relationships are a unique and powerful context for children's development, characterized by strong positive features, such as warmth and intimacy, as well as negative qualities such as an intense, potentially destructive conflict (Öz Soysal, Eylül, 2016). For these reasons, sibling interactions may constitute both a risk and a protective factor for resiliency, with lifelong implications (Smith, Hart, 2011; Feinberg, Solmeyer, McHale, 2012). Sibling relationships involve the process and provisions not present in other relationships. Siblings share time, living space, common history, and opportunities for developing social-cognitive and behavioural skills that promote relationship quality (Fiese et al., 2019).

Despite the important role of sibling relationships across a lifetime, they have received far less attention than other relationships in children's lives (e.g., parent-child relationship) (Davies et al., 2019). It is not only that less attention is paid to sibling relationships as such in basic research, but also phenomena such as autism, intelligence, executive functions, and the development of specific skills (e.g., reading) are preferred in the study of sibling relationships (see Öz Soysal, Eylül, 2016). However, only a few research studies have focused on resilience in sibling relationships, and despite: a) the fact that 81.4% of children aged 6-14 in the Czech Republic have (in a complete family) at least one sibling (RILaSA, 2016); b) a growing population of homeless children (Hinton, Cassel, 2013), with 20,500 homeless children currently living in the Czech Republic (RILaSA, 2019); and c) the generally shared assumption that sibling relationships are a potentially protective factor in relation to resilience, they do not pay attention to understanding the functioning of sibling

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relationships and their relationship to resilience among homeless children (Ungar, Liebenberg, 2011; Davies et al., 2019). An understanding of how and why sibling relationships contribute to the onset and maintenance of children's resilience will provide critical information for helping professions (e.g., social work, social pedagogy, and social psychology), e.g., knowing when and how to intervene in sibling relationships.

The aim of this article is therefore to understand and describe the interactions between sibling relationships in the population of homeless children and the sibling relationships in the specific context of the city of Ostrava.

DYNAMICS OF RESILIENCE AND SIBLING RELATIONSHIPS IN THE CONTEXT OF HOMELESSNESS

Despite extensive research, there is still no uniform view of the definition and content components of resilience. Various definitions of resilience are linked by reference to an individual's ability to maintain, restore, or improve mental health after having been exposed to negative circumstances. In general, it can be stated that resilience is of a: a) multifactorial nature (it is the sum of internal and external factors having an impact on resilience); b) dynamic and procedural nature (related to the child's natural development but also to the nature of specific risks and threats affecting the child) (Skala, Bruckner, 2014); c) relationship-interaction character (the psychological growth of an individual occurs within relationships and toward relationships) (L´Abate et al., 2010); d) contextual conditionality (consisting of interactions between an individual and the environment); e) anchoring in positive psychology and the resulting connection to efficacy and protective factors (Terzi, 2013); and f) socio-cultural conditionality (the influence of the social and cultural context crucial) (Davies et al., 2019). Today, there are more than eighty concepts of resilience measurement (e.g., Prince-Embury, 2006; Ungar, Liebenberg, 2011) that accentuate, to a different extent, the personality's characteristics and environmental factors. There is agreement among the authors on some factors related to resilience, such as an ability to socially function, a positive self-image, and factors related to relationships with close family and friends (Novotný, 2015), including relationships with siblings.

Homelessness is a highly stressful situation for whole families, including children. Although each child is unique and deals with external conditions differently, it can generally be stated that homelessness can have a negative impact on children on several levels: a) developmental delays; b) social adjustment; c) the incidence of internalized and externalized problems; and d) stress and its management (see e.g., Hinton, Cassel, 2013; Chow, Mistry, Melchor, 2015).

In a situation of homelessness, risk factors accumulate in children in relation to resilience such as: low socio-economic status and (chronic) poverty, aversive residential environment, chronic familial disharmony and parental stress, (very frequently) parental divorce, unemployment of parents, low(er) educational level of parents, frequent relocation and change of school, social isolation of the family, loss of sibling or a close friend (due to housing conditions), (frequent) mobbing (at school) (Skala, Bruckner, 2014).

Positive sibling relationships were associated with numerous benefits related to social, emotional, and health related development throughout childhood and adolescence (Kim et al., 2007; Whiteman, McHale, Crouter, 2007; Padilla-Walker, Harper, Jensen, 2010). However, in order to understand the connection between sibling relationships and resilience in homeless children and mainly to create an interpretable statistical model for the resilience in this population, there is a need to carry out basic research. Positive sibling relationships may enhance resilience, for example, due to the fact that they: a) serve as a role model, mentor, guide to an effective negotiating approach oriented in interpersonal and exploratory domains (Jacobs, Sillars, 2012); b) are a source of security (Öz Soysal, Eylül, 2016); c) provide a repertoire of coping strategies, corrective feedback and framework for understanding situations (Whiteman McHale, Crouter, 2007); c) provide instrumental support and distraction from stress (Jacobs, Sillars, 2012); d) reinforce the ability to gain perspectives, understand emotions, negotiate, persuade and solve problems as well as the ability to initiate and maintain positive social interactions (Sang, Nelson, 2017). Positive sibling relationships can also mitigate depression, juvenile misdeeds, and internalization of problems and other adversity (Kim et al., 2007). Negative sibling relationships and conflicts may lower resilience, since they are associated with: a) risky behaviour and adjustment problems (Bank, Burraston, Snyder, 2004); b) antisocial behaviours (Scholte et al., 2008); c) both internalizing and externalizing behavioural problems (Buist, Deković, Prinzie, 2013); d) depressive symptoms; self-harming, low self-esteem, emotional distress, and hopelessness (Buist, Deković, Prinzie, 2013).

The relationship between resilience and the quality of sibling relationships (positivity and warmth vs negativity and conflict) is modified by individual sibling constellations, especially by sibling gender, order, and age. In general, siblings of the same age and sex are more supportive than the ones who are more age-distant and of the opposite sex (Branje et al., 2004); but this also bears the risk of similarity in deviations (e.g., theft, drug use). In general terms, it can also be stated that later-born siblings are more likely to identify with their earlier-born siblings' behaviour (McHale, Updegraff, Whiteman, 2012), and that older siblings report a lower rate of conflict with the younger ones (Oliva, Arranz, 2005). However, younger siblings of a different sex are more likely to deidentify with an older sibling (Branje et al., 2004). The sibling dyads consisting of girls have a closer relationship, greater intimacy, and spend more time together; girls are generally considered to be warmer in their relationship with other siblings than boys (Dirks et al., 2015). Male dyad relationships show a higher rate of conflict, less intimacy (Kim et al., 2007), and greater hostility (Oliva, Arranz, 2005). There are always inter-individual differences, modified by the uniqueness of children and the environment in which they live.

THE SITUATION OF HOMELESS CHILDREN LIVING IN SHELTERS AND HOSTELS

Homeless children are subject to many negative impacts, poverty in particular, which leads to their lacking resources to meet the basic needs (Nebbitt et al., 2012), and to an unstable life situation associated with short-term contacts and frequent relocations leading to *"breaking ties"* with potential resources of safety (Rog, Buckner, 2007; Swick, 2008), and to the need for socialization in a specific environment of insecure housing such as shelters and hostels (Nebbitt et al., 2012). Living in shelters or hostels is associated with: a) a lack of privacy and space; b) the need to adapt oneself to the facility's regime (daily regime, restricted visits, participation in compulsory activities) (Cosgrove, Flynn, 2005) c) a change in a child's relationship network due to the isolated environment of the shelter and the consequent inability to develop relationship networks outside the insecure housing environment (Tischler, 2007; Swick, Williams, 2010; Hinton, Cassel, 2013) d) ostracizing, stigmatization, negative interactions, and distrust of the people around as a result of the current life situation (Anooshian, 2005; Swick, Williams, 2010).

The above-mentioned factors interact with the parenting possibilities in a shelter. Homeless mothers and fathers also find themselves in a stressful life situation that can per se (albeit unintentionally) negatively affect their relationship with their children (Swick, Williams, 2010). Torquati (2002) suggests that during such a stressful period, homeless mothers must be able to maintain warmth and support in their relationship with the child, but they are at greater risk of becoming *"quick-tempered/irritable"* as a result of their stressful life situation.

Hinton and Cassel (2013) state that even though every child is unique, staying in insecure housing has a great impact on them. Mothers of such children reported in the authors' research that children were, compared to previously, more irritable, showed more negative emotions (Anooshian, 2005, spoke specifically about aggression), often became more labile, constantly tried to attract mother's attention, were less able tolerant of separation from the mother, and their behaviour was highly influenced by the group behaviour of other children.

SPECIFICS OF THE SITUATION OF HOMELESS CHILDREN IN THE CZECH REPUBLIC

Despite the fact that these days there are 20,500 homeless children living in the Czech Republic (RiLaSA, 2019), the Czech Republic currently does not have a law on social housing, which would require municipalities to deal with the homelessness of their residents and systematically provide (social) housing.

In the Czech Republic, there are currently only two documents which define the basic principles of dealing with the issue of homelessness: MoLSA (2013; 2015). However, these documents do not have the force of law, and thus their principles are not enforceable. In the context of the above-mentioned, there are only some municipalities (at present not more than 30) that have been introducing their own social housing systems and providing social housing to persons in need.

The above-mentioned facts (about the lack of legal regulation of the obligation to provide social housing) reveal that helping homeless people in the Czech Republic is currently firstly the agenda of social services, i.e., social services are the ones that are primarily responsible for helping these families (see Glumbíková, Gřundělová, Gojová, 2018). Homeless people are only supported on the streets with a variety of programs. Shelters (which are separate for men, women, and mothers with children and families) are residential social services for homeless people. According to the Act on Social Services No.108/2006, a shelter is a social service that provides temporary accommodation (most often for the period of one year) to persons in a difficult social situation connected with the loss of housing and involving social work. The Act on Social Services defines the following principal activities: a) providing food or assistance in ensuring one's meals, b) providing accommodation, c) providing assistance in asserting one's rights, legitimate interests, and in explaining personal affairs.

Hostels are the second most common accommodation option for homeless families with children (after the most common ones – shelters). Hostels are single buildings or groups of buildings that serve to accommodate persons and are run (most often) as private businesses. Although these facilities are subject to state regulations in terms of building and accommodation rules, it is true that they have highly overpriced rents, instable and short-term leases, and poor housing quality (untidy and dysfunctional premises, poor hygiene standards, etc.). These hostels often accumulate disadvantaged groups of citizens who cannot afford to buy standard rental housing due to their lack of financial means to pay the rent deposit or due to their debts.

Families with children in the situation of homelessness are usually families with low education (often only primary), families with more than three children, families headed by single parents (especially single mothers frequently subject to domestic violence), and Roma families, where the situation of homelessness is strongly connected with the ethnicity of these families (RiLaSA, 2019). As for the description of the life situation of homeless children given above, especially the absence of social housing and the link between homelessness and ethnicity of families, similarities can be found in all Central and Eastern European countries (e.g., Slovakia, Hungary, Romania, Bulgaria, etc.)

In 2013, attention was brought to the alarming situation in hostels by the civic association *Vzájemné soužití (Life Together) in the Report on Hostel Conditions in the Ostrava Region* entitled *Are Hostels Really a Suitable Housing Solution for Families with Children and for Homeless People?* (Jedináková, Pischová, 2013). The main finding was that the places that were intended for short or medium-term accommodation of individuals (adults) became places where families with children live for a long time in completely unsuitable conditions (overcrowding, inadequate hygienic conditions, concentration of socially pathological phenomena, excessive housing costs, unsuitable location).

The heuristic context of the research: the experience of homelessness of children and their families in the city of Ostrava

The regional hub of the Moravian-Silesian region, Ostrava, is the third largest in the Czech Republic in terms of area and population and is one of the municipalities most affected by the problem of housing distress. Homelessness is a long-standing problem in Ostrava. According to GAC (2015), Ostrava had the highest number of people living in hostels and socially excluded localities in the Czech Republic. The agency identified a total of 12 locations with an increased concentration of social exclusion in six urban districts with a population of approximately 7,090 to 7,690. According to the Report on Housing Exclusion (Klusáček, 2019), in 2018 there were 4,230 households in housing distress in Ostrava, of which 2,410 lived in shelters and hostels, 950 occupied unsuitable or temporary housing, and 870 were homeless. In total, there were 7,070 persons, of whom 2,190 were children.

There are currently 12 shelters in Ostrava, with a total capacity of 401 persons, of which one shelter (with 52 beds) is intended for families, or fathers with children. According to the available data, in 2018, there were a total of 578 rejected applications for capacity reasons in the Ostrava shelters. This implies an unmet need for services for households in housing distress. For some families, the separation of father from the rest of family is unacceptable (as noted, most shelters are designated for mothers with children).

The lack of available housing stock and the limited capacity of shelters (incl. the absence of family facilities) have encouraged the development of a specific sector, namely, commercial hostels, which focus on providing housing for persons receiving housing benefits. The system is based on the abuse of the welfare system by housing providers through the provision of substandard and overpriced accommodation to poor and vulnerable groups with the aim of enriching themselves. These activities rank in the category of "poverty trafficking" (Kupka et al., 2018).

Within Ostrava, we identified 37 accommodation facilities with approved operating regulations and a capacity of 7,543 beds. Of this total, 15 residential facilities house residents in need of support or assistance from social workers, including a significant number of households with children. We recorded a total of 3,395 persons in these 15 facilities in 2019, including 610 children under the age of 18 (Ostrava Municipality, 2019).

In 2019, a total of 14 stakeholders (13 NGOs and one private stakeholder) provided social housing based on Housing Ready principles within Ostrava.

To complete the description of the context, we need to note that since 2019 the city of Ostrava has been providing social housing aimed at complying with the Housing First guidelines, which also targets families with children, and within which it provides more than 100 subsidised flats.

METHODOLOGY

The main research question was: What are the interactions between sibling relationships in the population of homeless children and the sibling relationships?

In order to meet the main research question, a qualitative research strategy was used because it allows us to understand the construction of social reality from the perspective of the participants. Our research was also aimed at gaining a perspective *"from within"* using the benchmark of the subject under research, which is exactly what a qualitative research strategy makes possible (see e.g., Denzin, Lincoln, 2011).

Research participants (children and parents) were selected on the basis of an intentional sampling approach (through institutions, e.g., a hostel, shelter, NGO). Participants were included in the research based on the following criteria: (1) the existence of a situation of homelessness involving a child, specifically a "houseless" situation, i.e., Group 3 according to FEANTSA typology (MoLSA, 2013): persons residing in a hostel or in a shelter; (2) children aged 9-15 living in the family; (3) families of homeless children are clients of at least one of the following forms of social work: social work in a shelter or field social work; (4) a child aged 9-15 has siblings who live with him in the household or it is a family with min. two children.

Concerning criterion (2), the research will include children in puberty (9-15 years old). We selected participants from the above developmental period for the following reasons: (1) development of more complex emotions and forming one's own identity (and defining it against parents) as an individual's developmental task, (2) self-reflection ability, (3) presence of emphasis on social aspects and area (Langmeier, Krejčířová, 2009); (4) existence of a significant amount of sibling time, and intimacy among siblings, which decreases in late adolescence (16-20 years old) (Öz Soysal, Eylül, 2016), (5) compulsory school attendance; (6) the risk of high-risk behaviour; (7) increasing frequency of coping strategies; (8) the greatest stability of social support among siblings (Scholte et al., 2008).

Overall, eight sets of interviews were completed. One interview set involved an interview with: (1) a homeless child and (2) at least one of his or her parents (if one parent was selected, it was a self-selection).

A total of eight children and eight parents took part in the research, so we conducted a total of 16 semi-structured interviews in each parent-child set. Four families lived in a hostel and four families lived in a shelter. The length of stay in the accommodation ranged from one month to four years. The housing trajectory of all families was quite dynamic, with frequent changes of residence address. The number of children at the time of research living in the household ranged from nine to one. Six families under research were in a single-mother category, and two families were such that both the father and mother of the children lived with the children. Interviews were always conducted with the mothers of the children. Interviews were conducted with six boys and two girls.

In this phase, in-depth interviews were carried out with the participants, focusing on the life situation of the interviewed family, the relationships of individual family members, with an emphasis on sibling relationships and resilience of children. Specifically, questions were asked about: the characteristics of children; sibling relationships and their quality; sibling leisure activities; factors that affect sibling relationships; providing support between siblings in situations where "something is going on"; children's relationships with parents and peers.

The collected data were continuously analysed in four coding phases (open, intentional, axial coding, and theoretical) in order to create a theory about the context of sibling relationships and how they are connected to the resilience of homeless children (Charmaz, 2006). The text was categorized in detail, so codes were assigned to the data and then grouped into individual categories. The coded data were categorized using the interpretative framework of Z. Matějček's theory on the needs of children living in institutions, which fully explains the specifics of the life situation of homeless children living in shelters and hostels. Matějček (1986; 1994; 2013) was a Czech psychologist who dealt with the fulfilment and deprivation of needs of children living in collective institutions. He identified the five basic categories of children's needs: the need for stimulation, the need for a meaningful world, the need for love and emotional security, the need for identity and finding one's place in society, and the need for life perspective and open future. This interpretive framework for the categories of needs among homeless children living in hostels and shelters was used by Glumbíková and Mikulec (2020).

From the ethical perspective, research will follow Ethical Principles in Human Research (American Psychological Association, 2016). Participation in the research was voluntary; the informed consent of their legal guardian as well as the informed consent of children to participate in the research will be required in the children's population. Special emphasis was placed on the confidentiality and anonymity of research participants. The University of Ostrava Ethics Committee approved the research in April 2020.

Reflecting the research limits, we took into consideration that: a) research is based on the statements of participants, thus bringing their views on a given issue that cannot be generalised; b) these statements may be formulated according to a possible social desirability; c) the participants may present idealised narratives generated for a particular purpose (research interviews) rather than the reality of their day-to-day reality; d) data acquired within self-reflection of the participants, i.e., data of their consciousness, is not data of their self which is defended and not readily accessible (e.g., Hollway, Jefferson, 2012); and e) we have used a non-probability sample of participants which makes it impossible to generalize the data obtained.

In the research we also realized the existence of our own pre-understanding of the researched phenomenon, which was given by our experience in the field of social workers' education and the study of the issue in professional literature. In order to avoid the impact of this pre-understanding on the data generated, our findings were subject to regular reflection of research and decision-making processes, analysis of the information obtained from different perspectives after reaching consensus of the research team over a final form of data (triangulation of analytics) and performance of regular reflection of positioning of researchers in research (cf. Gabriel et al., 2017). Despite the stated limits of the research, we believe that the research provides an interesting insight into the researched phenomenon.

DATA ANALYSIS AND INTERPRETATION

The context of the family's experience of homelessness was perceived as a significant factor in the data analysis. An older sibling appears to be an important category. Within the interpretive framework of sibling-saturated needs by Matějček (1986, 1994, 2013), the following needs were identified: the need for stimulation, the need for a meaningful world, the need for love and emotional safety, the need for identity and finding one's place in society, and the need for life perspective and open future.

The context of the situation of homelessness

The data analysis shows that the **homeless environment** of residing in shelters and/or hostels is a very specific context for sibling relationships, and at the same time a very specific context that places a burden on siblings and their parents.

A very common context associated with homelessness is the situation of **single parenthood**, which places great demands on a single parent in terms of time, but also in terms of the burden arising from the combination of having to deal with the current life situation and being a ***"good parent"*** at the same time. *"Now she's in her teens, and so... it's something insane for those parents, especially when the mother is raising them on her own and must play the role of father, breadwinner, as well as mother… it's tiring, and insane…I don't blame those mothers, that it's bringing them down..."* (Parent 2) At the same time, efforts to be a good parent is often associated with a desire to obtain housing and to ensure a certain standard of living for children. *"My son's ashamed that he lives in a homeless shelter, so he says that we live with his grandmother or grandfather most of the time…he tries not to show it and I do the same, like with clothes and snacks, pocket money, city transit card, etc."* (Parent 3)

Single parenthood is often accompanied by a poor relationship with the other parent. They list domestic violence as a frequent reason for the poor relationship.

However, this puts a secondary pressure on siblings, especially older siblings, who often **take on** varying degrees of **parental responsibilities**. *"For example, when I'm doing some cleaning or something like that, he looks after him, plays with him while I'm cleaning up so he doesn't cry…he'll go grocery shopping for me when I can't…he's usually nice, but sometimes gets angry with me."* (Parent 5) *"Yeah, he'll watch my other child…like if I need to run to a shop or a post office, he'll watch him…he's handy and nice at home…he'll cook for himself, bake chips and nuggets on his own, and put ketchup on it."* (Parent 2)

Prejudices against Roma and Roma children, specifically against those residing in shelters or hostels, were also a frequently described context of this life situation. According to informants' narratives, these prejudices often prevented them from acquiring stable housing. To illustrate this, one informant described a phone call with a flat owner who asked her about the age of her child: *"I say, 'Twelve'…and he is like, 'I'm sorry but I don't want this…he's going to bring his buddies there… they're gonna smoke and drink.' And I say, 'A twelve-year-old kid is gonna be drinking?'"* (Parent 3)

An interesting context of sibling relationships is the **relationship between the children's parents and their own siblings**, which ranges from the absence of this relationship (which often leads, given the absence of a social safety net, precisely to a situation of homelessness) to a completely idyllic and *"model"* relationship. *"Maybe they copied it from us, we never argued, we never fought, it didn't exist between us..."* (Parent 3)

Older sibling

Both parents and children themselves often described **the situation of homelessness as highly challenging** for older siblings. *"The mood's bad... living here makes the others in the school look at you differently... like you're white trash ... and they don't talk to you."* (Child 2) *"Some guys, they see that the mother's trying hard and that it doesn't show with kids in school, because they're ashamed to tell anybody in the school that they're living at a shelter."* (Parent 3)

The burden placed on older siblings was also due to spatial barriers, specifically **the lack of space** for them. *"I only have a bed, there is little room here, you can't be alone anywhere even for a moment."* (Child 1) Parents described that the above leads to older siblings trying to **get at least 'a *moment to themselves*'** at all costs. *"My boy doesn't want to go to school, he doesn't listen, he completely pushes the younger kids away… when he comes home, the kids, if they were able to, would crawl into a corner somewhere."* (Parent 3) The above responder often accentuates that her **household regime** (often occupying one room) is set according to the regime of the younger children. *"Yeah, all the kids have it the same...it's governed by the younger ones...there's no other way...the older ones have to adapt...I don't know any better way."* (Parent 1)

Some parents reported that the older sibling had **experiences with drugs and being away from home**, which the younger sibling did not take well. *"…badly. They used to see each other every so often, it's just that when he saw that his brother was freaking out, he got nervous, automatically picked himself up and went into another room. He knows what the drugs were doing to his brother, who was doing meth."* (Parent 3) *"He maybe feels sorry for him because he was here, and he'd give up and it reminded him of a mental institution."* (Parent 5) At the same time, several older siblings stated that they "***felt sorry***" for their siblings and because they know *"what it's like"*, they try to *"get to their level (note: to their age)"* and make their life situation as easy as possible.

Saturation of the need for stimulation

It was evident from the narratives of informants, both parents and children, that older siblings often saturate the need for stimulation for younger siblings. The unmet need for stimulation was often linked to the aforementioned lack of space and the lack of possibility to spend time inside the accommodation. The older sibling thus became a **source of possibilities to get out of a shelter or hostel environment.** *"The older son takes them out... they can't be here, there's no room for that... they always come from school and go out straight away."* (Parent 4) The older sibling, who no longer lived with his family, also offered a welcome *'taking out a younger sibling'* from the accommodation environment. This *'taking out'* may not only have involved taking out of the place of residence, but also a certain **taking out of the stereotype of a particular social world**. *"He took him out, treated him to a soda now and then and things like that…well, like he supports him as much as he can."* (Parent 7)

Parents reported that siblings often saturate each other's **need for social contact**. This was due to frequent moves, the absence of friends at school and the often-perceived unsafe environment of shelters or hostels, with parents reporting that they did not want their children hanging out with other children residing in the accommodation for fear of *"getting caught up in a bad group that will drag them down."* (Parent 6) *"Like he might go out with his friends and makes trouble outside, doesn't* *listen, and does stupid things. But when at home he's nice. It's always when he's part of that group he's like that."* (Parent 1)

Often there were also situations where there were no age-appropriate contacts with peers in the place of residence; as a result, siblings had to ***"get by on their own"*** (Parent 1) This is illustrated by another informant's statement, *"they're always together"* (Parent 6) Thus, older siblings often described that they **saturate younger siblings' unmet need for attention** that they do not get from peers nor often from busy parents. *"He provokes and jumps on me...pokes me...he switches shows on TV when I want to watch something particular as he wants me to spend time with him..."* (Child 7) *"He always wants what's not his, so he always starts being a nuisance…or when he wants to be (at the centre of attention, he starts making trouble on purpose so we pay attention to him."* (Parent 4)

Because of this, a common form of interaction is arguments between siblings, but it seems that even this conflict interaction is perceived by the children to be better than none. Parents also frequently mentioned that the children were ***"wild"***, which they attributed to the build-up of energy in a small space and the lack of opportunities to hang out with peers. The above is also a frequent source of complaint from neighbours. *"Well, when they're all at home, they're fighting with each other, jumping..."* (Parent 1) *"When they're together outside, they sometimes make a mess, and our neighbours yell at them afterwards."* (Parent 2)

Saturation of the need for perspective and an open future

In the above-described environment of a certain social closedness of shelters and hostels, it was the older siblings who offered the younger ones a certain **escape into stories and the possibility to dream** about future perspectives. *"Well, we have to tell him things like he's going to be Spiderman or Superman…he's then like happy and will fall asleep…and sometimes we ask him what he wants to do when he's big, so he answers that he's going to work at McDonald's, but I don't know how he came up with that."* (Child 3) *"Like in the evening when he doesn't want to sleep, I always tell him a story or read him a book."* (Child 2) *"So, I tell him made-up stuff like when he gets bigger, he'll turn into Spiderman, and he falls asleep to that."* (Child 6)

Saturation of the need for identity and finding a place in society

From the narratives of parents and children, siblings also appear to be a frequent source of identity anchoring (especially for younger children), a role model for finding their place in society. The **gender of siblings** emerged as a very strong social identifier; especially for younger boys. *"No. He doesn't like when sisters play nearby as well."* (Parent 5) *"Yeah, they deal with that between themselves… or he might say something to me about boy stuff and I'm like, I don't know, ask your brother. He'll tell you…he'll give you advice, I don't know! And he always goes and asks him."* (Parent 3) Parents therefore often perceived it as a problem that there were no other children of a similar age and same gender in their accommodation facility. *"It's all girls here…one boy came today, so there's only one boy here now. Well, we'll see, they haven't really met him yet, they're going to meet him now. I don't know if he's gonna become their buddy, we'll see, I'll leave that up to them."* (Parent 1)

Parents (specifically mothers) also frequently reported that their sons *("desperately")* **needed a male role model and a male authority figure** that they were willing to respect and *"obey"*. *"At school he doesn't listen, here he doesn't listen, he laughs in the director's face and in my face, because we're just women, we're totally like the air..."* (Parent 4) *"What he says to his younger brother, it must be something... When he asks something of you, you'll respect him, I've taught them this from the day they were born and..."* (Parent 3)

Relationships between siblings of the opposite sex were often described as *"poor and full of arguments"* (Parent 5), but on the other hand, parents reported that **the boundary of these poor relationships was when the other sibling was being *"confronted with something"*** or *"hurt by someone from outside"*, then, they said, there was *"gaining advocacy"* (most often from the older brother).

Age, or more precisely the age gap between siblings, was another important element in finding sources of identity in the older sibling. *"He totally looks up to him...he's six years older...and he's his role model."* (Parent 3)

Saturation of the need for a meaningful world

The role of an older sibling has often been described by parents and children as that of **a certain life role model** for how to deal with and behave in the world surrounding them. *"I used to show him not to fight with others..."* (Child 2) *"He really helps me…this new generation's just trying to go to disco clubs at the age of 12 and we (Note: mother and older sibling) are trying to encourage the younger brother to play sports... He's playing for the club here, so he's got less time to spend outside and make trouble. He has a training three times a week; we take him there and keep him away from the trouble completely."* (Parent 3) *"I take him along when I go out with my guys to let him spend some time with other guys… he tries very hard to be like us."* (Child 6)

However, the role of an older sibling as an attributor of meaning to the world may not be all just positive. *"I'm worried that he's going to follow her sister's example…I don't want her to leave home, God knows who with... I don't want her to hang out there at night... I don't want her to become some sort of..."* (Parent 7) *"The older one was on drugs... he was stealing things from home... he was angry... I give this as a bad example of how to behave..."* (Parent 3) An interesting phenomenon in this context, however, was a certain **perceived responsibility on the part of some of the older siblings to ensure that the younger siblings did not adopt their behaviour** as a bad role model. *"I'm sorry about it [drugs] for my brother... I don't want him to try it too..."* (Child 3)

Sometimes an older sibling also serves as a kind of **enabler of otherwise illicit pastimes**. *"Well, this generation is testing us…Last time they wanted to go to Stodolní* Street (Note: street with bars and clubs in Ostrava) *…that there's some rapper singing…I said okay, but your brother will go with you..."* (Parent 3)

Saturation of the need for love and emotional safety

Older siblings were consistently described by children and parents as a kind of ***"surrogate parents"***. *"And he'd been cradling him when he was a baby, helping me with him, passing me things when I bathed him."* (Parent 1) *"Yeah, he's holding on…when the older one was a teenager, he hated him, and now that he's a grown-up he acts like a dad to him…what he says has to happen…But I've brought him up that way from a young age."* (Parent 3)

In relation to siblings, **the role of teacher who creates a safe environment to be able to ask for help and to make mistakes**, was also frequently described by the informants. In particular, older siblings often provide support for younger brothers and sisters in coping with schoolwork and potential difficulties. *"But my daughter might say, 'don't tell me, go away, I'll do it myself.' And my older daughter might even do the homework for her or helps her with it."* (Parent 5) *"She may calculate it wrong, and he tells her she had it wrong."* (Parent 7)

Similarly, siblings create a **learning environment for how to deal with social interactions.** Learning to manage conflicts was particularly mentioned in this context. *"We argue...he starts crying and getting angry...I tell him not to cry, it won't help you in any way..."* (Child 7)

The role of siblings, particularly older ones, was most often associated with the role of **protecting younger ones** in the context of ensuring safety. *"...that he protects him and doesn't let anyone hurt him."* (Parent 1) *"...they love each other so much because of that [homeless situation] most of all… they know they're brothers and that they have to stick together…even he [older son] already knows."* (Parent 5)

Providing a sense of safety was also associated with arguments between the children's parents, with the sibling being seen as a kind of **island of safety**. *"For example, he was sitting, and I approached him from behind and hugged him."* (Child 1) Siblings also provided a similar source of safety when the conflict with parents arose. *"When mum's angry... I always go to see my brother..."* (Child 3)

Siblings also **provided each other with social support during frequent family moves**, which often involved the loss of social (friends at school and where they lived) and family (the other parent) ties. *"Yeah, we've coped with it well too. I liked it here, because there were toys, so I didn't really pay attention to it [the environment], because I was always playing with the kids."* (Parent 2) Siblings also created a safe haven in, for example, a new school environment where children had been transferred as a result of the move and where they did not know anyone. *"No, he always went to the same school. And that's where the older one went as well, so they are kind of known in that school…the teachers already know them, so it's not an issue."* (Parent 4)

In this context, parents often described **how stressful it is for one of the siblings to be separated from the other** as a result of, for example, one of the children being sent to some form of institutional care (e.g., in an educational institution where the child is placed due to the occurrence of serious behavioural disorders, e.g., delinquency and truancy). *"He's so upset about it…he constantly cries at night that he misses him and wants me to call him* (Note: his institutionalized brother)…*"* (Parent 5) At the same time, we need to say that in the life situation of multiple-member families accommodated in homeless shelters or hostels, the stay of some of the siblings with relatives (even from previous relationships) or in institutional care facilities is not an exception.

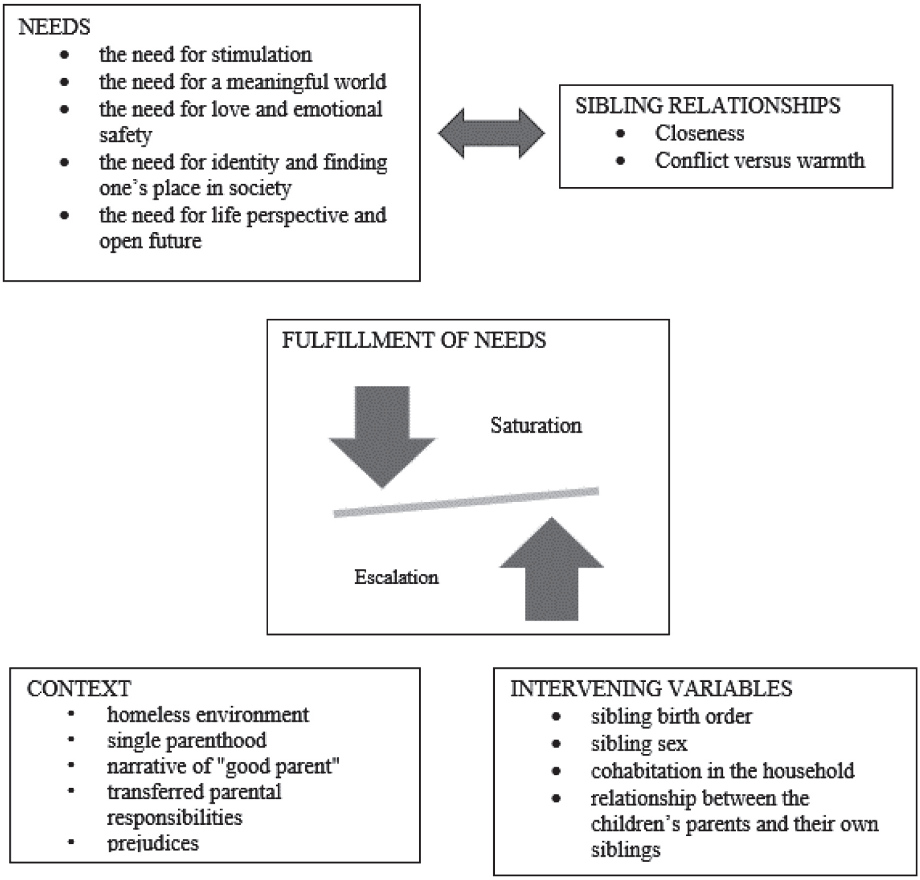
One of the siblings also described how his younger brother is so attached to him that he becomes jealous even when he spends time with same-age friends rather than with him. *"He* (note: his brother) *is jealous now… that I'm with my friends more than with him…so now he's mad at me."* (Child 6)

The above is illustrated by the statement of one mother who said, ***"A sibling, that's someone for life."*** (R3)

Interaction of sibling relationships and fulfilment of needs in the context of the living situation of homeless children

The diagram below presents the interactions of sibling relationships and the fulfilment of needs. It is clear from the diagram that sibling relationships affect the fulfilment of needs in their dynamics, which can be characterized by closeness, conflict, and warmth as the basic characteristics of sibling relationships (similarly see…). Research findings show that sibling relationships have a positive effect on the fulfilment of needs in their saturation, but also a negative effect on their escalation, for example, poor relationships with siblings can lead to a deepening need for love and emotional security. The context of sibling relationships is undoubtedly the life situation of homelessness with all its specifics. Interesting intervening conditions are formed mainly by the age of the siblings and their gender, which seem to have the greatest influence on the occurrence of closeness or conflict in sibling relationships.

Diagram 1: Interaction of sibling relationships and fulfilment of needs



DISCUSSION

The obtained data show that the needs of homeless children living in shelters and hostels are not fulfilled due to the characteristics of the environment in which the children live (similarly see Hicks-Coolick, Burnside-Eaton, Peters, 2003 or Gargiulo, 2006).

Firstly, we need to say that dealing systematically with the situation of homelessness in the Czech Republic appears to be necessary. These systemic steps can only be taken through the enforcement of the Social Housing Act, which would oblige the municipalities to provide housing for homeless children and their families, based on the Housing First principle, and arising from the belief that housing is a right and that standard housing does not need to be seen as a reward for following the rules of shelters. Gaining a stable background in the form of a home would thus stabilize the social contacts of children and allow them to spend time in a safe environment (Glumbíková, Gřundělová, Gojová, 2018).

The need for identity and finding one's place in society and the need for a life perspective and open future are not fulfilled only because of the social inaccessibility of the facility, but also because of the overall oppression (including ostracizing, stigmatization, etc.) of homeless people living in shelters and hostels (similar to Anooshian, 2005; Swick, Williams, 2010). In social work with homeless children, it is then necessary not only to deal with these children using an anti-oppressive approach, but also to disseminate this anti-oppressive approach in the society (e.g., through campaigns pointing out the structural causes of homelessness and fighting against personalization of these causes as seen in popular myths that "*homeless persons are solely responsible for their life situation*").

Our research adds to further research into sibling relationships and their connections to resilience following basic assumptions:

A. Homelessness is a multi-factorial stress situation expected to have a negative effect on (mental) well-being of children (Hinton, Cassel, 2013; Chow, Mistry, Melchor, 2015);

B. Sibling relationships are a general protective factor, source of support or mediator between stressful life events (see e.g., Gass, Jenkins, Dunn, 2007);

C. Sibling constellations such as age, gender, birth order, and number of siblings influence the quality of sibling relationships (McHale, Updegraff, Whiteman, 2012; Dirks et al., 2015; Okudaira et al., 2015)

D. Positive sibling relationships characterized by higher warmth and lower conflict have the potential to positively affect resilience (Jacobs, Sillars, 2012; Öz Soysal, Eylül, 2016; Sang, Nelson, 2017).

The above opens up another possibility for social work interventions supporting the fulfilment of the need for love and emotional safety to strengthen the relationship between siblings, which is impaired by the insufficient spatial capacity of accommodation, and the poor way of spending of leisure time by children, by organizing common activities (excursions or trips), or by establishing low-threshold facilities, such as day-centres for children in the immediate vicinity of their accommodation, where the children could spend their time productively in a safe environment, and the parents could "*relax*" and reduce their emotional strain (see Torquati, 2002; Swick, Williams, 2010).

The connection between sibling relationships and saturation of needs in homeless children has been largely overlooked in family-based prevention and intervention programs (Feinberg et al., 2012). It is the strengthening of the quality of siblings´ relationships (i.e., in developing sibling programs) that can significantly strengthen family cohesion in the homeless population and thus potentially serve as a source of resilience to cope with the current difficult life situation of homelessness and in the future as a kind of homelessness prevention (in the sense of the existence of a certain safety net and social support). It is also necessary to note that in times of Covid-19 pandemics and related epidemiological measures, siblings are often the only "peers" with whom (homeless) children interact. The effectiveness of sibling programs has been proven in research; see, for example Solmeyer, Feinberg (2011).

In the end, we would like to express our belief that the established objective of the paper to understand and describe the interactions between sibling relationships in the population of homeless children and the sibling relationships in the specific context of the city of Ostrava has been met.

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Resilience Factors of Social Workers Working with Families in Need[1]

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Abstract

OBJECTIVES: The aim of the article is to answer the research question: "Which resilience protective factors do social workers working with families at risk identify within the scope of their profession?". THEORETICAL BASE: This text focuses on the concept of resilience in the context of the well-being of social workers.
METHODS: Six focus groups with a total of 38 participants were conducted in the Czech Republic among social workers providing services to families in need. OUTCOMES: The research focuses on positive aspects of professional activity, as they may play a key role in the resilience process. Thematic analysis yielded the following themes: (1) connectedness, (2) education and professional experience, and (3) resources based on cooperating with clients.
SOCIAL WORK IMPLICATIONS: Among the research implications we point out the dynamic aspect of resilience as well as the need for support from other environments to manage professional problems, because resilience is not an individualized concept.

Keywords
resilience, protective factor, social work

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INTRODUCTION

Some people, however, especially those working in the helping professions, are surrounded by life's hardships. Apart from their personal lives, they must face the difficulties and pain of others who have sought their help. Such is the case for social workers who face various professional risk situations that make them more vulnerable to exhaustion and burn-out (Morrison, 2007; Collins, 2008; Duffy et al., 2009; Grant, Kinman, 2012; 2014; Adamson et al., 2014; Cleveland et al., 2019; Beníšková, Punová, 2020; Rose, Palattiyil, 2020). As relevant research has shown (Bennet et al., 1993; Coffey et al., 2004; Kinman, Grant, 2017), social work is more demanding than other helping professions and may lead to higher incidence of professional burn-out. According to Curtis et al. (2010), who examined the retention rate of British helping professionals, social workers remained in their field the shortest period of time, for 8–13 years.

Despite the risky nature of social work, it also has positive features, and the typical professional difficulties may lead not only to surviving stress but even thriving in it (McAllister, McKinnon, 2009; Wendt et al., 2011; Rose, Palattiyil, 2020). Our study was interested precisely in these positive mitigating factors. In this article we present the results of research among 38 social workers in the Czech Republic, focused on the following research question: "Which protective resilience factors do social workers working with families at risk identify within the scope of their profession?". We purposefully focused on positive aspects, resources and potentials, as they may play key roles in the resilience process. Seligman and Csikszentmihalyi (2000) note that personal strengths are put to best use not in times of ease but during times of difficulty, when they become indispensable. Helping others deal with difficult life situations is a challenge for the social worker, who must work through them and to make use of his or her resilience.

THEORETICAL FRAMEWORK

The history of social work is marked by the deficiency approach, associated with the so-called 3Ds: dysfunction, deficiency, and disease (Norman, 2000). As Weick et al. (1989) point out, this focus on the person's weaknesses affected social work from the 1930s on, due mainly to psychoanalytical influences on the profession. Gradually, researchers as well as professionals shifted their focus from the problem to coping strategies, from fatalism to possibilities, and from sickness and disadvantages to well-being and self-healing mechanisms. Thus, since the 1980s we have witnessed a radical shift within social work towards a strength-based perspective. Such a paradigm shift is visible also in the research, as researchers leaned away from questions such as "What went wrong and why did it happen?" and instead focused on researching personal resilience resources, asking for example: "Why didn't this bad thing happen even though it appears that the conditions for it were there?" (Punová, 2014; 2022b). The strength-based perspective is based on the assumption that with positive help, building on human potential and protective factors, a person can handle even very difficult life situations (Weick et al., 1989; Saleebey, 2000; Seligman, Csikszentmihalyi, 2000; Punová, 2019). In social work, this theoretical framework is driven by Saleebey (2000), according to whom every person has inner and outer resources from which to draw.

Trust in the fact that each person (or social system, such as a family or community) is predisposed to healthy development, is a basic idea that this perspective shares with the resilience concept. As Saleebey (2000:135) states,

> *"At the very least, the strengths perspective and the resilience literature obligate us to understand that however downtrodden, beaten up, sick, or disheartened and demoralized, individuals have survived, and in some cases even flourished. They have taken steps, summoned up resources, coped, or maybe just raged at the darkness. Social workers need to know what they have done, how they did it, and what resources provided ballast in their struggles."*

Social workers need such knowledge not just to strengthen the resilience of their clients but also for their own resilience. How should we understand this resilience? Although resilience has been researched since the early 1970s (Garmezy, 1971; Murphy, Moriarty, 1976) and has become a topic of increasing research interest, so far no unified definition of the term has been articulated (Dencla et al., 2020). The only statement to be made with certainty is that researchers agree there is no single accepted definition. The initial conceptualizations presented resilience as a static personality trait, and researchers were attempting to determine the traits of resilient people (Cohler, 1987; Collins, 2008). Later on, resilience began to be understood as a dynamic process of responding to environmental influences. According to Masten, Best and Garmezy (1990), resilience can manifest in three types of contexts, when: (1) a person endures a high risk and achieves better than expected results; (2) a person maintains a trend of positive adaptation even under difficult conditions; and (3) a person manages to survive lived trauma. In general, resilience is perceived as a kind of ability to accept life despite lived difficulties, in other words, positive development despite negative circumstances. Researchers conceptualize resilience as a process, a capacity, and a consequence of positive adaptation in the face of negative life conditions, trauma, threats, or significant sources of stress (Werner, Smith, 1982; Masten et al., 1990; Norman, 2000; Collins, 2017). Although resilience may seem extraordinary in some situations, research shows that the ability to be resilient is quite ordinary and involves use of everyday accessible sources despite adversity. Masten (2001) would say that it is part of human nature, something like “ordinary magic.” As Adamson et al. (2014), Grant and Kinman (2014), Collins (2017), and Punová (2019; 2020; 2022a) point out, the need to strengthen resilience in the context of seeking well-being is part of the social work discourse. The concept of resilience helps us understand why some social workers manage their professional demands better than others (Collins, 2017).

This text defines resilience as an overarching concept, which includes dynamic development processes, and applying abilities and competencies, thanks to which the social worker is able to adapt and achieve the sought-after well-being, even when s/he faces significant problems related to professional work. The problems may stem from personal dispositions or the environment, such as the context of the organization, clients, community, or social policy. In addition to stressful situations, the worker is also influenced by the protective factors or resources that can be found in various environments, which may help protect him/her from negative conditions (as referred to earlier in the description of the strength-based approach and the topic of resources). Our research project focused on the resources, opportunities, and areas of strength for social workers. Our goal was not to examine protective factors in all their breadth, such as personality characteristics or non-professional resources, but to focus specifically on the professional domain.

While exploring this theme, we examined positive aspects of the work life of social workers providing services to families at risk and that, in their opinion, may contribute to their resilience. In Czech Republic, social workers have a wide range of possibilities for working with this target group. The choice depends on the specific life situation that the family is facing. A young child is very vulnerable, and hence a system exists to provide protection and support, ideally in such a way that the child can grow up in a family environment assuring healthy development. The social protection of children is governed by law no. 359/1999 in the legal code about social protection of children. In the Czech context, this means defending children’s rights to positive development and a good upbringing, and protecting the legitimate interests of the child, including protection of property. The law focuses on restoring to the child the functions of a family, even so far as to secure a substitute family environment for the child. In general, the help and protection are the responsibility of the agency for social and legal protection of children (OSPOD), established by the local authority. Families receive social work help via registered social work services listed under law no. 108/2006 on social services. This law concerns *inter alia* social activization services for families with children (SAS), low-threshold facilities for children and youth (NZDM), field services, professional social counselling, asylum houses, centres of intervention, aftercare services, personal assistance and day care centres. The remaining services are usually provided by non-governmental non-profit organizations. Our research surveyed OSPOD workers as well as social workers from the other types of organizations listed above.

METHODOLOGY

This research is part of a larger study entitled "Concepts and discourses of professionalism in Czech social work." It used inductive strategies with the goal of answering the following research question: "Which protective factors do social workers serving families in need identify within the context of their professional work?" For our analysis, we chose to employ the interpretative approach, which emphasizes "the subjective meaning of actions and institutions in social world" (Harrington et al., 2006:161). We perceive the influence of protective factors on social workers' resilience not as an objective reality, but as a phenomenon these workers construe while assigning them personal meaning (Navrátil, 2010).

The data were gathered during the years 2019–2020 via six focus groups (FG). A total of 38 social workers, both male and female, responded. The smallest FG consisted of five social workers, the largest contained eight. They were selected using a purposive sampling method (Shaw, Holland, 2014); the criterion of selection was current social work engagement and being active in one of the professional areas of social work. We determined these areas based on the target group of intervention, namely families suffering from domestic violence, socially excluded families, foster parent families, ethnically and nationally different people living in the Czech Republic, and families with multiple problems under OSPOD care. Other characteristics of the respondents, such as length of practice, education, sex, and age, were not considered in the selection. The purpose of deliberate sampling was to interview respondents from various areas of social work. The aim of exploration was to increase the probability of capturing the widest spectrum of perceived resilience factors within the varied social work areas. In order to assure anonymity of the respondents, no names or identifying information are linked to the citations listed in the text. Research participants were informed in advance that the research was anonymous and that they could terminate their participation at any time. At the same time, they had telephone and e-mail contact with the researcher, with whom they could discuss research-related matters at any time. Within the research, great emphasis was placed on adherence to ethical principles. All researchers followed the "MU academic and professional employee code of ethics".

The FG interviews were recorded and transcribed. The data analysis used thematic analysis (Braun, Clarke, 2006). This method allowed us to identify, analyse, and describe the topics that emerged from the empirical data. The topics provided significant information in relation to the research question, while also giving a certain level of structured response or meaning to the collected data. Thematic analyses were conducted according to Braun and Clarke (2006) in the following stages: (1) familiarization with the data – repeated reading of transcripts and noting beginning reflections; (2) creation of first codes – coding interesting aspects of data; (3) seeking themes – aggregating codes into potential themes, gathering data relevant for a given theme; (4) assessing the themes – revising the themes in relationship to the codes and data sets and creating a "thematic map" of the analysis; and (5) naming and defining the specifications of each theme on the basis of the analysis.

FINDINGS AND DISCUSSION

During thematic analysis we identified three key themes that contribute the most, according to the participants, to their resilience in their professional work with families in need. The themes were the following: (1) connectedness, (2) continued education and professional experiences as social workers, and (3) cooperation with clients. During further exploration of the themes mentioned by the social workers, additional factors reinforcing resilience were discovered and are discussed at the end of the findings section below.

Connectedness

Social workers most often pointed out the supporting influence of connectedness, meaning both cooperation within their organization (support team, intervisions, councils, supervision, shared philosophy), and cooperation with others from outside their organization (interdisciplinary teams, support within the sector).

Support stemming from relationships within the organization

Such support may stem from various sources. Social workers spoke of the importance of being part of a good team, where cooperation and sharing take place. An OSPOD worker noted: *The main thing is our good team, which you can rely on even in the middle of a day when something happens.* (FG3:S4) A worker in an asylum home for mothers in need spoke in a similar spirit:
We also have a great team, where we can share everything, because trying to share this with someone from the outside, they would not understand it at all. I feel very well in our team, I can return from a visit with a mom in her room and talk and compare my experiences with someone else. That is great. (FG6:A)
Such sharing and commiseration with colleagues are factors that were mentioned very often in relation to team spirit:

> *For me, it's important to use the knowledge of my colleagues or others within my workspace. Even personal knowledge. So if I have a family with a young child, I take to the meeting somebody who has had a child already. Such a person is able to take in much more information from the meeting.* (OSPOD worker, FG6:F)

A shared philosophy of, or approach to, the services being offered is another important element. One social worker accompanying foster parents characterized this philosophical synergy in the following way: *Sharing values or a mission, to self-identify with them.* (FG2:B) Another social worker described a philosophically unified team in the following way: *S/he is aiming at that goal, not only are they fine people but they are also interested in this topic, why they do this work.* Later on, she linked this unity with professional autonomy:

> *I think that if there is a philosophy of an organization and the employees embrace it, then within that context they have a great autonomy. Then it works. But if they disagree with the organization, or can't develop to accept (the philosophy), then it's continuous stress.* (FG3:N1)

The connectedness of workers within an organization is also bolstered by supervision. Social workers described such connectedness as a space in which they can *share joys and sorrows* (FG1:G), as a space for the development of reflexive thinking. It was interesting to note that the supporting role of supervision was mentioned mainly by workers in non-governmental organizations:

> *For example, if a client is upsetting me, then I won't tell him, I vent it out during supervision. I am thinking that social workers are not robots, machines for empathy and understanding and unconditional acceptance.* (FG5:A)

Lately, one case really bothers me, the female client doesn't scare me but it's really unpleasant to deal with her. She is really unpleasant, but I can manage because of the supervision where I can go through it. (FG3:S4)

Cooperation outside of the organization

In relation to outside networks, the social workers pointed out the importance of multidisciplinarity and cooperation in the context of social services for endangered families. A worker in a non-profit organization indicated the possible role for a social worker in a multidisciplinary team:

> *There is a multidisciplinary team in Brno for victims of domestic abuse, gathering professionals from governmental institutions as well as the non-profits. The social worker can contribute by being a member of the team, and we are solving difficult cases connected with domestic violence. We take part in preventative activities, creating materials for the public, for educating the public.* (FG3:N2)

A social worker accompanying foster parents also spoke about the role of the social worker and the importance of multidisciplinarity:

> *I worked in a multidisciplinary team for eight years, so I have rich experience. It's great when the team works, and each professional has his place in it. The recipient of the service is taken care of in all of the areas and it's impossible to miss or oversee something. I perceive a great role for the social worker who connects the client with the team, with the professionals, and even with other institutions.* (FG2:B)

The social workers also considered important the mutual cooperation between organizations providing social work for endangered families. An OSPOD worker described such cooperation in the following words:

> *What makes my work more effective is the fact that I can always pick up the phone, call any organization and the talk the problem over with someone. That there is this possibility to call anytime, write, meet with someone, or go to another organization and get more involved. I think it's quite an advantage.* (FG6:C)

A social worker helping people of various ethnicities described how such cooperation was helpful when he needed to understand the legal aspects of a problem:

> *When it comes to legal issues, that is not my strong point, I am forced, but gladly, to use the experiences of other colleagues not just in our organization but in others as well. It's a great joy to know that people are very willing to help each other, so I think in this respect it works.* (FG5:A)

It is not a surprising finding that connectedness is important for managing professional difficulties, as previous research has shown this as well (Collins, 2008; Kapoulitsas, Corcoran, 2015; Truter et al., 2017; Cleveland et al., 2019). Our research also confirmed that social workers emphasize their professional work relationships and the quality of those relationships. To do their work well, they need a team that supports them and provides safety. They also seek support in cooperation with other organizations providing social services and the representatives of other helping professions. It's a fact that such resources are not always accessible to them. The social work field in Czech Republic is undergoing an institutionalization phase, is trying to define its traits, and still must build its prestige with other helping professions (Ševčíková, Navrátil, 2010; Havlíková, 2019; Punová et al., 2020; Navrátil et al., 2021; Navrátilová, Navrátil, 2021). Our participants also mentioned supervision as another resource. Similarly to Beddoe and Davys (2016) and others (Kinman, Grant, 2017; Cleveland et al., 2019; Glumbíková, 2020), supervision is considered a significant aspect of resilience because it helps to reflect ongoing situations with a certain detachment. It is not by accident that it was mainly non-profit social workers that spoke of its protective value. Many social workers within OSPOD do not have regular access to supervision and supervision is rather a benefit not an ordinary occurrence.

Education and professional experience

Another area of support mentioned by social workers was their professional knowledge and skills. This was related to their education, as one FG5 respondent explained: *I perceive a great role of education. I got a lot. When one hears these things five years in a row, it sinks in.* A SAS worker also drew resources from her education: *I use just about everything that I learned in school, I even studied statistics, so I now use everything I was able to get in my education, both formal and informal.* (FG6:B)

Another common topic concerned knowledge, which was mentioned with reference to various contexts. According to respondents, knowledge of the characteristics of the target group of clients, and how to approach them, is especially important. An NZDM worker explained:

> *When I am in professional contact with children, it's mainly about communication. It's not exactly communication skills but something like adjusting my language, vocabulary, listening. What knowledge? The knowledge linked to the children's world, developmental factors, curiosity, administratively social information related to switching schools, contact with institutions that the child frequents.* (FG1:A)

Social workers helping victims of domestic violence noted their views: *When working with victims of domestic violence one must know the overall characteristics of the victims, how they behave, think, how the relationship to their partner works, because one can make bad mistakes here.* (FG3:N2*) One must have good knowledge of this area, have it well absorbed, so that I can recognize the phase in which the person is.* (FG3:N1)

Such knowledge of professional approaches gives the social worker the ability to respond appropriately in a given situation and provides greater security. As an FG3:N2 respondent noted: *To have knowledge of the possibilities how the given situation may be resolved. The female client wants to solve it now, now she is crying, now she is afraid and will not wait until I find out. She needs to be calmed down now.*

When providing social services to endangered families, social workers benefit from solid knowledge of the system of social and legal protection of children and the overall system of social services. According to FG5:B, appropriate education is helpful:

> *To know the system, when one comes from a different field, he can't orient himself well, because he does not know all the services available, he doesn't think of seeking them. When one studies this field or a similar one, one has that overview, what services are available in the state services, non-profit organizations, where the client can be referred to. One can learn it by himself, but it is better from school.*

A children's crisis centre worker accentuates the importance of knowledge coming from other fields of study: *The area of endangered family means having to know a lot of things. Just social work is not enough. I need to know some things from law, education, health care, it's a lot that one should know.* (FG1:C)

In addition to knowledge, social workers also mentioned the importance of practical skills. An OSPOD worker mentioned communication skills: *I have a feeling that I am not afraid to talk with people. Whether it's clients, or other cooperating organizations, police, courts and so on. I think that one just cannot be afraid to speak.* (FG4:D) Other workers pointed out that a non-judgmental approach and empathy are helpful to clients, while pointing out that empathy should not lead to crossing boundaries. An asylum house worker described: *I think that the relationship with the client is key, but the social worker must have healthy, professional boundaries and not dissolve in it. Not to exchange empathy for pity, because coming apart together with the client does not help anyone*. (FG6:D)

The last area of resources mentioned was professional and related experiences. Respondents appreciated how more time spent in professional practice brought with it more experience, as noted for example by FG4:F: *Definitely experience, because when I remember how I did my work ten years ago and compare it with now, I see significant changes. I have been learning new things, cutting off the non-functional ones, trying new ones that work and strengthening those.* They also emphasized the role of reflection and self-reflection within their profession, and also taking into account one's personality. An SAS worker noted:

Everything that I lived through. Through my entire life, theoretical and practical. What I experienced, what others around me experienced. Some theoretical knowledge but one works also with oneself. One's person. Some self-reflection, theory, and practice together, and to continue to have some detachment and overview and constantly evaluating. And also putting it into balance, harmony. (FG6:E)

Research by Havlíková (2020) among 744 social workers in Czech Republic focused on the role and meaning they give to knowledge. They said they draw most of all from their own practices and experiences. Our respondents also noted that their ability to manage difficulties grew with the length of practice and experience, confirming the findings of Grant and Kinman (2014) and Palma-García and Hombrados-Mendieta (2014). They also emphasized the importance of understanding the system. This orientation in the sphere of social work with the family is not easy, as even researchers do not have a unified view. This can be illustrated by the example of the Czech system of social and legal protection of children. As Gojová, et al. (2020:2) point out, "In recent decades, child welfare services have emphasized a reorientation from protective child protection to a more holistic, preventive, and family focused orientation." Vysloužilová and Navrátil (2019) perceive this situation in a completely different way, according to whom the progressive individualisation is reflected in the child-centered focus of social work with families. They perceive this prioritisation of social and legal protection of children at the expense of a holistic perception of the family as a system as one of the consequences of modernisation. According to Navrátilová (2015; 2018) and Navrátilová, Navrátil and Punová (2021), the transformation of social work with the family derives from the changing concept of child well-being. All of these changes place a number of demands on social workers, a change in conceptualisation as well as the aforementioned multidisciplinary approach.

Resources arising from cooperation with the client

The demands of the social work profession are to a great extent linked to dealing with the needs of clients. But many respondents also perceived work with clients as an area abounding with resources that can potentially sustain their professional resilience. Respondents most commonly noted the joy they experience when helping their client to make positive changes. To make progress strengthens them to deal with professional difficulties. FG5:C summarized: *I am content to see when the client is become more independent and needs the service less and less.* A worker dealing with families struggling with domestic violence adds:

> *The feeling of contentment when a client comes, who has hit the bottom, he thinks he is in hell and there's no way out. And we are able to give him such a perspective over the situation that there are many solutions. And then to see the situation getting better and the client slowly getting back to the level he was at before it knocked him down. That's a great joy.* (FG3:N1)

The social workers often talked about how seeing clients' situations improve creates great meaning in their work. An OSPOD worker states:

> *The feeling of contentment in the moment when it's really complicated. A case, a family with which one has been working for several months very intensely and now after these months one can say – it made a difference. There is a positive change, there is meaning that something good was achieved.* (FG6:C)

A male social worker helping foster families contributed an interesting angle on this issue:

> *I can also evaluate it from the position of being a male. It makes me quite upset when my guy friends tell me to find a decent job. It always makes me mad (laughter). So I tell them, what do you mean "decent"? It's amazing to be helping someone, it has a great value. And maybe because the social status of this job is not so high, one then draws from the actual fulfilment one gets from doing the job itself.* (FG2:B)

The fact that the resilience of our participants was to a great extent dependent on their relationships with their clients and the positive results of interventions is consistent with the findings of other researchers (Collins, 2008; Adamson et al., 2014). Our respondents also pointed out the importance of the provided services being meaningful, of have an inner meaning and certain amount of confidence. In fact, being comfortable within one's profession – confidence – appears to be an important aspect of resilience in research among social workers and education specialists (Wendt et al., 2011).

Other aspects of social workers' resilience

Our process of thematic analysis also revealed, aside from the key themes, other factors that related to resilience. Although they were mentioned sporadically, we have included them in the analysis and report them here. We wish to use them to demonstrate some of the principles of the resilience phenomenon.

Although it was not a goal of this research to reflect the burdens experienced by the participants, they spoke of them very often. It was clear that their paths to resilience were often winding. Even so, they did not describe their resilience as something unusual; they did not speak of drawing on some extraordinary sources but about regular, accessible resources (as noted above). Due to the difficult character of their profession, they did not expect spectacular results with clients, but instead based their concept of managing professionally on even apparently small successes. A social worker in a children's crisis centre described: *Sometimes it gets better, sometimes it doesn't, there doesn't seem to be a logic to it. I feel content with even small change*. (FG1:C) An OSPOD curator spoke in a similar spirit when describing where he draws strength in difficulties: *Any small success, a small step, because in our work we must take small steps, so if even just one in the big line of steps gets done well, I feel contentment and joy*. (FG1:E) We see that social workers don't speak about great acts that lead to grand successes, but rather about small acts that may lead to success. As Grant and Kinman (2014:30) state: "Resilience is nothing mysterious, it's not an inner characteristic or path, no talisman, that protects people from every illness. Resilience typically rises from successful adaptation to everyday requirements rather than the unusual ones, from ordinary, not extraordinary, human abilities."

Even though the static concept of resilience is thus called into question, research shows that certain traits of resilient people can be identified (Adamson et al., 2014; Collins, 2017; Kinman, Grant, 2017; Punová, 2020). One is the personal attitude to "not give up face to face misfortune," and our respondents reflected on this from various points of view. For example, a NZDM social worker said: *To me it's closely linked with endurance. To stay with it even if it doesn't work out. To keep going on, to have the desire*. (FG1:F) Another social worker spoke of hardiness: *I have been doing this for 11 years, so for 11 years I've been experiencing the same things, so at one point one becomes exhausted and has nowhere to draw the energy. Then he must either leave it for a while or come back again, or to find another way to come to terms with it.* (FG5:A)

The last aspect of resilience that we would like to point out is its situational character. Some factors may be risky at one point and protective at another. While many social workers appreciated the cooperation and communication with other professionals, one NZDM worker stated: *The most stressful part for me is the continual making of new professional collaborations with other professionals who must harmonize among themselves. That's very demanding but it also brings me the most joy when it's successful. So, the things that bring me the most stress, when they turn out well also bring me the greatest contentment.* (FG1:G) This statement illustrates not only the situational aspect of resilience factors but also highlights that resilience is not only in positive development in difficult circumstances, but it also includes sturdiness and the ability to handle future difficulties (Masten et al., 1990; Werner, Smith, 1992; Norman, 2000; Stalker et al., 2007).

CONCLUSIONS

The results of our research among 38 social workers providing services to endangered families showed the resources from which they draw strength when dealing with professional burdens. Their responses showed the changeability and dynamics of resilience. They did not describe it as something static or linked to a particular trait but pointed out the confluence of several factors. We realize that our empirical findings have their limitations. It would most certainly be interesting to focus on another area of resources such as the influence of personality characteristics, the sphere of personal lives, organizational context (culture and management style), and structural factors (the system of social policies, media images of the profession, remuneration). We also believe it would be worthwhile to examine the inner world of social workers, their spiritual resources, because these can be considerable potential for resilience. We therefore understand our restricted attention to the professional sphere of social workers as a limit, as is the relatively small sample of social workers interviewed.

When considering our research implications, we would like to point out the fact that resilience should not be perceived as an individual aspect of each worker. The resilience concept is not individualized. As some critics (Considine et al., 2015; Beddoe, Davys, 2016; Collins, 2017;

Kinman, Grant, 2017; Van Breda, 2018) note, there is a certain tendency to perceive resilience in a neoliberal way, accentuating especially the personal responsibility of the social worker within his professional management. But the well-being of the social worker depends largely on the setup of his environment. Even the best work team, interdisciplinary cooperation, excellent knowledge, and years of practice and effective provision of services to clients (this list is not exhaustive) are not enough to assure that the social worker can manage his professional difficulties under all circumstances. Incidentally, one of our empirical findings was that, aside from relationships, the workers seldom referred to support coming from within their organizational framework, that is, they did not say their working conditions were excellent and that they were well paid by their employers. It appears that organizations providing social services have some areas for improvement in terms of taking care of their workers. But without a "resilient organization" (Rose, Palattiyil, 2020), the broader economic, legal, social, and political conditions – which have a key impact on the overall climate in the society and on the well-being of clients and social workers – can make all individual efforts by social workers to cultivate resilience in vain, only tilting at windmills. We would like to thank all those who refuse to leave this battlefield and thus demonstrate that the strength of human potential is unfathomable and often leads to "ordinary magic".

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Experience in Integrating the Labour Market and Education through Standardization of Professional Activities in Russian Social Work

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Abstract

OBJECTIVES: The research object was the links between the labor market and social education; the purpose of the research is to study the impact of standardization of professional and educational activities on the modernization of the social sphere and socio-economic development. THEORETICAL BASE: The study is based on the concepts of social modernization and structuration (Giddens), Sociology of Social Change (Shtompka) and sociology of professions (Romanov, Yarskaya-Smirnova, Sargeant). OUTCOMES: The article analysed methods of professional formation standards in social work, strategic perspectives, risks and barriers of standardization were assessed. METHODS: the study was conducted from 2013 to 2020 in various regions of Russia; questionnaire survey was used (N=1158; random quota sample); focus group method (N=37); brainstorming (group 1 – N=26; group 2 – N=28), expert survey (N=257; N=38; N=286; N=168; N=185); interviewing citizens-recipients of social services (N= 256), the method of social modelling and design. SOCIAL WORK IMPLICATIONS: The experience of modelling professional standards and their adaptation to educational standards allows us to change the content of professional activity, to focus it on the current needs of citizens and the activation of their social position, to change the vectors of development of social education, the content of training and retraining of social work personnel.

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social work, professional standards, educational standards, social education, modernization, sociology of social change, sociology of professions

INTRODUCTION

A certain gap in the relevant competencies of practical social workers and the competencies of graduates who have received professional education in the direction of "social work" will always be topical. This issue may be explained by the fact that practical professional activities are more flexible and can be quickly configured. Higher education should set itself strategic purposes, anticipating the direction of the profession development and creating a qualitative basis for the professional and personal development of a specialist (UN Documents, 1998).

However, it is unacceptable if there is a significant gap in competencies. This factor leads to the inability of graduates to start professional activities immediately after employment. The employer must spend time and considerable funds to finish training or retrain new employees.

The study of ways to converge social education and the labour market in social work is a relevant scientific problem and a rather time-consuming process.

The difficulty of developing a standard of professional activity for a social work specialist was that social work is a multi-faceted profession. These specialists solve daily tasks of helping people who appeared in a challenging life situation. But situations are quite diverse, as well as people themselves; they arise for different reasons, and different people react to them differently. Some of them can cope on their own, but many people need professional help.

The content, direction and scope of this assistance depend both on the complexity of the situation and on the capabilities (resources) of people facing complex problems. In addition, the success of assistance depends on the knowledge and professional skills, on the competence of a social work specialist. The specialist must identify the essence of the problem, study the causes of its occurrence, and determine ways out of a difficult life situation in which a particular person has appeared.

To develop a standard of professional activity, it is necessary to work out various and diverse requirements, citizens' requests for social protection towards a common standard and to build an algorithm for professional activity. Moreover, the standard provides an invariant, i.e., the professional minimum of actions, skills and knowledge that is necessary for every social work specialist, without being bound to the population group they work with and the problem they address.

Finally, the professional standard should consider the historical traditions of the development of social work in Russia, the peculiarities of its development and formation in different regions of our vast country, as well as the international experience of social work.

STUDY OF THE MAIN PROBLEMS

The problem of the professional status of social work arose simultaneously with the profession itself. Its social meaning was to help citizens who appeared in a difficult life situation. There was a temptation to present it as a kind of humanitarian mission, which is implemented by people with strong social tolerance, capable of empathy, mercy, and charity (Flexner, 1915). However, the increasing complexity of the social problems that people faced required professional assistance aimed at the well-being of individual citizens and society in general.

The social orientation of the profession is evident in all the definitions of the International Federation of Social Work: "Social work is a profession based on practice, and an academic discipline that promotes social change and development, social cohesion, as well as the empowerment and liberation of people" (IFSW, 2014). IFSW's policy is to "promote best practices and quality services" (IFSW, 2012). It can be assumed that these formulations define the mission of modern social work that is to change the world for the better.

The concept of modern society modernization based on structural functionalism was developed by T. Parsons. He believed that professionalism is, on the one hand, a special professional education formalized at its core. But, on the other hand, it is undoubtedly a social service based on values and social ideals. As a result, this is a special form of interconnection of personal interest, self-realization, and formalized public interest, based on rationality, division of functions and universalism (Parsons, 1949).

Changing the world for the better, according to the concept of modernization and structuration of E. Giddens (Giddens, 2005), is achieved through the volitional purposeful activity of actors. Their actions lead to social changes, despite the limited freedom and knowledge in the choice of actions (conditions of social uncertainty), form the modern social structure. Exactly such activities are carried out by social work specialists who use their professional knowledge and skills to improve the situation of citizens who appear in a difficult life situation. Thus, social work contributes to the stabilization of society and the creation of favourable conditions for social progress and the improvement of people's lives.

Equally it is necessary to keep in mind the peculiarities of the profession formation in the countries of Eastern Europe and in Russia. The Polish sociologist P. Shtompka (2001) developed the concept of social changes and revealed the phenomenon of "cultural trauma", a special painful state of collective and individual consciousness that develops in conditions of fundamental changes in social foundations.

The most striking example is the countries of the former socialist camp, including Russia, where the rapid dismantling of the institutional and organizational framework of the political system was accompanied by a massive decline in the population standard of living and the implantation of various social institutions. At the same time, there was an acute shortage of new social meanings and values, as well as a shortage of professional personnel capable of reducing social tension.

Slovak scientist O. Botek outlines 2 periods of transformation in the field of social work in the country: 1989–1995 is the period of "crisis solutions" and since 1995 is the period of real transformations (Botek, 2016). The last period is associated with the standard formation of citizens' social protection: from the establishment of a minimum wage to the institutionalization of various forms and types of assistance.

Various countries in Eastern Europe and Russia went through similar stages in terms of content (Shalkovskaya, 2016; Ulčáková, 2016; Krisova, 2018). As a result, social work has become an institutionalized profession necessary for the social well-being of citizens in our countries.

The professionalization of social work, the understanding of this process coincides with the search for new approaches in the theory of the profession formation, to the understanding of the accumulated practical experience (Sargeant, 2000; Evetts, 2003; 2011). In relation to social work, one of the most significant aspects was the question of the professional and non-professional ratio (including volunteer and charitable) work (Yarskaya-Smirnova, Sorokina, 2012; Nuttman-Shwartz, Ranz, 2013). Also, there is an important issue of who exactly forms the standards of professional activity: the professionals themselves or the state, as the leading employer in the social work field, about the possibility of citizens' influence on the formation of professional standards (Romanov, Yarskaya-Smirnova, 2014; Romanov, Yarskaya-Smirnova, 2015). Undoubtedly, the problem of social efficiency of social work specialists is significant (Romanov, Yarskaya-Smirnova, 2007; Marshall, 2010).

Of particular note are the concerns expressed by Magali Sarfatti Larson (2018): as a sociologist of professions, she warns of the danger of imposing standards, the lack of dialogue between professionals and society.

Social work is a profession in the social sphere that affects the interests of every citizen and society as a whole. In studying the impact of social work on solving social problems, researchers note the need to understand our profession as a cultural phenomenon (Shanin, 2004). It is for this reason that it is necessary to consider the national and socio-cultural features of the social work formation as a profession and its impact on the modernization of society (Granin, 2017; Zamiralova, Karpunina, Shimanovskaya, 2020).

Thus, the question of the social and professional status of social work is one of the most important in the context of studying social transformations and the movement of society towards a better future. However, researchers also recognize that the level of theoretical understanding of this problem and the attention of the scientific community to this problem are not yet sufficient (Chytil, Kowalikova, 2018).

METHODS AND METHODOLOGY

The article is based on the results of research conducted in Russia in three stages during 2013–2020. The first stage: 2013, the study was conducted based on a grant from the Ministry of Labour and Social Protection of the Russian Federation (hereinafter – the Ministry of Labour). Aims: to develop a standard of professional activity of a social work specialist. Research methods: questionnaire survey (N=1158; random quota sample); respondents: social work specialists and managers of social service organizations from 259 organizations located in all eight federal districts of the Russian Federation. The primary results were discussed and corrected during a brainstorming session (group 1 – N=26; group 2 –N=28), an expert survey (N=38), and an interview of citizens receiving social services (N=256). Processing of results by statistical and mathematical methods (frequency distribution and preference variables). Based on the methods of modelling and social design, the standard of professional activity of a social work specialist (hereinafter referred to as the professional standard) has been developed.

The second stage: 2015–2019. The study was conducted on behalf of the Ministry of Labour, as well as on behalf of the Ministry of Education and Science of the Russian Federation. Aims: 1 - adaptation of professional standards of a social worker, a specialist in social work, the head of a social service organization as different levels of implementation of a profession in Russia based on the experience of implementing these professional standards; 2 – adaptation of professional standards and educational standards in higher and secondary vocational education. Research methods: expert survey of employers and representatives of authorized authorities in 82 regions of the Russian Federation (N=286); expert survey of social work specialists (N=185); focus group method (N=37), content analysis of official documents, documents of social service organizations. In the study of the requirements of the social education system, an expert survey of university teachers training in the field of "Social work" (N=168); content analysis of educational standards of various levels developed from 2001 to 2015 (standards of three generations). Based on the methods of social engineering and modelling, three customized professional standards are prepared, and two Federal state educational standards in the direction of Social work (undergraduate and graduate) that implement the competence approach, competence and professional standards and education paired.

The third stage: 2020, initiative. Research aims: to analyse the impact of the development and professional and educational standard implementation on the education integration and labour market in social work, on society modernization, improving the well-being of citizens; to identify risks and barriers in the application of professional and educational standards. Methods: expert manager survey of social service organizations (N=88), interviewing social workers and social work specialists (N=211), interviewing citizens – recipients of social services (N=116). The study continues (preparation for the questionnaire).

RESULTS

The development of a standard is, on the one hand, a practical task that reflects the most effective practices in the social sphere. On the other hand, its implementation should be based on certain theoretical approaches. It is necessary to develop an algorithm for the professional activity of employees who daily solve the most complex social problems of our fellow citizens who appear in a difficult life situation.

The authors of the article proceeded from the existing three implementation levels of the social work profession in Russia. The first level is a social worker (may not have a special professional education; the main function is social and household services at home). The second level is a specialist in social work (secondary vocational or higher education in the direction of "Social work". According to the functions performed – mainly individual work with citizens in need of professional social assistance). The third level is the head of the organization of social services for citizens (higher education is required: bachelor's degree and master's degree in social work).

At the first stage, the activities of a social work specialist were analysed. Firstly, during the pilot survey (N=56), the main labour functions performed by this specialist were identified. Then a questionnaire was developed, which listed all the main and auxiliary functions of a social work specialist, and the frequency distribution and preference variables were verified. The survey covered all 8 federal districts of the Russian Federation (N=1158; 259 organizations, random quota sample). The survey allowed to build a certain hierarchy of labour functions.

Table 1: Frequency of application of labour functions in the professional activity of a social work specialist

Name of Work Functions	Frequency of Application in % of responses			
	often	sometimes	rarely	never
1. identification and comprehensive assessment of the social status of citizens who appear in a difficult life situation (social diagnostics)	88	8	2.5	1.5
2. determining the social work forms and methods, its nature and scope for improving the living conditions of a person	77.75	15.25	4.5	2.5
3. organization of practical social assistance, provision of various social services; individual work to bring a person out of a difficult life situation	76	18.75	4	1.25
4. forecasting the impact of various events' development on the processes occurring in the family, group, society, on potential social problems of a person (risk assessment)	77.5	28	4.5	2.5
5. attracting specialists from various organizations (medical, educational, etc.), ensuring their interaction to help individual citizens and different social groups of the population.	65	36	7	2
6. integration of the activities of various subjects of social assistance for the prevention and overcoming of the individual, family, and territorial community social problems (prevention of social ill-being on the basis of interdepartmental interaction)	56	25	15	6

The primary results were discussed and corrected during a brainstorming session in two specialized groups (N=26, N=28), and an expert survey (N=38). The aims of the social work specialist professional activity were formulated: "The provision of social services, social support measures, and state social assistance to citizens in order to improve their living conditions and expand their ability to independently provide for their life needs". The concept of dividing social work into passive forms of social security (state social assistance in the form of payments, allowances, and benefits) and proactive forms – the provision of social services, during which obstacles that interfere with the normal life of a person are overcome at the individual level. This form of social work can be considered proactive for the reason that it is individualized, involves changing a person's life position based on the use (activation) of his resources, changing his lifestyle, changing his living conditions, and organizing assistance to a person from his social environment.

The general purpose of professional activity was specified through labour functions, but the survey showed that in the current practice of social work specialists, the functions of "emergency social assistance", operational forms of social services, are in the first place. The experts concluded that the work functions performed in practice are more consistent with the first (crisis) stage of social work development.

However, when modelling professional standards, it was important not only to reflect the current state of affairs, but also to lay the foundations for the strategic development of the profession, consider its immediate prospects and respond to people's requests. According to the research, promising areas of activity in social work can be considered forms, methods, and technologies aimed at identifying and preventing social problems, consolidating various social actors of social assistance.

Surveys of citizens receiving social services were quite contradictory. On the one hand, the demand for passive forms of assistance (payments, benefits, and allowances) remained high. Russian legislation provides for more than 800 types of benefits and payments, which are addressed to 200 different benefit groups. More than 65% of citizens of modern Russia have certain benefits. It would seem that such a large support should have a high result. But, unfortunately, these amounts in monetary terms per person are very small, fragmented, accompanied by a huge amount of bureaucratic red tape, require a lot of effort to identify the need, and in the end do not provide for the desired result.

On the other hand, the same respondents showed that they are not always interested in targeted social assistance in the form of social services. When a social work specialist diagnoses a situation and identifies a person's personal resources, an active interaction in solving problems is assumed, e.g., job search and retraining, changing a person's lifestyle, using special skills that will help to cope with a crisis, developing the ability to resolve conflicts in the family and at work. The survey showed that not all citizens are willing to contribute to their well-being, i.e., assist in the resolution of their difficult life situation.

About a third of the surveyed recipients of services (35.6%) believe that the state is obliged to simply help them with various payments and benefits. Slightly less (33.6%) are aware of the need for their own active actions with the assistance of a specialist, mainly citizens of working age, including those with disabilities. And only 19.8% generally preferred active forms of social support (employment, education, active forms of maintaining health and a healthy lifestyle). This group is mainly represented by young people. Therefore, one of the most important functions of a social work specialist should be to motivate different people to active positive transformative activities with the help and support of a specialist.

The identified labour functions of a social work specialist were divided into two groups (generalized labour functions – GLF): the activities of a social work specialist and the head of a department in a social service organization. In the first group, the main labour functions are associated with individual work with citizens, whereas in the second group, managerial competencies are added.

In each labour function, when using the operationalization (fragmentation) technique, labour actions are highlighted, as well as the necessary skills and knowledge. All stages of the work were checked and coordinated with professional practitioners.

The established professional standard of a social work specialist was supposed to be implemented as an invariant of professional activity – something that every specialist prepared for professional activity should know and be able to do. In practical work, the specialist receives in his organization from the employer specified job descriptions drawn up on the basis of professional standards. In such a job description, the immediate responsibilities of each specialist should be clarified, considering the problems they solve and the population groups with which they will work.

The draft professional standard of a social work specialist was approved in 2013. Since 2015, it has become mandatory for use in all social service organizations. The experience of applying professional standards required study and generalization. In addition, it took time and great effort to develop new educational standards for higher and secondary vocational education.

At the second stage of the process, work was carried out to adapt the professional standards of a social worker, a specialist in social work, the head of a social service organization of the population as different levels of implementation of a single profession based on the implementation experience. A survey of representatives of authorities in 82 regions of the Russian Federation (N=286) revealed the main problems of implementing professional standards. In the first place, the managers put the need to improve the regulatory support for the implementation of professional standards: the new standards required amendments to the Labour Code of the Russian Federation and other regulations. The second problem was related to the organization of personnel training of different training levels in order to ensure that their competencies meet the requirements of the professional standard. In third place were questions related to the level of awareness of employees and citizens about the content and purpose of professional standards, about the applied technologies of social work, about the rights of citizens to social protection and assistance, about the list of social services that social service organizations should provide.

According to the results of the survey, amendments were made to the wording of competencies, and requirements for the level of education. The research team studied the practical steps for the implementation of professional standards. Courses of advanced training and additional professional education were organized throughout the country, considering the requirements for various levels of the profession, and the formation of a Unified State Information System of Social Security (USISSS) was started. This system is designed to create a database of all payments and forms of assistance that certain people receive. It also provides an opportunity to inform specialists and various organizations about the measures of social support provided to citizens from budgets of all levels, about new regulatory and legal documents of the federal and regional levels.

A special task that the researchers solved at the second stage was related to the problems of higher education.

The survey of teachers revealed the main problem of higher education: the gap in the content and methods of teaching and the demands of the labour market. The strength of the Soviet system of higher education was a good fundamental training, which provided a systematic basis for further professional growth. However, over time, theory and practice have diverged greatly. It is time to converge back positions, to review the content of education. The competence-based approach in education allows us to coordinate the opportunities of education and the labour market. Practice-oriented disciplines have been expanded in social education, and social design technologies and case studies are widely used. After conducting an expert survey of university teachers training in the field of “Social Work” (N=168), based on the application of the modelling method, a draft federal state educational standard (FSES) was developed for the “bachelor’s” and “master’s” levels of education. The research group became the main developer of these standards. The project was posted on the website of the Federal Educational and Methodological Association “Sociology and Social Work” for a wide professional and public discussion. Then the project was sent to the Ministry of Education and Science of the Russian Federation for approval. It came into force in 2018.

The fundamental approach was that the Federal State Educational Standard established universal competencies necessary for all graduates of higher education. This was the position of the Ministry of Education and Science of the Russian Federation. In the field of training, only the most general characteristics of the profession are included in the FSES. All the most important things for a particular area of training of personnel with higher education from a content point of view were transferred to the approximate basic educational programs (ABEP), the draft of which proposed ways to achieve the necessary professional competencies. The professional competencies themselves are divided into mandatory and additional (accepted or supplemented at the discretion of specific educational institutions of higher education).

This separation by document level was due to the fact that the FSES are approved by the Federal Ministry. This is a lengthy, bureaucratic procedure. And changes can be made to the ABEP much more quickly. In addition, when developing educational programs in specific universities, it is possible to consider regional peculiarities, the needs of regional employers, as well as the scientific and teaching potential of the universities themselves. The ABEP is a much more flexible tool for quickly configuring higher education.

Both the FSES and the ABEP are developed on the basis of one or more professional standards. But this pairing is a prerequisite.

The new projects of the ABEP, prepared and submitted for public and professional expertise, suggest strengthening the role of educational, industrial, and technological practices, changing the composition and scope of academic disciplines, and approaching the needs of employers and citizens in need of assistance. The developers of the GEF and the ABEP came from the need to preserve the quality of basic training, the formation of students' ability to analyse social processes, to see the strategic prospects for the development of their profession, and the ability to apply theoretical knowledge and skills in practice. Such training forms the ability to self-educate throughout the entire professional activity, the ability to make independent responsible decisions in conditions of uncertainty, to correctly assess their capabilities and find the missing knowledge.

The change in approaches to the formation of specialists, which was manifested during the development of professional and educational standards, was reflected in the preparation and conduct of professional and student competitions: Abilimpics (international championship for people with disabilities), World Skills (for this championship in Russia, the competence "Social Work" was developed). A new educational project has been launched – the "I am a Professional" championship for students. All tasks of these championships are formulated considering professional standards and are aimed at testing practical professional competencies.

Thus, at the second stage, the research group analysed the first years of the implementation of professional standards, prepared projects of adapted professional standards of three levels of the profession implementation ("Social worker", "Social work Specialist", "Head of the social service organization"). The projects were approved by employers' associations (Professional Qualification Councils) and approved in July 2020. (Professional standards «Social worker», «Head of Social Services Organization»). The Federal State Educational Standard in the field of training "Social Work" (bachelor's and master's degree levels) was also developed and approved.

The third stage: 2020, initiative. The study had several objectives: to analyse the impact of professional and educational standards on the integration of the labour market and education in social work, on the modernization of modern Russia, and to improve the well-being of citizens. In addition, it was necessary to identify risks and barriers in the application of professional and educational standards. Methods: expert survey of social service organizations managers (N=88), interviewing social workers and social work specialists (N=211), interviewing citizens/recipients of social services (N=116). The study continues (preparations are carried out for a mass survey in other regions of Russia). However, the initial results already provide good material for preliminary conclusions.

The expert survey of social service organizations managers was semi-standardized and included 15 closed questions and 5 open questions. Most managers have adapted to work in the conditions of professional standards (82.9%). The identification of compliance of employees' competencies with the requirements of professional standards was combined with internal personnel certification. The objectivity of such verification was ensured not only by internal verification, but also by external verification — Qualification Assessment Centres were established, in which representatives of various social service organizations, educational organizations, as well as representatives of the system of higher and secondary vocational education participate. Conducting tests in such Centres ends with the issuance of a certificate, which is mandatory for all employers.

As a result, typical and individual problems of personnel at different levels were identified, and training and retraining programs were developed, both with on-the-job training and off-the-job training. Managers noted the difficulty of sending employees to off-the-job training (78.4%), because the workload calculated for each employee is very high. If one or more employees go on training leave, the load is redistributed among the remaining people, and this is a big overload.

The problems of interrelationships with educational organizations are also noted: practitioners are not able (and sometimes do not want) to teach, and teachers do not always know the practical work well, do not have time to follow trends and innovations in the professional sphere. Such inconsistencies were noted by 84.1% of respondents/managers. The open question about the exit routes has been answered. First, look for pedagogically gifted practitioners and include them in the educational process. Already at present, according to the educational standards and regulatory documents of the Ministries, practices are included in the existing departments, participate in the admission of final tests.

Secondly, the question of training teachers in social service organizations was raised. According to the heads of social service organizations, this is a good opportunity to bridge the gap between the system of social education and the practice of social work. However, not all managers are ready to accept a teacher for an internship (21.6% said they were ready). The reasons are yet to be investigated.

In the search for ways to improve the practical competencies of graduates, the question of pedagogical support of students during educational and technological practice remains topical. Similar questions arise in the employment of graduates, as noted by 93.2% of respondents.

In an open question about ways to solve the problem, employers suggested, first of all, the convergence of theory and practice in the educational process (84.1%). They also recalled the experience of mentoring in the organization – 73.9%, when more experienced employees become curators of young people and pass on their professional experience to them. It is interesting that some managers use this experience in the opposite direction: capable graduates with good training and who have studied innovative technologies in working with citizens can conduct classes for older employees who do not have experience in using digital technologies.

A large group of respondents reported that their organizations and universities have signed agreements on joint training of personnel (63.6%). In addition, some respondents believe that it is necessary to appeal to the Ministry of Labour and Social Protection of the Russian Federation with a request to assist in allocating funds for finish training and retraining of graduates employed in the specialty (11.4%).

Interviewing social workers and social work specialists (N=211) showed that their most acute problem is a high level of workload. They showed that federal standards at the regional level are being transformed into social service standards, which describe in detail and minute by minute all the specific actions of social workers and social work specialists. This attitude of the regional authorities is aimed at a high level of control in situations that require a high level of flexibility and adaptability of practitioners. The formalization of requirements for the work process and the growth of documentation on reporting, the bureaucratization of the professional standards' use leads to exactly the opposite results. This was noted by 79.6% of respondents.

One of the reasons is the Decree of the President of the Russian Federation in 2012 on the need to raise the salaries of social workers, along with doctors and teachers, to the level of the average in the region. As a result, the regional authorities, under the conditions of an acute budget deficit, have taken the path of increasing the workload of individual employees and reducing their number. Wages have risen, although not to the proper extent. The quality of service was generally maintained, but the price was very high: a high level of employee burnout, a problem noted by 89.1% of respondents). In turn, this slows down the introduction of new technologies and the emergence of a new level of quality of social work. The conclusion is that administrative decisions made even with the best intentions should be previously studied, calculated, and tested in individual organizations or regions. It is necessary to study the risks, otherwise you can get exactly the opposite result.

The survey of citizens receiving social services confirmed an increase in depersonalization in the activities of social workers and social work specialists, formalization in determining the needs of specific people, and a decrease in personalization in approaches and the choice of means and methods of work.

One of the most acute problems is interdepartmental separation: inconsistency in the work of social services and health care, when the social worker, nurses and doctors who work with a particular person act inconsistently. This is especially difficult when the wards are disabled people and families with disabled children, the seriously ill, and bedridden elderly people.

As one of the weak points of modern social work in Russia, respondents noted the low awareness of citizens about their rights, about the forms and methods of social assistance and social services (88.8%). The expansion of computer literacy and the use of digital technologies in social work is designed to solve these problems. It can also be used as recommendations to educational organizations in improving the educational process.

All three types of surveys included questions about the impact of standardization in social work on the integration of the labour market and social education. The highest rating was given by the heads of social service organizations – 88.6%; they noted the change in the content of higher education towards a more practice-oriented approach. Employers also noted positive trends in social education, where an increasing number of well-motivated graduates are coming to the organization.

Social workers and social work specialists were somewhat more cautious – 53.1%. They saw good opportunities in more orderly work and their training. Standardization allows them to form a holistic picture of the profession, its dynamics, and its future, including trends in their professional growth. But they also understand that there are threats in standardization, which becomes a tool for disciplinary measures.

The recipients of services mostly refrained from direct assessments (the answer "I find it difficult to answer" - 66.4%), explaining this with a lack of information. However, they highly appreciate all the opportunities to improve the professionalism of social workers and social work specialists.

The question of how standardization has affected the quality of social services requires careful research. On the one hand, there is an undeniable positive impact – in the alignment of requirements and conditions for the provision of social services, a clear definition of professional activity algorithm at different levels, and that the stages of career growth and opportunities for self-realization are obvious.

On the other hand, it is a process aimed at integrating professional activities and education. And this is a long process. Standardization is an important, but still a component, of the whole transformation system. Changes in the content of education, basic and additional, are accompanied by the formation of a National Qualifications Framework, a system for evaluating the results of education and certification. Such a system provides for uniform mechanisms for the accumulation and recognition of qualifications at the national and international levels for all levels of vocational education. It takes time for the benefits of the system to fully manifest themselves.

The novelty of the research was determined by the fact that a holistic study of the labour functions and labour actions of specialists of different levels, the ratio of these equals ("social worker", "social work specialist", "head of the social research organization") was undertaken. Earlier research focused on the value aspects of the profession, its social significance and significance in modern society. In the conducted research, it was possible to combine operational approaches to the analysis of the profession and value-semantic concepts of labour functions.

In addition, a lot of work has been done to adapt the professional and educational standards. It should be noted that the author's team had an unprecedented opportunity to directly participate in the development of standards at different levels and fields of activity, which allowed us to observe continuity in their content and implementation.

DISCUSSION

The process of standardization, especially in the social sphere, causes a complex and contradictory attitude among both practitioners and theorists, both in professional activity and in education. On the one hand, according to the international dictionary, standardization is an activity "aimed at achieving an optimal degree of ordering in a certain area by establishing provisions for universal and repeated use in relation to actual or potential tasks" (ISO, IEC, 2004). An important result of the development of standards in any area of your life is improvement of product quality, the responsibility for the results, and the ability to monitor its effectiveness and efficiency on the part of the employer and of consumers (population). On the other hand, in the social and humanitarian sphere, there is often a belief that such approaches will inevitably bureaucratize this activity, the relationships are formalized, and this is unacceptable in professions whose essence should be non-standard, creative, "humanized" by definition (Marshall, 2010).

Perhaps for this reason, ethical issues play an important role in the discussion of the standardization of social work. The framework is formulated in the European Qualifications System (2008), a document describing the generalized structure of educational qualifications at all levels as meta-systems designed to ensure transparency, comparability, comparability and recognition of qualifications and diplomas and certificates of education in order to promote academic and labour mobility of citizens on the European continent. In this document, the definition of competencies includes 4 components: 1) cognitive competence, involving the use of theory and concepts, as well as "hidden" knowledge acquired through experience; 2) functional competence (skills and know-how); 3) personal competence, involving behavioural skills in a particular situation; and 4) ethical competence, involving the presence of certain personal and professional values.

The developed standards of professional activity and education in the field of "Social Work" considered the experience of creating the European Qualifications System. In them, all competencies are focused on specific actions, but are based on the ethical values of social work (Sizikova, Anikeeva, Shimanovskaya, Kopnina, 2016).

Approaches to solving practical problems of social work have changed over the past years. Krisova (2018) studies the historical and cultural foundations on the example of the history of social work in Slovakia. The author concludes that in modern conditions it is necessary to specialize in social work with different groups of the population. Banks Sarah (2015) analysed the formation of the ethical foundations of the social work profession and identified two approaches. The first approach is deontological, based on the highest principles of respect for people as intelligent and self-determining beings (the ethics of Kantianism). The other is teleological, based on the consequentialist ethics of the nineteenth-century British utilitarians Bentham and Mill. The latter evaluates the purpose of social work and its foundations, depending on what is expected to have a rational effect. But this is a very pragmatic approach. It does not consider the humanistic nature of social work.

The formation of professional competencies takes place in the process of education – secondary professional and higher. For this reason, the issues of the content of social education are studied in the scientific literature especially actively.

These are ratio questions of professional and personal in the formation of managers' competencies in social work (Anikeeva, Sizikova et al., 2019); the need for specialization in social work with different groups of the population (Krisova, 2018).

An analysis of social education in European countries has led to the conclusion that there is no single model (Juliusdottir, Pettersson, 2004). This is clearly seen in the example of the Nordic countries: in Denmark, the emphasis is on long-term and high-quality additional professional education and retraining, in Norway, 90% of teachers have at least 3–4 years of practical social work experience, in Finland, Iceland and Sweden, a model of professional higher education focused on research is being implemented. The authors of the article make two very important conclusions.

First, it is unreasonable to assume that social workers with any education, even the highest, can solve all of society's social problems. Secondly, the desire to develop similar standards in social education in different countries can give very real results, provided that the diversity of education associated with the peculiarities of educational systems in different countries is maintained. (Juliusdottir, Pettersson, 2004:17–20).

In the same direction, conclusions are drawn in the article Shadlow (2004). The need to strengthen the practical training of students is analysed on the example of the United Kingdom. At the same time, the author concludes that the attention of society and the state to the professional training of specialists in social work should change. It is necessary to increase the material and technical support, increase the number of students in the direction of training "social work", and most importantly, change the image of the profession. Other authors come to similar conclusions (Kamanová, 2018).

The analysis of the problems of articles devoted to social education shows one important pattern: the mission of social work in the modern world, the great contribution that social work makes to the well-being of citizens, creating the foundations for socio-economic progress and improving the culture of modern society are well understood by representatives of the profession itself. In this context, the standards of professional activity and social education of different levels of training are developed. But society does not yet realize the importance of this profession. Therefore, the research, as well as the popularization of their results, should be continued.

CONCLUSION

The need to develop standards of professional activity is caused by the fact that there are significant contradictions between the needs of the population and the competencies of professional personnel, between the requirements of employers to the competencies of social workers and educational standards. Social problems in society change their content, nature and direction, but they remain as acute as ever. They are fraught with conflicts, significantly hinder the socio-economic development of society, reduce the potential of the population and lead to an increase in social dissatisfaction. At the same time, the situation is changing very quickly, and the system of personnel training and qualification requirements for them do not have time to react quickly to the changes that are taking place.

Professional standards are designed to help overcome the weakness of the systemic relationship between vocational education and the field of work. Their development strategies turned out to be parallel – each sphere develops according to its own laws: representatives of higher and secondary vocational education insist on the need for fundamental education, and employers complain about the lack of university graduates' readiness to practice. Objectively, the contradiction has developed in the space of the correlation of theoretical and applied knowledge, the abstract awareness of students at different levels of professional training and their readiness for professional activity, the large volume of social technologies developed and ready for implementation, and the ability of specific social organizations to implement these technologies.

Professional standards specialists of social sphere should solve the following practical problems:

- interoperability of the workplace and the education system; support the continuous professional development of employees throughout the work; taking into account the requirements of the labour market in developing educational standards and training programs, including modular, examination requirements
- unification, establishment, and maintenance of uniform requirements for the content and quality of professional activity, determination of qualification requirements for employees; transparency of confirmation and evaluation of professional qualifications of employees, graduates of vocational education institutions
- formation of the basis for licensing and certification of professional activities

- improving the selection of suitable jobs, professional orientation of the population
- assessment of qualitative and quantitative changes in the labour market, regulation of labour resources, coordination of labour market requirements, and development of professional education and training.

The development of professional standards should be based on the identification of the most important essential functions, the minimum required recruitment or professional invariant. Without this, there is no specialist, or his activity can be replaced by the work of volunteers or unprofessional social workers. At the same time, standardization largely depends on the practice of application. It should not lead to bureaucratization or formalization of the activities of a specialist in social work or in vocational education.

The solution of these problems directly affects the effectiveness of the social sphere, the ways of modernization of society in general and vocational education. The development of social work in Russia and in European countries is at a critical stage. The development of professional standards and educational standards adapted to them can bring new opportunities to the development of modern social work.

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The Position and Tasks of a Social Worker in Hospice Care in the Slovak Republic and the Czech Republic

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Abstract
OBJECTIVES: The aim of this study is to compare how real practice of social work in Slovak and Czech hospices corresponds with theoretical concepts described in literature. THEORETICAL BASE: The study originates from national and international literature and relevant legal norms in the two countries. METHODS: A qualitative method of data collection based on semi-structured interviews with social workers from hospices in the Slovak Republic and the Czech Republic was used. Analysed results from real practice compared the countries with each other, and to the published theory. OUTCOMES: There are similarities, but also differences. Czech legislation allows for a wider range of qualifications to perform the tasks of social worker. Czech legislation recognizes the importance of the social worker in hospices. Slovak Concept of palliative care supports the position of social worker in hospices, but relevant health care laws do not recognize the social worker as a professional in health care institutions. Therefore, many Slovak hospices do not employ social workers. SOCIAL WORK IMPLICATIONS: It is important to change Slovak legislation to increase employment of social workers in hospices, so that the clients get more holistic care. A concept of long-term care should combine health and social care for clients who need both.

Keywords
hospice care, social needs, dying client, relatives of dying clients, social work, multidisciplinary team, social worker

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INTRODUCTION

The profession of social worker has had rapid development in the Slovak Republic and the Czech Republic since the 1990's after the change of the previous political regime. New concepts of palliative care were introduced in our countries around the same time. Inclusion of social workers in palliative care was done gradually, following theory and practice in other countries. Teaching of social work in palliative care was also based mostly on foreign literature, sometimes not reflecting the national legal framework. After the split of Czecho-Slovakia, the Czech Republic got ahead of Slovakia in the area of palliative care, which was reflected also in the growing number of professional publications in the field. There are some theoretical publications about social work in palliative care by Slovak authors, most of them stressing the social needs of palliative clients and their families and validating the importance of social worker in palliative care.

Our aim was to perform practical research, which would determine how the theory is reflected in real practice in the Slovak Republic and the Czech Republic. Since both countries developed social work in palliative care from the same point in the 1990's, inspired by the same international concepts, we were interested in the differences in the current practices, or whether they are the same. Where we found differences, it would be interesting to see the reasons for them. We want to improve the situation to better fulfill the social needs of palliative clients and their families.

The semi structured interviews were done directly with social workers currently employed in hospices in the Slovak Republic and the Czech Republic to get real information from the practice. Education and qualification of social workers and their position in the multidisciplinary hospice team and their cooperation with other members of the team was examined.

In recruiting participants for the research, we found that several hospices in the Slovak Republic did not employ social workers, so we focused on the employment and financing of the position of social worker by hospice managers. Different countries assign different roles and tasks to the social worker in hospice care, making our goal to find out which concrete tasks and activities Slovak and Czech hospice social workers perform for their clients and their families. Our research was confirmatory rather than theoretical and was intended to make recommendations for improving social work practice rather than creating new theory, so we have chosen to present the research findings comprehensively. Therefore, we decided to skip the raw results from detailed interviews, and publish them after coding, synthetization, and classification with the main results from Czech and Slovak hospices compared in tables. The wider textual analysis compares the results from practice with the theory and legal backgrounds in both countries.

THEORETICAL BASE

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-threatening illness. Care includes the prevention and relief of suffering by means of early identification and the correct assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual (WHO, in Worldwide Palliative Care Alliance, 2020). The very definition of palliative care implies that fulfilling patient-client needs requires cooperation of several professionals in a multidisciplinary team, as well as volunteers and family members. This corresponds with the division of competencies of individual experts in the team, as well as their mutual cooperation for the benefit of the client (O´Connor, Aranda, 2005; Ryan, 2008).

The multidisciplinary team consists of: a doctor, nurses, a psychologist, a social worker and a spiritual person (priest, pastor) (Student et al., 2006). The importance of social worker is clearly explained in international documents. But in individual countries social workers in palliative care have varying competencies and responsibilities (Council of Europe, 2003). NASW Standards for palliative and end of life care (NASW, 2004), which have been an inspiration for the international social work community, represent more the principles of palliative care and their interpretation, but only briefly list the interventions – the practical tasks of the palliative social worker.

Caring for the terminally ill and the dying has been in some form practiced throughout history (Marková, 2010). Important changes in palliative care were happening during the 20th century in several countries, but their real implementation in Czecho-Slovakia started in the 1990's after the fall of socialist regime. They were inspired mostly by English, German and French literature and practice. After the peaceful split of Czecho-Slovakia in 1993, palliative care in the Czech Republic was developing at a faster pace than in the Slovak Republic and became an additional inspiration for Slovak professionals. Czech publications from Svatošová (2011), Sláma et al, (2012; 2013), Dolanová and Adamicová (2013) and others were included in Slovak social work students' curricula.

In the meantime, Slovak professionals were often struggling with the unwillingness of politicians to create a nourishing inter-disciplinary environment for palliative care provision. One such barrier was a limited perception of palliative care as just a branch of health care, neglecting other complex needs of the clients. The recognition of social worker in palliative care was further complicated by the fast development of the social work profession, as well as changes in its legislative anchoring, which were somewhat settled in 2014 (Act No. 219/2014). Social worker was not listed among professionals who could provide services in health care facilities in the original law about professionals in health care facilities in 2004 and was not included into the long list of professions even later during multiple revisions of the law (Act No. 578/2004).

The first original Slovak publications about palliative care were written by health care workers and bioethicists (Mátéffy, in Glasa, Šoltés et al., 1998; Bošmanský, 2004). The role of a social worker in palliative care was introduced by Smoleňová (2008), Šustrová (2012) and described by Dobríková-Porubčanová (2004; 2005), Grey (2013) and Grey, Mrázová (2015). Identification with the profession and the improving professional status of social workers in palliative care were researched by Kovalčíková, Pavelek, Slaná et al. (2014), Kovalčíková, Bánovčíková and Letovancová (2015) and Levická (2015).

Legislative background for hospice social worker

The importance of a social worker being an intrinsic member of multidisciplinary palliative care team is recognized in the major conceptual documents in the Slovak Republic and the Czech Republic. According to the Concept of Health Care in the Field of Palliative Medicine, including Hospice Care (MZSR, 2006) in the Slovak Republic (hereinafter referred to as: the Concept), the recommendation for staffing in the hospice and in the palliative care department with 20 beds is as follows:

- physicians: 3
- nurses: 15
- nurse assistants: 5
- clinical psychologist: 1
- special pedagogue / teacher: 1 - for children
- social worker: 1
- spiritual person
- volunteers: as needed

According to the Standards of Palliative Care (APHPP, 2007) in the Czech Republic (hereinafter: the Standards), the multidisciplinary team in a 30-bed specialized palliative care facility (inpatient hospice or palliative care department) should be expressed in work units as:

- physician: 2 (of which chief physician has an expertise in palliative medicine or palliative medicine and pain management)
- nurse: 10
- nurse assistant: 10

- psychologist: 0.5
- social worker: 1.0
- hospital chaplain: 0.2

In Slovakia, social worker is a graduate of a second-level university education in the field of social work – Master's program (Act No. 219/2014). Based on this law, a graduate of first-level university education in the field of social work – Bachelor's program – has a qualification of social work assistant.

In the Czech Republic, the legal requirement to perform the profession of social worker is graduation from first-level (Bachelor's), second-level (Master's) or third-level (Doctorate) university program oriented on social work, social policy, social pedagogy, social care, social pathology, law or social pedagogy. An alternative is higher professional education obtained by completing an educational program in the fields of education focused on social work and social pedagogy, social pedagogy, social and humanitarian work, social work, social legal activity, charity, and social activity (Act. no. 108/2006). These normative documents do not go into details of what are the concrete tasks that social workers in palliative care perform. We briefly summarize the tasks and activities of social workers in palliative care from the literature.

Tasks and responsibilities of hospice social worker

The social worker assists the client and his family in dealing with personal and social problems related to illness, impaired adaptability, and impending death. The social worker determines the client's social situation (takes up social anamnesis). She formulates the needs of the client and his family. She assesses the client's and family's ability to solve problems, and tactfully offers help. She helps the client and the family to overcome mutual barriers in communication, to resolve conflicts and helps both the client and his/her family to adapt to a new and changing situation.

The social worker advises the client and family on what benefits and social services they are entitled to and, if necessary, helps to get them. She informs about and helps with borrowing or obtaining compensatory aids. She may serve as a mediator between the client and his family with authorities, employers, teachers, the extended family (Grey, 2013). Social workers can help the client to write a testament.

The social worker can coordinate the assistance of another qualified professional if necessary - e.g., lawyer, clergyman, psychologist, especially if they are not a part of the core palliative team (Reamer, 2013). Social workers also coordinate the work of the volunteers.

Last, but not least, the social worker provides care for the bereaved. In addition to psychological support, surviving family members may need practical advice related to the new situation, as well as assistance in arranging the funeral. Some survivors need longer-term care. Long-term care for survivors can take various forms, such as a letter or an email, a telephone call, or a personal visit. Some facilities regularly invite survivors to hospice memorial events.

Since the tasks and activities of social workers vary within different countries, the aim of our study was to specify what they really are in the practice of hospice palliative care in the Slovak Republic and compare to Czech practice whether they are the same or different.

METHODOLOGY

The aim of this study was to find out how the care of and social needs of the seriously ill and dying patients/clients, and their family members, is really practiced in Slovak and Czech hospices. How closely does the everyday reality of our social workers in hospices reflect the theory from international as well as local professional literature? We were interested in whether social workers have an equal position with other members of the multidisciplinary team and how they cooperate. We determined what their education, job classification and job description were. Financing of hospice care and social workers was examined. We compared Slovak with Czech palliative care within the above-mentioned scope of research questions. Close analysis of the legislative and other causes for differences and shortcomings in the respective countries let us reconstruct the contextualised comparative picture of our research objectives.

We conducted qualitative research with social workers in hospices in Slovakia and the Czech Republic in a form of a semi-structured interview with a script.

The basic research sample would be composed of all social workers from hospices in Slovakia. According to Ritomský (2004), a sample survey is generally an effective means of obtaining relevant information about a population. In our work, we chose social workers from hospices in Western Slovakia who were willing to meet with us. We contacted several hospices which we knew personally, and also we searched the internet. The page www.hospice.sk is supposed to contain a list of hospices in Slovakia and some basic information about them. We found that some of the information on the webpage is out of date. Some hospices that are listed no longer exist, and others have undergone several changes. It was difficult to determine if a social worker worked in the hospice and it was difficult to get in touch with them. Sometimes the name of a social worker on the website would turn out to be out of date. We received information from several hospices in which a social worker no longer works, and the activities that he should perform are shared among the other hospice workers. We did not include these hospices in our research, so as to not distort the research results. We decided that we would rather include in the research selected hospices from the Czech Republic and compare them with the Slovak counterparts. We contacted hospices in the Czech Republic through our social work students.

The selection criteria included: social worker with experience in a hospice for at least 1 year and willing to participate in our research, and which is not prevented from participating in the research by the employer or other circumstances. We contacted the hospice staff in person, by e-mail and by phone. Fulfilling the above-mentioned criteria, we received cooperation of three social workers from Slovakia and three from the Czech Republic. The field research was carried out from February to December 2018. The method of data collection was a semi-structured interview in the form of an interview using a script with the participants. This type of interview is used where there is already some knowledge about the issue (Hendl, 2005). In some facilities, we also talked to the hospice managers and learned a significant amount of interesting additional information about the operation of the hospice from them.

We were grateful that the social workers and other hospice staff were willing to give us their precious time despite their work-load.

Research questions

Q1: What is the qualification of social workers?
Q2: What is the job classification of social workers?
Q3: What is the position in a multidisciplinary team of social workers, and how do they cooperate with other team members?
Q4: How are the social workers financed?
Q5: What social problems/needs of clients in the hospice do the social workers deal with?
Q6: What social problems/needs of family members of clients in the hospice do the social workers handle?
Q7: What special therapeutic activities do social workers perform in the hospice?
Q8: What tasks do social workers perform that could be done by someone else?
Q9: What services of other professionals does the social worker coordinate?

Data analysis

In analysing the data obtained, we relied on phenomenological interpretation. We found the respondents' personal experiences from in-depth interviews. Subsequently, we gained the essence of that experience and looked for commonalities and differences in it.

We analysed and sorted the obtained data. The first selective sorting took place at the time of data collection based on the particular research areas. According to Hendl (2005), qualitative research, as opposed to quantitative research, begins with the organization of data and its analysis immediately in the collection phase. In many cases, the analysis directs the researcher to new sources of data. In the second-level sorting, we further classified the obtained data according to individual research categories and synthesized them separately for respondents from the Czech Republic and the Slovak Republic. Finally, we compared the main results from the Czech Republic and the Slovak Republic in tabular form. Textual analysis compared data from practice to the theory as described in professional publications and with the legal backgrounds in both countries.

RESEARCH RESULTS AND DISCUSSION

The aim of our research was to determine what position social workers have in a multidisciplinary hospice team and what tasks do they deal with. Subsequently, we compared the results obtained from the Czech Republic with the results from the Slovak Republic and analysed the causes of any differences between them. Different results may be due to different legislative settings for the provision of palliative and hospice care, differences in the financing of these services and other facts. We compared the data obtained from practice with information from professional literature and experience from abroad. We checked whether the reality corresponds to the approved concept of palliative care. For greater clarity, we present the results with discussion categorized according to individual research questions.

Q1: What is the qualification of social workers?

In the Czech Republic, social workers in hospices had completed a bachelor's or master's degree in social work, which in Slovakia would correspond to the position of social work assistant or social worker.

Social workers in Slovak hospices had completed a master's degree in social work (Act No. 219/2014). All professionals had graduated from the social work field of study. From the above, it is clear that hospice management is aware of the importance of professional social work in hospice care.

In both countries, social workers received additional training in palliative care. It is positive that the hospice management takes care of the education of its staff and actively supports it. We have learned about this not only from the social workers themselves, but also from the hospice managers.

Table 1: Qualification – the highest attained education of the hospice social worker

Czech Republic	Slovak Republic
Mgr. (Master) in: Social Work Bc. (Bachelor) in: Social Work	Mgr. (Master) in: Social Work

Q2: What is the job classification of social workers?

In hospices in the Czech Republic, the job classification was: social worker and counsellor. They were employed full time. Their job description was specified in the employment contract. They were placed directly under the supervision of the head of the facility. In the Czech Republic, social work is part of palliative care, and a social worker is a full member of a multidisciplinary team in real practice, as well as in the law. Social workers in the hospice are classified as experts in their field - social workers.

In the Slovak Republic, social work was performed by social workers who graduated with a master's degree precisely in the field of social work. But due to the insufficient legislation in Slovakia with respect to employment of social workers in hospices, the job classification was combined with another job position. For instance, one job description was: a social worker and an economic worker. For this reason, the social worker also performed some activities of an economic nature for the facility, such as payment records and the like.

Another social worker was primarily employed in a social service facility that cooperates with the hospice. She officially works with clients from the social service facility and is financed from there. On the other hand, some of the health care personnel that work primarily in the hospice also help in the social service facility. The problem is that in the Slovak Act on Health Care Providers, Health Care Workers and Professional Organizations in Health Care defines a hospice as a medical facility (Act No. 578/2004). The same Act in Section 27 section 1 lists 22 health care professionals (physician, dentist, pharmacist, nurse, obstetric nurse, physiotherapist, public health professional, medical laboratory worker, etc.). In section 2 the law lists additional professions that can be considered as other health care workers if they work in a health care facility. Among them are: speech therapist, psychologist, medical pedagogist, physicist and laboratory diagnostic. Social worker is not listed as a health care worker. Despite the fact that the Conception of Palliative care (MZSR, 2006) counts social workers as an intrinsic part of a hospice team, and social workers have been trying to amend the Act 578/2004 to include social workers, the efforts have not yet been successful.

This often results in difficulty of social workers to access medical documentation of the patient/client, which includes social history. Access to client documentation would facilitate the first communication with a seriously ill client and his family. At present, the social worker has to obtain information about the client's social situation from his/her family members upon admission to the hospice (de novo), since she does not have legal access to the previous medical documentation. The transfer of the client to the hospice is usually physically, time, and mentally demanding, and it is therefore a pity that the relatives or the client himself have to be unnecessarily burdened by responding to anamnestic questions. Some relatives feel remorse for placing the client in the facility. Therefore, social workers sometimes take only a basic social history at the admission to the hospice, and they supplement it later.

During our research, we found out that several hospices in Slovakia do not have a social worker because of this legal problem. Some hospices tried to employ a social worker, but later they stopped because of the legislative issues. Many social tasks were handled by already busy doctors and nurses. Many things must be arranged by the relatives, who often do not know to what they are entitled. The solution of this issue would be an amendment of Act 578/2004 and the inclusion of a social worker among the health professions. This change would help not only the staff of hospices but also other medical facilities, especially hospitals. (Grey, Mrázová, 2015).

Table 2: Job classification of hospice social workers

Czech Republic	Slovak Republic
social worker-counsellor	social worker-economic worker
	social worker (also for social service facility)

Q3: What is the position in a multidisciplinary team of social workers and how do they cooperate with other team members?

The position of a social worker in a multidisciplinary team was similar in the surveyed hospices in the Czech Republic and Slovakia. She was an integral part of the team, often the coordinator between the individual team members, the client and his family. To varying degrees, she was a part of the top hospice management.

Table 3: Position of social worker in a multidisciplinary team

Czech Republic	Slovak Republic
• respected member of the team • interdisciplinary cooperation • managerial tasks	• respected member of the team • interdisciplinary cooperation • part of the hospice management

Q4: How are the social workers financed?

The financing of hospice care in the Czech Republic was multi-source. In the surveyed hospices in the Czech Republic, social workers were financed through their employer from state contributions. These contributions consider the health status of individual clients. Municipalities contribute to the investment and operating costs of hospices and the operation of hospices is co-financed through voluntary contributions from donors and set fees from the clients.

Act No. 108/2006 Coll. on social services in Section 7 describes a "care allowance" which is provided to persons dependent on the help of another person. With this contribution, the state participates in the provision of social services or other forms of assistance. The cost of the contribution is paid from the state budget. A person who, due to a long-term unfavourable health condition, in coping with the basic necessities of life is dependent on the help of another person is entitled to the care allowance if this help is provided by a close person, social care assistant, social service provider, children's home, or a special type of inpatient hospice.

The advantage of this contribution is that each of its recipients is free to decide how to use this contribution. He can give it to the social service facility that cares for him, the hospice, or even his own relatives. The allowance is a motivation for family members to take care of their loved one at home if they can. Its amount depends on the degree of dependence of the recipient on the help of another person (Sláma et al., 2012). It provides hospices with a guaranteed income on which they can rely.

Furthermore, CR hospices are governed by Act no. 372/2011 Coll. on health services, Decree no. 505/2006 Coll. to implement the law on social services. So far, two amendments to Act No. 48/1997 Coll. have been approved, which enable the payment of inpatient and mobile hospice care from health insurance, the so-called "treatment day" (TD) 00030. The treatment day for hospice has the number 00030, and its value was 1 004 points according to SZV. Reimbursement of directly used medicinal products (determined individually in the contract) could be added, as well as a partial reimbursement of indirect costs (overhead) in the amount of 180.80 points (possibility of increase up to 400%) was added to the treatment day payment.

This means that the hospice in the Czech Republic has a guaranteed basic reimbursement for social care from the state, as well as a guaranteed reimbursement for health care from health insurance companies. In a way it is perceived as a facility that includes both health and social care.

In Slovakia, the Ministry of Labour, Social Affairs and Family does not contribute to the operation of hospices in general, nor to the services provided to social workers in the hospice, therefore social workers are financed from the overall budget of the hospice. This consists of several components. Contributions from health insurance companies, which are not differentiated according to the health status of the client, but surprisingly differ between individual health insurance companies. As these payments do not cover all costs, hospices are forced to regularly apply for funds from the local government and the city, which, however, are not guaranteed by law. This increases the feeling of uncertainty as to whether the hospice will have sufficient resources to cover future costs, as well as the administrative burden on staff who have to develop projects and grant applications to fund hospice care. Clients pay a fixed amount to cover the cost of care. Only in the hospice, which is connected to the social services facility, the local government also contributes to the salary of the social worker.

In the Czech Republic, hospice care is more developed than in Slovakia. According to the Hospice Care Concept for the Czech Republic (APHPP, 2017): "inpatient hospice care according to the recommendations of the World Health Organization and according to the 20-year experience of hospice operation is covered ("5/100") in the Czech Republic with the exception of the Vysočina region". Such a statement cannot be made about Slovakia.

Unsurprisingly, the general population in the Czech Republic is more aware of hospice care, and people are more willing to contribute voluntarily to its funding. Interesting examples are events such as: charity Run for Barka in Jihlava, which was attended by more than 100 runners and the yield was 37,000 CZK. Similarly, in March 2018, the first year of the run for St. Elisabeth Hospice took place in Brno. These sporting events are often supported by celebrities from politics and cultural life. Even a special site for hospice charities has been created (www.behyprohospice.cz). Hospices can also receive grants from special projects (www.hospice.cz/tag/financovani/). They receive visibility and assistance from experts, such as an interior designer who supported the Hospice of St. Lazar in Plzeň and designed socks for it.

In Slovakia, it is necessary to increase people's awareness of hospice care and improve its support hand in hand with improved state funding. The solution would be to provide a separate social care contribution and a separate health care contribution from health insurance companies for each client, similar to those in the Czech Republic.

Table 4: Financing of (social worker in) hospice

Czech Republic	Slovak Republic
Claimable contributions: • **social care** (from the state budget – care allowance) • **health care** (from health insurance companies): o treatment day (TD) 00030 o plus reimbursement of directly used medicinal products (specified individually in the contract) o plus part of the payment of indirect costs (overhead) • **client fees**	**Claimable contributions:** • **health insurance companies** – fixed amount • **client fees**
Voluntary – unclaimable contributions: • regional office • municipalities • voluntary donors • foundations	**Voluntary – unclaimable contributions:** • regional governments • municipalities • voluntary donors • projects, grants

Q5: What client social problems/needs in hospice do the social workers deal with?

In the Czech Republic, social workers keep a registry of applicants for hospice admission, conduct visits in the client's household and evaluate the suitability of his placement in the facility. Upon admission to the hospice, they keep the necessary documentation about the client. In the initial interview, which they conduct with the client or in case of his poor health with relatives, they identify the problems and needs of the client and his family and determine the necessary services that will be provided to them. Plans and daily schedules for each client are individualized and continuously adapted to the current state of the client. They coordinate methodological procedures with other staff in order to provide clients with comprehensive assistance and satisfaction of their needs not only from a physical but also a mental point of view. They arrange alternative financial resources (contributions of all kinds). They arrange the rental of compensatory aids for the client.

In the Slovak Republic, social workers in hospices perform similar tasks as in the Czech Republic, which also corresponds to the description of social worker tasks in the professional literature (Grey, 2013). In addition, Slovak social workers more often mentioned their involvement in arranging documents for clients, such as an identification card or health insurance card. They spend significant time applying for grants through project calls. Differences in tasks of social workers occur not so much between individual hospices but rather within the same hospice between different clients. They depend on the severity of the client's health and social problems, but also on his personal preferences.

Table 5: Social problems/needs of clients in the hospice that social workers deal with

Czech Republic	Slovak Republic
• household visit and review • documentation management • identification of social needs • creation of individual plans for clients • arranging alternative financial resources • lending of compensatory aids	• arranging documents for clients • documentation management • identification of social needs • creation of individual plans for clients • arranging alternative financial resources • lending of compensatory aids • writing projects • applying for grants

Q6: What social problems/needs of family members of clients in the hospice do the social workers deal with?

In the Czech Republic, social workers communicate closely with the client's family. They identify the needs of family members and help resolve conflicts. They accompany family members as much as they need to. They provide counselling, support and assistance to relatives even after the death of a family member. They help the bereaved to arrange the funeral.

In the Slovak Republic, social workers accompany relatives of clients. Based on their experience, relatives sometimes need more support to come to terms with the progressive illness of their loved one, as well as with his placement in a hospice (Kopřiva, 1997). Some relatives blame themselves for not keeping the dying person in home care, even though they know that they would not be able to provide him with sufficient care at home. Sometimes the client himself blames them. The role of the social worker is to support and accompany family members and encourage them to visit the client in the hospice. At the same time, he gently prepares relatives for the possibility of the client's death.

Social workers also help the family in the event of a client's death. They prepare the body of the deceased and advise the family on arranging the funeral. As a facility, they must not recommend a specific funeral service to family members. They also provide mourning counselling to families. In one of the Slovak hospices, a month after the death of a client, a social worker sends memory cards to the relatives to let them know that the hospice personnel is available to help them if they need help. In case of severe grief, they recommend suitable experts and services to mourning relatives.

Hospice personnel organize commemorative programs associated with the service of the Holy Mass for the bereaved. They also founded a memorial book to remember the clients.

Palliative care literature in other countries is increasingly focusing on the needs of relatives and careers (D'Zurilla, Nezu, 2007; Demiris et al., 2010; Parker Oliver et al., 2012). Although relatives of hospice clients are not as physically burdened with the care of the client as home caregivers, the mental burden can be the same and even greater. Therefore, they need a sensitive and professional approach from social workers.

Health care professionals focus mainly on the needs of the client, so the care of relatives is to a large extent in the competence of social workers and clergy. A psychologist would also find his place in helping the relatives, but there are usually even fewer of them in hospices than social workers. In serious cases of difficult psychological management of the situation by relatives, the social worker recommends help of usually an external psychologist.

Table 6: Social problems/needs of family members of clients in the hospice that social workers deal with?

Czech Republic	Slovak Republic
• accompanying relatives • support in communication of family members • arranging the help of other experts • assistance in the event of the client‘s death • memorial events for survivors	• accompanying relatives • support in communication of family members • arranging the help of other experts • assistance in the event of the client‘s death • memorial events for survivors

Q7: What special therapeutic activities do social workers perform in the hospice?

Social workers in hospices in the Czech Republic provide clients with individual music therapy and bibliotherapy directly in client rooms. They also provide aromatherapy - hand massages with essential oils, which are highly praised by clients. They also use therapeutic compression of sand balls.

The social workers in Slovakia independently assessed that, at present, the difficult condition of the clients in the hospice did not allow them to participate in group therapies. Many clients are admitted to hospice only after a strong progression of the disease; some of them die within days or few weeks after admission. In the past, social workers applied art therapy techniques such as the napkin technique or creating lavender sachets. Presently they rather focus on the client's individual wishes: playing music based on current mood and reading to the client. Clients are interested in massages, conversation, and being listened to. Occasionally, the client's medical condition allows him to be taken to a patio or a stroll in the facility, usually in a wheelchair or bed. It is very advantageous if the hospice building is located in a pleasant environment of a park. Although some of the above-mentioned activities are not considered to be special social therapies, they do have a therapeutic impact on clients.

Abroad, social workers are more allowed to use special psychotherapeutic techniques (Pera, Weinert, 1996; Lukasová, 1998; 2009; Ras, 2000). In our countries this area is relatively strictly in the competency of psychologists. Nevertheless, many social workers consciously or unconsciously use some therapeutic techniques in interviews and accompanying clients and their relatives, especially from the field of logotherapy.

Table 7: Special therapeutic activities performed by social workers in the hospice

Czech Republic	Slovak Republic
• aromatherapy • bibliotherapy • music therapy • being listened to	• aromatherapy with massage • bibliotherapy • music therapy • listening to • strolls (incl. bed or wheelchair)

Q8: What tasks do social workers perform that could be done by someone else?

In one hospice in Slovakia, a social worker also performs economic tasks, because the job classification of social workers in health care facilities is unresolved. The hospice management was looking for a way to employ a social worker. Eventually they made a positive out of a necessity. As the client's relatives have to deal with financial matters as soon as the client is admitted to the hospice, they automatically meet a social worker- economic worker who also uses this contact for social counselling. Obviously, that economic agenda could be covered by an economic professional.

Social workers in both countries perform time-consuming administrative tasks that could be done by someone else, such as an administrative worker. This would allow social workers to pay more attention to meeting the social needs of clients and their relatives. A system of linking existing forms, which would reduce repetitive form filling, would also help.

Professional discussions about the appropriate management of social workers' documentation in hospices are currently relevant worldwide (Reese et al., 2006). One of the proposed manuals for managing social documentation in hospices is the Social Work Assessment Notes (SWAN) (Hospice Austin, 2015). This clear system of documentation links the anamnestic assessments of the needs of the client and his careers to a hospice care plan, which is divided into nine psychosocial areas:

1. care needs and safety issues
2. financial needs
3. awareness and understanding of prognosis
4. sense of wellbeing/adjustment
5. interpersonal issues and level of social support
6. coping related to loss and anticipatory grief
7. suicidal ideation and potential risk of suicide
8. cultural values
9. decision making and advance planning

Based on the needs assessment, individual plans are proposed for clients and their relatives, and their implementation is monitored. The SWAN system was developed for electronic documentation, but it can also be used in paper form (Hospice Austin, 2015).

In contrast with the SWAN based approach, Parker Oliver et al. (2012), Demiris et al. (2010) and other authors explore the possible benefits of using problem solving interventions (PSIs) over classical approaches, which they consider too lengthy. They are based on the suggestions of D'Zurilla and Nezu (2007), which propose a problem-solving approach that encourages people to modify their way of thinking about stressors and solve the problem in four steps. This approach uses the acronym ADAPT - Attitude, Define Alternatives, Predict, and Try. The first step is very important - clients are guided to adopt an optimistic approach, i.e., that they have the ability to solve the problem effectively.

In Slovakia, we do not have a unified approach for social workers to solve problems. Social work offers a number of theories and methods, yet we do not have a unified standard management of documentation. It is up to the social worker on which approach she considers most appropriate. But for the young professionals, a model documentation scheme would be an inspiration and a benefit. For many, well-designed electronic documentation would save time. At the same time, it would facilitate sharing of client information between members of the multidisciplinary team.

Table 8: Tasks performed by social workers that could be done by someone else

Czech Republic	Slovak Republic
• administration	• administration • economic agenda

Q9: What services of other professionals does the social worker coordinate?

Social workers in both countries provide family and client contact with professionals that they need, including psychologists and spiritual persons. Among them are a priest or a pastor from a church of the client's preference, as well as Catholic monks and nuns. Several facilities have a chapel directly in the facility, where regular Mass is held, and clients can listen to it and participate in it from their rooms. Social workers also cooperate with local governments and institutions. They coordinate the work of volunteers, interview new applicants and, together with hospice management, participate on their training.

One of the hospices cooperates with a music school, and the children with their teachers come to perform concerts for clients.

In the Slovak Republic, social workers arrange for the assistance of the police in processing documents for the clients. They commonly find that clients lack their identity cards, or they are expired. In one hospice in the Slovak Republic, cooperation with a notary has proven successful. She helps clients with legal acts, such as power of attorney, signature verification, etc.

Table 9: Services of other professionals coordinated by social worker

Czech Republic	Slovak Republic
• psychologist • clergy • institutions • volunteers	• psychologist • clergy • institutions • volunteers • police • notary

RESEARCH LIMITS

We consider the research results to be valid, but we are also aware of the limitations of the work. The smaller number of respondents than what we originally planned was due to the fact that several hospices in Slovakia did not have the position of social worker at the time of the research. This fact shows that the situation in individual hospices within Slovakia may differ significantly.

The very fact of the lack of social workers in some hospices is relevant to answering the questions of our research, which determine the position and fulfilment of the roles of social worker in hospices in the Slovak reality and compare it with internationally recognized concepts of hospice social care. Despite the limits, we consider the results of the work to be beneficial, especially the comparison with the situation in the Czech Republic.

CONCLUSION

Dying is an important stage in a person's life. It is also a last chance to be with him and do something for him. Although the development of medical technology in the 20th century shifted death to hospital facilities, most clients want to die at home, in the circle of their loved ones. The concept of palliative care offers a solution by choosing the appropriate type from several forms of palliative care according to the preferences and possibilities of the client and his loved ones. At the same time, palliative care reflects all dimensions of the client's person: biological, psychological, social, and spiritual, as well as his relatives.

In our work, we focused on the social care provided in the hospice facility. We were interested in the position of the social worker in a multidisciplinary team in the Czech Republic and Slovakia. We also compared job classification and job description in current practice.

We found that the biggest differences between the two countries are due to insufficient legislation in Slovakia. As a hospice is defined as a medical facility, its financing is only covered by contributions from health insurance companies, which differ between individual health insurance companies and do not cover the whole cost of patient care.

In the Slovak Republic, the Concept of Health Care in the Field of Palliative Medicine, including Hospice Care (MZSR, 2006), which lists a social worker as part of a multidisciplinary palliative team, applies, but Act no. 578/2004 Coll. on health care providers, health care workers, and professional organizations in health care does not list a social worker in the list of health care workers (Act. No. 578/2004; Grey, Mrázová, 2015). At the same time, The Council of Europe and the National Advisory Committee on Palliative Care counts social workers in palliative care, at least part-time (Council of Europe, 2003; Radbruch, Payne, 2010). In Slovakia, social workers in hospices are often classified as administrative or economic employees. This causes problems in professional advancement, counting years of professional work experience, as well as the salary appreciation of social workers. In the Slovak hospices that participated in our research, social workers were included in the position of social worker - economic employee or were paid from the hospice budget combined with the social service facility budget to compensate. However, many facilities were unable to cope with such a legislative complication and gave up on employing a social worker.

We agree with Križan and Križanová (2015) that: “Charitable activities and self-help (in terms of self-pay, self-organization and self-help) cannot replace thoughtful and effective health and social policies.” The separation of health and social care is illogical, not only in the palliative care, but also in elderly and chronically ill patients. There is a need for the interest and good will of both ministries (Ministry of Health of the Slovak Republic and the Ministry of Labour and Social Affairs of the Slovak Republic) and other health and social institutions to engage in a comprehensive solution for interdisciplinary palliative care that would meet the complex needs of dying patients and their families.

In the Czech Republic there is a better understanding that hospice care includes health care as well as social care. Therefore, hospice care is covered by contributions from the state budget under the Social Services Act, as well as contributions from health insurance companies. Social care is covered by a “care allowance” for a client who is dependent on another person to cope with basic living needs. Health care allowances include the termed Nursing Day 00030, to which the cost of consumed medicines, as well as some overhead costs can be added. One possible solution for the Slovak Republic would be to redefine the hospice as a medical and social facility and to ensure multi-source financing.

In the context of the natural cross connection of social and health care, we consider it even more important to change the law so that a social worker could be considered an “other health care worker”. After all, a large proportion of patients need social assistance, and a large proportion of social care clients need health care. The inclusion of a social worker among health professionals would also help other health facilities such as hospitals.

There are several implications of our research results for future research. Further research could more precisely (quantitively) assess impact of legislation (including sources of financing) on employment of social workers in hospice care.

Awareness of hospice care and its support from society is greater in the Czech Republic, which contributes to a more humane financing, better accessibility, and a higher reputation of hospices. In Slovakia, the education of the public, as well as support from celebrities, is still needed in this area.

In both countries, social workers are burdened with a large number of administrative tasks. Effective documentation is a major current topic in global social work in hospices. We are convinced that improving the documentation system, including with the help of appropriate electronic forms, could contribute to the relief of social workers in hospices in Slovakia and the Czech Republic, thus gaining them more time for individual work with clients and their relatives.

In interviews with social workers and hospice managers, we noticed the personal enthusiasm of the participants for their service for the dying and their relatives. It was clear that they pursue their vocation not only with high professionalism, creativity, and initiative, but also with love and genuine interest. They deserve our gratitude and support.

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We Create Images, We Bring Out Our Voices — Participatory Art-Based Research with Parents Experiencing Problems in Care and Upbringing

INTRODUCTION

In the 1960s, Lydia Rapoport, an American social worker, argued that 'both social work and the arts can be understood as instruments of social change' (1968:144). Since then, the global interest in solutions combining science with art in the field of social work has been growing, which resulted in the first book on this subject in 2019, *Art in Social Work Practice: Theory and Practice: International Perspectives*.

Projects using the Photovoice as a method of participatory action research, involving socially disadvantaged and excluded people, fit in this line of research. This is the case of a participatory art-based research with parents experiencing care and upbringing problems which has been started several months ago within the Grant of *The Excellence Initiative - Research University (IDUB)*, University of Łódź in Poland.

THEORETICAL BACKGROUND OF THE RESEARCH

This research is an example of projects in which "experts by experience: are invited to co-produce knowledge of the phenomena their experience, to soak the emerging pictures with their meanings, and convey their collective voice to a wider audience, and starting a public debate around social and systemic problems. It is a sort of an instrument of social change and empowerment of service users (here: parents of multi-problems families).

The basic premise of the adopted reasoning are the ideas of Paul Freire's pedagogy of the oppressed, related to strengthening social education and education for critical awareness, in which visual images are perceived as helpful in critical consideration of one's own situation and teaching others to understand it (Freire, 2005).

RESEARCH METHODOLOGY

Research sample

Sampling in this research is a process, and a continual one. It is regulated by the rules "snowball sample" and of "theoretical sampling" (Charmaz, 2006:96–113). However, its participants represent one of the types of multiple-problem families, as follows:

- families at risk of taking their child/children to foster care,
- families with their offspring(s) in foster care.
- families now struggling to regain their child/children from the children's houses, foster families, etc.,
- families successful in reaching their child/children back.

Research aim

The research seeks meanings related to the daily experiences of parents representing one of the above-mentioned types of whom are institutionally (social welfare) identified, multi-problem family. It is an instrument of both social change and empowerment of parents.

The research aims at revealing the critical voices of the participants who, as knowledge co-creators, have the opportunity to convey their perspectives to each other, as well as to a wider audience of people and institutions interested in the issues of family social work, or involved in the system of 'social management' of families' problems.

On the other hand, research conclusions related to art-based research collective building (on the example of use of specific visual methods), will include recommendations for the design and implementation of art-based socio-pedagogical activities regarding both group support for parents of multi-problem families and their social action projects.

Research methodology is a conceptualized the way to make it happen.

Research method

I work with project participants using the Photovoice method (Jarldorn, 2019). The Photovoice method is gaining more and more interest in social participatory research aimed at empowering and learning about the life experiences of socially disadvantaged and stigmatized communities, groups, and individuals.

Parents of multi-problem families who are users of social welfare at the same time often show communication limitations resulting from a poor vocabulary, distrust, and low level of reflection. In order to overcome these limitations, the project proposes methodological solutions that use visual techniques to speak through images, as well as construct complementary or parallel statements.

Research literature document more and more studies using Photovoice as a way of learning about the experiences of socially disadvantaged parents with many problems, and among them participatory research with mothers with intellectual disabilities (Wos, Baczała, 2021); with low-income parents (Lindow, Yen, Xiao, Leung, 2021), with mothers with learning difficulties (Booth, Boooth, 2003), etc. The Photovoice method was also used in studies that highlighted the perspectives of multiple-problem families, including, among others, families at risk of eviction, misuse of psychoactive substances, domestic violence, and mental problems.

To revive the statements of the project participants, digital storytelling will also be used, which is an increasingly common solution in projects using visual methods (Greene, Burke, McKenna, 2018).

The project can be called a social innovation, where theoretical and practical goals intersect: it allows for an understanding insight into parents' lifeworld (*Lebenswelt*) (Grüny, 2015), creates an opportunity to initiate the process of creating a support group, and is an attempt to reconstruct this process. Finally, it gives the opportunity to develop recommendations for conducting empowering participatory social research based on photography, as well as guidelines for people who want to use the Photovoice method in crisis intervention.

Research process

The whole pre-defined steps of the research include: (i) interpretation of the visual-verbal statements of the project participants anchored in the process of collaborative activity, (ii) reconstruction of group-forming sub-processes occurring within the framework of the conducted research, influencing the transferred meanings, and (iii) adaptation of methodological solutions based on participatory action research using visual methods to work with parents experiencing a parenting crisis.

In the first phase parents take photos of their own lives and tell stories about their experiences. The photos act as 'communication bridges' through which parents share their experiences. This is how the visual-textual messages of the participants are created.

Emergence of a support group established as part of the project is planned if the further processes of data collecting and analysis shows this need and the will of participants for collective action of that kind. Self-help groups could offer an important support. Parents are at different stages of the family disintegration and reintegration process, and the opportunity to share their first-hand knowledge could become both an educational and supporting experience. They could develop their own strengths by realizing the potential of their knowledge and experiences. They could co-create a positive, supportive relationships in the group space.

Together with my research participants, we do our best to create a space conducive to 'bringing out' the parents' voice, so that they can hear each other and that other can hear them. We want to make the projects an opportunity to meet an audience composed of people who directly or indirectly influence the fate of parents experiencing multiple problems, fighting for maintaining or regaining their children, such as representatives of institutions, decision-makers, and opinion makers.

An exhibition of visual-textual statements is planned as a contribution to the public debate on the social and systemic conditions of the functioning of multi-problem families

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4/2023 - ERIS Journal - Summer 2023

The deadline to submit full papers from authors is January 31, 2023. Send the full version of the manuscript to the administrator at **journal@socialniprace.cz**. You can also direct your questions and comments to the same place.

The publication date of the issue is 31 August 2023.

Annotation

Dear all,

We are pleased to announce that the upcoming edition of ERIS Journal – Summer 2023 is open to various topics related to social work.
We cordially invite you to submit your contributions on topics that you consider relevant and important for discussion.
Please contact the administrator of the academic articles for further advice and access the website for information on submission of articles. For this issue, we are accepting academic articles, research notes, and book reviews.

Miriam Slana
Editor, Trnava University, Slovakia

Laure Lienard
Editor, Lille Catholic University, Paris, France

Public Commitment to the Journal

The journal for theory, practice, and education in social work

The mission of the journal "Czech and Slovak Social Work" is to:

- support the ability of Czech and Slovak societies to cope with life problems of people through social work,
- promote the quality of social work and professionalism of social work practice,
- contribute to the development of social work as a scientific discipline and to the improvement of the quality of education in social work,
- promote the interests of social service providers and users.

In the interest of achieving these objectives, the Journal will, across the community of social workers and with co-operating and helping workers from other disciplines, promote:

- attitudes which regard professionalism and humanity as equal criteria of social work quality;
- attitudes which place emphasis on linking theoretical justification of social work practice with its practical orientation on clients' problems and realistic possibilities;
- coherence among all who are committed to addressing clients' problems through social work;
- open, diversity-understanding, informed and relevant discussion within the community of social workers;
- social workers' willingness and interest in looking at themselves through the eyes of others.

Notice to Contributors

The journal Sociální práce/Sociálna práca/Czech and Slovak Social Work is published four times in the Czech language and twice in the English language each year. The journal publishes the widest range of articles relevant to social work. The articles can discuss any aspect of practice, research, theory or education. Our journal has the following structure:

- Editorial
- Academic articles
- Book reviews
- News / Research notes

1. Instructions to authors of academic articles

Editors accept contributions that correspond to the profile of the journal (see "Our mission"). The contribution has to be designated only for publishing in the journal Czech and Slovak Social Work. It can also be a contribution which has already been published in another journal, but for use the text has to be revised and supplemented. The number of contributions from one author is limited to two per year.

The offer of manuscript receipt and review procedure

The academic text intended for publishing in the journal should be a research or overview essay (theoretical, historical, etc.). For the article to be accepted to the review procedure, the author of the text must work systematically with the relevant sources, explain the research methodology and present a conclusion with regard to the research goal. Because the journal has a specific professional nature, texts are preferred which also contain application aspects where the author explains the relevance of their conclusions in the context of social work.

The review process is reciprocally anonymous and is carried out by two independent reviewers. Student works are subject to a single review process. Academic and student works are judged in terms of content and form. If necessary, a work may be returned to the authors for supplementation or rewriting. Based on the assessments of the review process, a decision will be made to either accept and publish the article in our journal or to reject it. The Chairman of the Editorial Board will decide in questionable cases. Please send two versions of the article to the editor via e-mail. The first one may contain information which could reveal the identity of the author. The second version should be the complete and final text.

Decision to publish

Authors are informed about the result of the review process within six months from the date of receipt of the text/manuscript.

Manuscript requirements

The text must be written in accordance with applicable language standards. The text letters should be written in Times New Roman, size 12, font style Normal. Pages are not numbered. Footnotes should be placed strictly at the end of the article.

I. **Front page** contains a descriptive and brief title of the article in English; the names of all authors, biographical characteristics (up to 100 words) and also contact details for correspondence in the footnote.

II. **Abstract** in English in a maximum of 200 words.

III. **Keywords** in English. Please use two-word phrases as a maximum.

IV. **The text of the article** (maximum 9,000 words).

V. **List of references:** Authors are requested to pay attention to correct and accurate referencing (see below). A text reference is made by indicating placing the author's surname, year of publication (e.g., Korda, 2002) and, in case of reference to literature, also the number of pages should also be specified after the year, divided by a colon. A list of references is to be given at the end of chapters and and it is expected to list the literature to which the text refers. The list is arranged alphabetically by authors and, if there are several works by the same author, the works are to be listed chronologically. If an author published more works in the same year, the works are distinguished by placing letters a, b, etc. in the year of publication.

VI. **Tables and charts:** tables must not be wider than 14 cm. Character height is to be at least 8 to 10 points. In the charts, please use contrasting colours (mind the journal is black-and-white only).

Quotes and links

Citations and references are given in accordance with ISO 690 (010 197). Representative examples are as follows:

Monographs:
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Monograph Chapters:
DOMINELLI, L. 2009. Anti-Opressive Practice: The Challenges of the Twenty-First Century. In: ADAMS, R., DOMINELLI, L., PAYNE, M. (Eds.). *Social Work: Themes, Issues and Critical Debates*. Basingstoke: Palgrave Macmillan, 49–64.

Journals:
COLEMAN, J. S. 1988. Social Capital in the Creation of Human Capital. *American Journal of Sociology*, 94(supplement), 95–120.

BOWPITT, G. 2000. Working with Creative Creatures: Towards a Christian Paradigm for Social Work Theory, with Some Practical Implications. *British Journal of Social Work*, 30(3), 349–364.

Online resources:
NASW. 2008. *Code of Ethics* [online]. Washington: NASW. [18. 5. 2014]. Available at: http://www.socialworkers.org/pubs/code/code.asp

2. Instructions for book reviews

There is also space for all reviewers who want to introduce an interesting book in the field of social work and its related fields in the journal. We require making arrangement about the book review with the editors in advance. When sending the text, please attach a scan of the front page of the reviewed book. (in 300 DPi resolution).

The format of the book review is set from 8,000 to 12,000 characters (including spaces); other conditions are the same as the conditions for journalistic articles. The book review must include bibliographic information on the rated book (e.g., Daniela Vodáčková a kol.: Krizová intervence, Portál, Praha, 2002). Please add your name and your contact details at the end of the review.

3. Ethics and other information

Manuscripts are assessed in the review proceedings which comprise 1) the assessment of professional appropriateness by one member of the Editorial Board, and 2) bilaterally anonymous review by two experts from the list of reviewers posted on our website.

The text is assessed exclusively on the basis of its intellectual value, irrespective of the author's race, gender, sexual orientation, religion, ethnic origin, citizenship or political views.

The editors of the journal make every effort to maintain impartiality of the review proceedings not to disclose the identity of the reviewers and other participants in the proceedings. The author whose work was demonstrably proved to contain plagiarism or forged data shall lose an opportunity of publishing in the Journal.

By sending the article, the authors give their consent to its use in the electronic databases where the Journal is indexed. The Journal is freely available at HYPERLINK "www.socialniprace.cz".

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