Developments in Social Work Research

Editorial

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Research Notes

Editorial

Social work is informed by a broad range of disciplines. Social work research attempts to make meaning of this breadth and connect daily professional practice with theoretical frameworks. In doing so it embraces political and social contexts, both national and international, and the philosophical conceptualization of the profession. This issue reflects that spectrum of practice activities and views contemporary challenges from a range of international perspectives: Czechia, France, Germany, Poland, and Ukraine. Giving voice to service users and minoritised communities, the papers here use research to make suggestions about the future direction of practice.

We start our edition with Zuzana Broskevičová and Barbora Gřundělová who examine the relationships between researchers, gatekeepers and hard-to-reach groups, and the negotiation of research relationships. Against this background, research collaboration can be seen as a dynamic process where situational strategizing is necessary – communication depending on power and trust. The influence of these relationship dynamics and conditions on the research process, quality and output, requires not only a strong researcher's reflexivity but also mechanisms for managing the pressures of gatekeeping and tools for research quality assurance and risk prevention.

Laure Liénard and Emilie Duvivier present initial results of an ongoing research project in Northern France with social work professionals and homeless shelter users to reflect on and understand violence in institutions. Based on a qualitative approach and on the epistemological foundations of pragmatic sociology social actors can construct a common knowledge, anchored in lived experiences and facilitating dialogue and the common search for solutions. These first findings show aspects of ignored or invisibilised knowledge of the plurality of violence, mechanisms of violence in institutions and life trajectories marked by violence, shame and discrimination. The results demonstrate how professionals, service users, and researchers can work together to explore an issue.

Oksana Shelemei also explores the theme of the negative impact of the workplace, presenting their research into the mental health of Ukrainian women working as domestic and care workers in Italy. The potential negative impact of this work is explored as well as protective factors which social workers might use to prevent mental health breakdown.

Vadym Liutyi, Tetiana Liakh, Svitlana Sapiga, Maryna Lekholetova, Tetiana Spirina, Natalia Klishevich, and Zhanna Petrochko consider the disengagement of Ukrainian teenagers from antiretroviral therapy. Identifying the impact of treatment on identity, socialization and behaviour enables the authors to plan interventions to support engagement.

With a mixed-method-approach of content analysis and a deductive qualitative analysis of strategic documents at the EU and the Czech Republic level, Pavlína Pospíšilová and Soňa Kalenda explore the role of social work in implementing an active ageing policy in the Czech Republic. The paper shows that social work, though essential and irreplaceable in this sphere, is not well defined and that more work is needed at a local level to define the social work task.

Petr Lazar and Oldřich Chytil evaluate the findings of a survey carried out with social workers of municipal authorities, examining how the working conditions of social workers enable them to carry out social work with people in material need in the Czech Republic. The authors employ two lenses: Social Reform of 2012 and Edgar Marthinsen's concept of neoliberalization of social work. The authors

conclude that social work in municipal authorities after the Social Reform 2012 came into force shows partial signs of neoliberalism and give specific recommendations for practice. Last but not least, Detlef Baum employs a historical overview of community work to identify the essential character of contemporary community practice. He identifies that while the political context and theoretical assumptions may evolve, the focus on people in their lived environment gives community work a unique perspective on social issues.

The issue concludes with a research note from Mihri Özdoğan, Clemens Dannenbeck, Andreas Hastreiter, Elisabeth Braun, Christina Büchl, and Antonius Stief. The aim is to develop and establish a training programme to enable social workers in youth work with appropriate knowledge and skills to counteract anti-Semitism in a professional and sustainable manner. In this context, social work is seen as an action-orientated, human rights profession where social workers have a specific role in challenging and addressing antisemitism.

Karen Mills & Sigrid Bathke
Editors of the issue

Negotiating Relationships Between Researchers, Gatekeepers, and Hard-to-Reach Groups of Population as a Challenge for Social Work Research[1]

Zuzana Broskevičová, Barbora Gřundělová

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Abstract
OBJECTIVES: In this paper, we try to answer the question of how social work research collaboration with gatekeepers is negotiated, and how it is maintained or hindered during the research process. THEORETICAL BASE: The basis is critical theory. Critical research on gatekeepers that takes into account the power position of the "intermediary" can help understand not only the benefits of gatekeeper involvement, but also the barriers to cooperation and the gatekeeper's manipulation strategies. METHODS: The presented literature review looks at the different relationships that exist between researchers, gatekeepers, and socially excluded people. Based on an analysis of thirty research papers, we identified barriers and catalysts to negotiating research relationships between researchers, gatekeepers, and hard-to-reach groups, and described two theoretical conceptions of collaboration with gatekeepers in social work research. OUTCOMES: These conceptions deal with vertical and horizontal social ties, relationships of power, and trust between actors in the research process. Gaining researcher access to hard-to-reach groups through gatekeepers has been shown to be a dynamic interactive process that takes place within certain, more or less given

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frameworks of opportunities and barriers. SOCIAL WORK IMPLICATIONS: This article provides a unique insight into the findings relevant to research on various hard-to-reach, hidden and vulnerable populations in social work.

Keywords
gatekeeper, hard-to-reach, relationships, access, cooperation

INTRODUCTION

Social work research often requires the exploration of sensitive topics that involve excluded, hidden and/or hard-to-reach groups of population. These populations are difficult to reach due to their vulnerability, social, and/or physical location (Ellard-Gray et al., 2015). Access to these people is usually mediated by gatekeepers.

Gatekeepers appear at different stages within a research project, play an important role in gaining access to vulnerable groups, and can have both positive and negative impacts on research. Despite the recognition of their role in research practice, gatekeepers have received relatively little attention in the social work literature. Traditional social work research texts tend to view gatekeepers as neutral and static figures in the field, thereby neglecting the complex dynamics of relationships and the multifaceted ways in which gatekeepers influence the research process (Crowhurst, Kennedy-Macfoy, 2013).

Gatekeepers can be viewed as an integral part of the processes linked to knowledge generation and creation in social work. In this paper we would therefore like readers to reconsider what they think they know about the role of gatekeepers in knowledge creation: Are they mere intermediaries, access providers, and gate openers? We focus, in particular, on interpersonal relationships that are formed between gatekeepers, researchers, and research subjects, and the factors that mediate, shape, and give meaning to these relationships. The aim of the paper is to understand the process of negotiating cooperation and building a research relationship among these actors during the various stages of the research process and to find out what facilitates or complicates researchers' access to hard-to-reach populations. Therefore, we focused on the question, how research collaboration with gatekeepers is negotiated, and how it is maintained or hindered during the research process.

RESEARCHING HARD-TO-REACH GROUPS IN SOCIAL WORK

Social work research is oriented on the development of social work theory and practice. It is aimed at building a knowledge base for social work in order to solve problems in social work practice and/or social policy (Rubin, Babbie, 2017), e.g., to improve a service or to determine the effects of a specific programme on specific clients, etc. (Sucgang, 1967). Sampling decisions in social work research are guided by the need to study intensively the people, places, and/or phenomena of interest. Research participants should reflect the diversity of the culture and conditions in which they live with respect to race, ethnicity, gender, age, etc. (Stringer, 1999; Creswell, 2007; Larsson, 2009). Lack of diversity among research participants could have serious ethical and research implications. Research that positions inclusive research ethics at its foundation can provide a solid basis for policy and practice responses to health and social inequities (Henrickson et al., 2020). When study participants reflect a rich diversity, studies can generate information about causes of and strategies to address differences, including policies and practices to eliminate disparities (Department of Health, 2001). Despite efforts, research participation remains low for ethnic minorities and other under-represented groups in social work research. The main pitfall is that proposals for solutions are often formulated from the perspective of "white" social workers and

workers from the majority society and are based on research focused on "white" men from the majority society and the middle class (Philip et al., 2018).

Social work researchers have a great interest in hard-to-reach populations, which are considered under-represented groups in social work research (they are e.g., nondominant groups such as people of colour; people with disabilities; people from a lower socioeconomic status; people who are gay, lesbian, bisexual, and transgendered etc.). These are not only stigmatised populations, but also people with low-incidence problems (Rubin, Babbie, 2017). A clear definition of hard-to-reach populations (sometimes also known as high-risk, vulnerable, hidden populations) is important for identification and estimation of the size of target groups but is not easy to make. Lamprianou (2021) defines a hard-to-reach population as one that cannot be easily sampled. McAreavey and Das (2013) add that these populations often struggle with similar problems, such as marginalisation and/or exclusion. Shaghaghi et al. (2011) use the term "hard-to-reach" groups to describe subgroups of the population that may be difficult to reach or engage in research or social programmes due to their physical and geographical location and/or their socio-economic circumstances. The alternative term "hidden population" is used particularly to describe those who do not wish to be found or contacted because of fear of confrontation with legal authorities or because of the social pressure they feel from other members of the wider community (Atkinson, Flint, 2001).

Obtaining data from members of hard-to-reach populations can be costly and beyond the abilities of most researchers, but social work often cannot manage without such data. The level of consent to participate in a study by a particular hard-to-reach group depends on the characteristics of that group, the recruitment method used, and the subject of interest (Shaghaghi et al., 2011). To date, various strategies have been developed for recruiting hard-to-reach populations in research, with the use of gatekeepers being one of them.

CONCEPTUALISATION AND TYPOLOGY OF GATEKEEPING

The diversity of people, groups and organisations that can act as gatekeepers in social work research is broad (Emmel et al., 2007). The ability to correctly identify gatekeepers is a key skill for researchers. But as it turns out, this can add to their vague and unclear definition.

In scholarly discussions, gatekeepers are usually individuals, small groups of people, or institutions that have the power to either grant or deny access to the population under study (Laine, 2000; Emmerich, 2016) and that act as intermediaries between researchers and participants (Andoh-Arthur, 2019). Sometimes their role is outlined as protecting vulnerable individuals and groups for whom they may be or feel responsible, and thus making decisions about requests to carry out research in their context (Kay, 2019). Gatekeepers can also be understood as those who control access to certain areas, places, and sites (Emmerich, 2016). Gatekeepers not only provide physical access for research, but also social access. In this way, they can acquaint the researcher with group dynamics, the roles of certain people (informal authorities, leaders, outsiders), or even people's concerns and reasons for possible non-involvement.

Gatekeepers don't have to be mere protagonists with a specific function. Conversely, some social research studies carried out in cyberspace refer to social networks and websites as gatekeepers (Murthy, 2008), moving away from the more traditional identification of gatekeepers as individuals or institutions (Crowhurst, Kennedy-Macfoy, 2013). Other studies, in turn, have discussed the role of research ethics committees or donors as gatekeepers (Broadhead, Rist, 1976; Emmerich, 2016; Vadeboncoeur et al., 2016). A number of authors (Heptinstall, 2000; Hayes, 2005; Bryman, 2016; Collyer et al., 2017; Kay, 2019) view gatekeeping more as a process. In this sense, gatekeeping can be approached as a social and cultural process that embodies the power relations of the contexts in which it takes place (Crowhurst, Kennedy-Macfoy, 2013).

Eldridge (2013) defines gatekeeping as a practice that is both discursive and disciplinary. He points out that there is never a single gatekeeper, rather the researcher must interact and negotiate

with a number of actors in the position of gatekeepers, each of whom may steer the researcher in a very different direction. Depending on the characteristics of the site the researcher is trying to enter, there may be any number of gatekeepers or individuals whose permission, cooperation, or at least consent is required for the researcher to successfully conduct his or her research. Different levels of gatekeepers may need to be addressed, suggesting that gaining access is therefore not a one-off event but part of an ongoing process that may need to be repeated again during the course of fieldwork (Reeves, 2010).

Many typologies have been developed to more easily identify gatekeepers. In closed or private environments, gatekeepers may control access to the environment or to people and other data sources by exercising institutional authority to allow or deny access (Denscombe, 2002). Hayes (2005) refers to them as formal gatekeepers. He further distinguishes informal gatekeepers. In an open or public environment, gatekeepers may not have such a formal role or authority to grant or deny access but may use their position and relationships in the environment or group to facilitate contact and trust between the researcher and potential participants. These informal gatekeepers are more likely to influence others through the strength of their personality and character (Reeves, 2010). Emmel et al. (2007) distinguish between formal and informal gatekeepers in addition to comprehensive gatekeepers, who typically represent the non-profit sector and social services in social work. Comprehensive gatekeepers have a specific remit to address care in the population. They invariably have long-standing relationships with individuals and groups, often spanning generations. Ortiz (2004) further distinguishes, for example, between internal and external gatekeepers. Kay (2019) identified five types of gatekeepers: institutional, organisational, specialist, domain, guardian, and auto gatekeepers. Institutional gatekeepers include, for example, the university research committee or ethical committee, which formally reviews research proposals. Those who regulate permission to undertake research, or any other activity, within a specific organisation are an organisational gatekeeper. In a social work context, this is often the head social worker of the social services. Specialist holds specific responsibilities within an organisation or related community, it can be, for example, a social worker, community worker, etc. Domain gatekeepers are leaders within the specific domain proposed to be the context of the research (e.g., classroom). The people who have legal parental responsibility, usually parents or carers, are guardian gatekeepers. Auto gatekeeping is predicated upon the idea that each participant has jurisdiction of who may be permitted to enter into the realms of their personal thoughts, feelings, and experiences (Kay, 2019).

In the literature, we may note the concept of gatekeeping at approximately three levels. The broadest concept may include formal methods of controlling the proposed research; for example, various authors include ethics committees here (Vadeboncoeur et al., 2016) and/or sponsors and donors (Broadhead, Rist, 1976), or, in the broadest sense, gatekeepers may be understood as interpreters (Edwards, 2013) who represent a certain form of gatekeeper of communication and understanding. In a narrower sense, they are merely "gate closers" or "gate openers" to informants. They neither add expertise to the research nor fund the research; nor are they "researched" themselves (Clark, 2011). In the narrowest sense, gatekeepers can be considered as informants themselves, that is, individuals who act as gatekeepers of their own personal thoughts, feelings, and experiences (Kay, 2019). Alternatively, we can include peer gatekeepers here who, according to Agbebiyi (2013), are fellow research participants who may in some cases censor other participants or clarify their statements, etc.

METHODOLOGY

Two researchers independently conducted the literature review, which was completed in February 2022. We performed a Google Scholar and Semantic Scholar search for relevant English language articles using the keywords and phrases. This effort produced a large number of irrelevant articles;

in subsequent searches we limited our search to title and abstract only. Some references were also obtained through serendipitous routes, such as chance finds.

The search was not time limited. The key terms used were "gatekeeping AND social research", "hard-to-reach population AND gatekeeping in research", "marginalised population AND gatekeeping in research". A total of 30 texts were selected. The article publication dates ranged from 2003 to 2021. We also included one article from 1975.

Our search was not strictly framed by the field of social work. Even in international social work journals, there are not yet enough references dealing with the gatekeeping topic. Moreover, during our search we found that the topic of gatekeeping in research can be considered transdisciplinary as it crosses the boundaries of individual social science fields.

For the purposes of this paper, social work research refers to research conducted by social workers or may refer to research by people in other disciplines who examine populations, problems, and settings commonly associated with social work practice.

First, we created an article matrix, and then identified data that match our objective. We condensed and summarised the findings and grouped them thematically into categories that speak to our research question.

RESULTS

Gatekeeping in research is not systematically explored in the texts we have processed. The texts that prevail involve critical reflection on collaboration with gatekeepers following the actual research from which researchers draw theoretical, methodological, and ethical reflections. In other texts, the gatekeeping topic has become a random and unintentional focus of researcher interest. The gatekeepers' methods of holding and opening the gate interfered so significantly with the research process that the researcher was forced to research the topic. Only in isolated cases did the research focus on the systematic development of mechanisms to support gatekeeper involvement, the impact on participants, and the gatekeeper perspectives.

Functions of gatekeepers in social work research

Gatekeepers can build an imaginary bridge between hard-to-reach groups and the needs of researchers. At the same time, they can exercise control, make demands and impose barriers to research collaboration (Clark, 2011). There are many different ways in which gatekeepers can interfere with participants' decisions to consent to become involved in research or influence the sample size and its key characteristics (Lindsay, 2005).

Therefore, in research practice with gatekeepers, the issue of power is crucial. Gatekeepers and researchers have different forms of power at their disposal. As a result, one group relative to the other can produce both inclusive and exclusive strategies of control over the research (Lund et al., 2016). While researchers have more control over the final data, output and its presentation, the gatekeepers' dimension of power is manifested in the selection of participants (Lund et al., 2016). Institutional regulations, gatekeepers' interests and their relationships with certain actors in the hard-to-reach population tend to enter into the selection process (Abrams, 2010; Lund et al., 2016).

Gatekeepers as catalysts to research

Although gatekeepers have great power to make access to hard-to-reach groups more difficult, they also use this power to the benefit of opening collaboration. A powerful driver can be shared identity of gatekeeper and researcher that binds them together. Shared identity provides a good basis for building a close, trusting relationship that helps build successful research collaborations (Wilson, 2020). A shared interest in the research issue from the gatekeeper's professional perspective and negotiated reciprocity in gatekeeper-researcher collaboration can also be key, where all involved

can mutually benefit from the collaboration (Emmel et al., 2007). Potential gatekeepers' motives for facilitating research may be driven by a desire to have their own work and values validated and presented on a broader scale (Clark, 2011; Crowhurst, 2013). The research focus on local priorities and on support of change facilitation in the local policy, and practice may also be a good driving force (Clark, 2011).

Gatekeepers as barriers to research

However, gaining access through a gatekeeper does not automatically mean a successful partnership. Gatekeeping is a multi-layered process of gaining access. The relationships between different types of gatekeepers can positively or negatively influence the willingness or unwillingness to support research. The negotiation process can be negatively affected because there are many gatekeepers in the research field in different power positions and relationships.

Collyer et al. (2017) recommend that each researcher should consider the cultural capital and relationships of each gatekeeper. Some gatekeepers do not have any formal power at their disposal and have no real ability to refuse cooperation. In fact, they are often in a subordinate position in relation to the supervisor who made the decision to engage in research (Wanat, 2008). The different interests and motives of different gatekeepers, and their strategies for opening and closing the gate, then influence the extent to which gatekeepers are more likely to be barriers or catalysts to research. The power of these "involuntary" gatekeepers is then manifested more implicitly through different tactics of resistance. There is thus a distinction between formal legal power and informal social power, which is manifested in the social interactions and relationships between actors in research (Wanat, 2008; Aaltonen, Kivijärvi, 2019).

Theoretical conceptions of collaboration with gatekeepers in social work research

In the literature studied, we identified two theoretical conceptions of collaboration with gatekeepers in social work research.

Research collaboration with gatekeepers as a dynamic interaction process

The first identified perspective is based on theoretical foundations of social constructionism and post-structuralism. This theoretical position views research collaboration with gatekeepers as a dynamic interaction process. The roles and relationships of the researcher, gatekeepers, and the target group (hard-to-reach population) in the research are constructed in social interactions. Therefore, the micro-interactional and relational context, through which research collaborations with gatekeepers are negotiated, is crucial in research practice.

Wilson (2020) claims that it is essential to invest sufficient time in building strong ties with gatekeepers. She believes that it is useful to view researcher collaboration with gatekeepers through the lens of social identity theory, which encourages reflection on symbolic interactions and the ways in which these interactions may influence gatekeepers' participation in research. In her research, she shows how shared group membership, social identity between researchers and gatekeepers, plays an important role in relationship building and is accentuated in the interactions. Crowhurst (2013) also shows how gatekeeper's identification with the researcher through shared identity, professional or class identity, can lead to an expectation of similar views and through this establishment of collaboration. According to Aaltonen and Kivijärvi (2019), seeking understanding, uniting common goals, creating a common language, and mutual respect are also important.

Authors of the texts under review have often stated that a positive trusting relationship between the researcher and gatekeeper is essential to support the negotiation of research relationships (Hayes, 2005; Emmel et al., 2007; Edwards, 2013; Ellis, 2021). Building a relationship of trust can prove beneficial in fostering a good work relationship and gaining permission for research and recruitment of participants (Carey, Griffiths, 2017; Kay, 2019). The roles of power and trust are evident in negotiation interactions, which significantly influence the building of gatekeepers-researcher

collaboration, and researcher-target group collaboration. Trust within gatekeeping is viewed as a process that can be actively built through the researcher's reflexive and empathic actions. According to Emmel et al. (2007), applying the principles of empathy and building trust between actors in research collaboration is an effective strategy to disrupt power relations and promote researcher credibility. Thus, the holder of power is not just the researcher or gatekeeper. Rather, according to Eldridge (2013), power is fluid and shifting between the actors involved and within social situations. Therefore, gatekeeping cannot be viewed statically. Gatekeeping is dispersed among many actors who operate in the research field. According to the author, anyone can at any time generate new barriers or new unexpected gateways to challenge the researcher that need to be monitored. The researcher does not operate within predefined structures, but rather within ever-changing power relations that affect research. The degree of power between gatekeepers and researchers can vary, can take different forms, and can be applied in different ways in relation to the social position, competencies, and interests of the actors involved (Lund et al., 2016).

The fluidity of power also affects the changing positionality of the researcher in research as in the sense of being an insider or outsider. In their research, Sanghera and Thapar-Björkert (2008) capture this positional fluidity depending on different social contexts in which researchers are forced to defend the legitimacy of their research and their own position as researchers. The power of gatekeepers shows in interpretations of different parts of the researcher's identity and life experiences. Researchers need to work situationally with these views, responding to them in a way to be able to convince gatekeepers to cooperate. The researcher may be accepted by the gatekeeper and the hard-to-reach population for certain identity features (ethnicity) and at the same time rejected because of others (social class) (Kennedy-Macfoy, 2013). According to Sanghera and Thapar-Björkert (2008), contextually negotiated relations of power and trust, defending or hiding certain parts of identities in interactions with gatekeepers and the target group, matter significantly in gatekeeper-researcher collaboration.

Moreover, gatekeepers and researchers often seek reciprocity in negotiations (Emmel et al., 2007). As for the reciprocity, researchers seek ways to win gatekeepers to their side. Gatekeepers, however, may have different concerns, needs, and ideas about what should be studied and how (Sanghera, Thapar-Björkert, 2008). According to McAreavey and Das (2013), different dilemmas on how to defend the research legitimacy and the researcher's own position emerge in negotiations with gatekeepers. One way may be the jointly adjusted research methodology or some other changes to the research that better meet the needs of the researcher as well as the gatekeeper. It is these dynamic contexts that the researcher needs to reflect and evaluate in order to navigate the field and respond situationally to emerging threats and opportunities.

The perspective introduced above views research practice with gatekeepers as an interactive process. Gaining research access through gatekeepers works through personal ties and dynamic encounters with gatekeepers. Negotiating research collaboration takes place in social interactions that the researcher can to some extent situationally influence through his or her own reflexive actions.

Research collaboration with gatekeepers in the context of system constraints

The second perspective identified by our analysis is based on systemic and critical approaches in social work research. It emphasizes the influence of pre-determined systemic conditions that condition research cooperation with gatekeepers. In this perspective, negotiation of research collaboration with gatekeepers operates within a structured field of imbalanced social positions, roles, values, and norms in terms of power. Therefore, the inability to negotiate cooperation may not be connected with a poor personal relationship between gatekeepers and the researcher.

Research constraints may be rooted in the systemic conditions of a particular organisation, in its structure and dynamics. In his research, Scourfield (2012) describes the systemic barriers he encountered when negotiating collaboration with gatekeepers. Through the experience he acquired,

he reflects that an impulse of resistance can be rooted in the actual system of the organisation. Specifically, barriers may lie in the organisational culture. Gaining access through gatekeepers can be complicated, for example, by collective perceptions of social service clients as dependent and incompetent for research participation.

As already mentioned, the negotiation of research cooperation takes place in a power-structured field of competing positions and interests. The hierarchy of positions is related to an unequal distribution of power in decision-making, control, and maintenance of autonomy among different actors. Relationships of subordination and superiority between the gatekeepers involved, but also between gatekeepers and the target group, enter into the micro-politics of the organisation or group in terms of who makes decisions and about whom. In their research, Aaltonen and Kivijärvi (2019) sought to work with gatekeepers who became involved largely under pressure from the organisation's management, through understanding and building of mutual professional and personal respect.

However, the hierarchical relationships between individual research actors generate inevitable pressures that affect the process of collaborative negotiations. These pressures work not only against other gatekeepers, a hard-to-reach group, but also against the researcher who has to work with this challenging ethical situation. In her research, Crowhurst (2013) shows that the imbalanced power relations between gatekeepers and the hard-to-reach group make it difficult for the researcher's position. They can open the gate very easily, but at the cost of not being able to provide a safe empathic space for research participants. Thus, very close acceptance of the researcher by gatekeepers can at the same time become a barrier to a good relationship with the target group the researcher wants to work with. This is the case particularly if there are rather formal and hierarchical power relations between gatekeepers and the hard-to-reach population (Emmel et al., 2007). Therefore, a close association of the researcher with a powerful gatekeeper can lead to the researcher becoming "discredited" in the eyes of the hard-to-reach population (Crowhurst, 2013).

Despite efforts to strategize within various social interactions, the researcher may encounter barriers beyond his or her control. Indeed, research cooperation with gatekeepers also operates in the context of the broader economic, cultural, and socio-political conditions of society. According to Sanghera and Thapar-Björkert (2008), gatekeepers' goodwill to cooperate is related to how they perceive the researcher's position in a particular political atmosphere and in the context of cultural differences between their identities and privileges. While gatekeeper-researcher relationships are socially constructed and negotiated in interactions, they are also structurally conditioned. The class, ethnic and gender identities of researchers and gatekeepers enter the negotiation process of research collaboration (Kennedy-Macfoy, 2013). This is also connected with different interests and discourses of gatekeepers about what and how it is legitimate to research. Strategies of gatekeepers' interventions into the research can be quite explicit and visible, but also implicit (Wanat, 2008).

Grant committees, sponsors and dominant professional discourses can be considered powerful gatekeepers. Therefore, some authors also situate a theoretical conception of gatekeeping in the political and economic context of social work research production (Broadhead, Rist, 1976). These gatekeepers delineate legitimacy frameworks of what can and cannot be researched in contemporary social sciences. They legitimize certain topics, issues, ways of looking at them and their solutions (Eldridge, 2013). However, these can be in major conflict with the interests and needs of hard-to-reach populations, the researcher, and critical social science. Given the power imbalance that may exist between gatekeepers and researchers, there may either be rejection or pressure from the gatekeeper to reframe the research problem and methodology (Broadhead, Rist, 1976).

The concepts of gatekeeping in research presented above shows that research relationships are not merely the result of social construction between individual research actors. Their interactional negotiations take place within embedded relationships of power, power discourses and established patterns of action. These factors influence the behaviour of individual gatekeepers, hard-to-reach

groups but also researchers. They represent contexts of opportunities and barriers to negotiations that the researcher must identify in order to understand the often complex and contradictory process of research collaboration with gatekeepers. The following diagram summarises these findings.

Figure 1: Theoretical conceptions of collaboration with gatekeepers in social work research
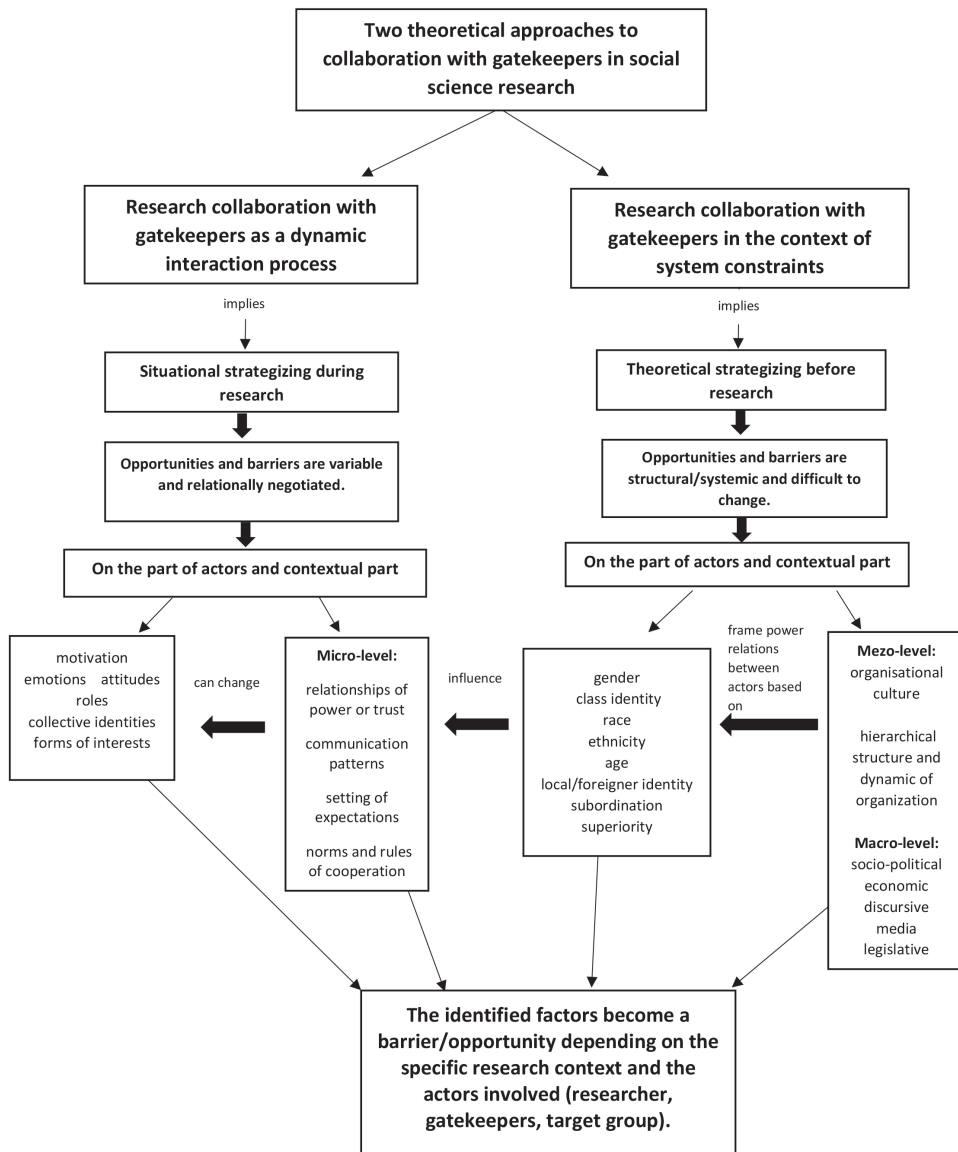
METHODOLOGICAL IMPLICATIONS FOR SOCIAL WORK RESEARCH

In research collaboration with gatekeepers, the researcher must consider the dynamics of social interactions, the needs, concerns, and pressures of gatekeepers, which cannot be anticipated in advance. The researcher must therefore strategize situationally. He or she is forced to flexibly evaluate and implement new procedures resulting from specific research situations. We therefore put a strong emphasis on researcher's reflexivity and responsiveness. Critical reflexivity of the researcher is important in maintaining an ethical dimension of the research with gatekeepers who can interfere powerfully in the research process. The researcher enters a process of negotiating reciprocity, which is essential for collaboration but can also carry along major ethical risks (Crowhurst, 2013; McAreavey, Das, 2013). So, reflexivity is essential for building a personal relationship of trust, situational assessment of problems, and combining of different negotiation strategies with regard to identified gatekeepers' concerns or needs (Emmel et al., 2007).

Also, research in collaboration with gatekeepers requires thorough preparation of procedures for dealing with different types of gatekeepers who hold specific positions and interests in a gatekeeper structure. The mapping and research of the field in advance is an important prerequisite for subsequent situational strategizing. At least a partial knowledge of the field can help the researcher to become oriented with whom to start negotiating, to consider the dimensions of formal legal power and informal social power (Wanat, 2008). As outlined above, the inability to voluntarily refuse cooperation by a gatekeeper with a weaker power position can significantly affect the final form of the research collaboration. These structural circumstances should also be thought through reflexively in advance by the researcher in line with research ethics. Researchers are forced to evaluate ethical and practical issues during their collaboration with gatekeepers based on specific experiences in the field (McAreavey, Das, 2013). They are forced to situationally respond to a variety of ethical dilemmas while also considering the aspect of time and money in implementation of the funded research. For this reason, a thorough mapping of the gatekeeper network and planning of the negotiation steps is an important strategy. This may include identification and theoretical modelling of gatekeeper layers, their interests, and possible motives for involvement/non-involvement (Kay, 2019). This is also connected with thinking about communication methods and mechanisms to support the gatekeeper engagement (Wanat, 2008; Clark, 2011).

Building a trusting relationship with each layer of gatekeeper appears to be an important catalyst for negotiating the approach from which the researcher can draw, as this will be key to ensuring a positive decision is made on enabling research activities (Crowhurst, 2013). This is likely to involve providing clear information that explains and demonstrates the value of the proposed research to the target population or site (O'Reilly, Dogra, 2017). The literature suggests that if researchers have personal connections to the population or site under study, it is much easier to negotiate access (Duke, 2002).

DISCUSSION

The conceptualisations described above are complementary rather than mutually exclusive in their emphasis on different aspects of research collaboration. The first approach emphasizes a dynamic nature of the negotiation process, an active role of the researcher and his/her reflexive actions. The second approach contextualizes the building of the gatekeeper-researcher relationship within the institutional and organisational environment and broader conditions of social inequalities. Both conceptualisations address the vertical and horizontal social ties, relationships of power and trust between involved actors that co-create the negotiation context of access to hard-to-reach groups. If we link the two theoretical perspectives it turns out that gaining research access to hard-to-reach groups through gatekeepers is a dynamic interaction process that takes place within certain more or less fixed frames of opportunities and barriers. These operate on the side of actors and

are related to their identities, social positions and the motives and interests associated with them. Opportunities and barriers also lie in interpersonal, discursive, organisational and broader socio-economic, cultural and political contexts. The actor and context levels cannot be understood in isolation, but as interconnected and influencing each other.

Depending on the specific field situation and actors involved, researchers may encounter a variety of conditions that enable or constrain research collaboration. As we have demonstrated above, some of the constraints associated with specific actors may constitute a barrier in a certain social context and an opportunity in another. These frameworks of opportunities and barriers can be flexible. The researcher can reciprocally negotiate and work with a bigger room to manoeuvre to establish collaboration. However, frameworks of opportunities can also be fixed and closed. They are often linked to a power position of gatekeeper and the power imbalance that exists between the researcher and the gatekeeper. In this case, the room to manoeuvre is then limited and so is the negotiating power of the researchers. Whether the gatekeeper is a barrier or a catalyst for research cannot always be easily predicted and identified. Different approaches of resistance and vigilance toward outside observers who may reveal what should remain hidden from the public are evident in research. Some gatekeepers may choose a protectionist approach in relation to the hard-to-reach group under study. There may be fears of both gatekeepers and participants of the use of people as "objects" who are repeatedly scrutinised and their problems negatively publicised (Sanghera, Thapar-Björkert, 2008). Gatekeepers across all layers may choose to draw boundaries around their endorsement, which can make gaining access more difficult (Bryman, 2016; Cohen et al., 2018). The researcher will need to be sensitive to the possibility of power imbalances in the relationship between gatekeepers and the target group. For example, gatekeepers may agree to participate but may be selective in what they are willing to discuss, or they may select participants based on their views on who can participate and express positive views on the topic, or the informant may be influenced by power imbalances (Wanat, 2008) and as a result may feel under pressure to give consent because the gatekeeper has already provided his or her consent.

As outlined above, research collaboration with gatekeepers is characterised by a number of random situations and problems that require flexible ethical and methodological assessment. The complexity of the problem situations that the researcher needs to deal with in the field must be reflected upon as they influence the course of the research process and thus the research quality and its output.

CONCLUSION

In social work, gaining access to data proves to be a slow and time-consuming process, mainly due to the various gatekeepers that sometimes need to be engaged at different stages of the research process. The associated complications can be considerable and can negatively affect the research schedule or can derail the research altogether (Hayes, 2005). Researchers should be prepared to include negotiation of access in the study, identify relevant gatekeepers, consider potential difficulties that may arise, if they can be predicted at all, and ideally develop strategies for handling them. Constant reflection on the relationship dynamics is important; the researcher should consider who is actually consenting to what (Miller, Bell, 2012) and assess the personal and political implications of engaging gatekeepers.

The fact is that researchers are still reluctant to admit how often or how their research is influenced by gatekeeping. Universities and professional organisations currently have little support for researchers who want to conduct controversial critical research. Mechanisms for managing pressures of gatekeeping and mechanisms that encourage gatekeeper's engagement are yet to be developed. The development of these mechanisms will be crucial for the systematic development of the knowledge base in social work research. We believe that this research and theoretical conceptualisations can serve as a tool for research quality assurance and risk prevention.

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Understanding and Preventing Violence in Homeless Shelters through Collaborative Research: Methodological Insights[1]

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Abstract
OBJECTIVES: This paper presents the initial results of a collaborative research project with different groups of social work professionals and homeless people to better reflect together on the daily experience of violence in homeless shelters. METHODS: Based on a qualitative approach, this 24-month research project was carried out in an NGO located in Lille, in the North of France. It is based on collective workshops bringing together three groups of professionals (social workers, managers, and night supervisors) and a group of service users. Several methods (focus group, group analysis method) have been used since the beginning of the process. THEORETICAL BASE: This research is based on the epistemological foundations of pragmatic sociology. OUTCOMES: We will show how this type of research conducted with social actors can participate in the construction of a common knowledge, anchored in their lives, but also support change within social institutions. SOCIAL WORK IMPLICATIONS: Analysing violence in social institutions based on case studies and reasoning, this research allows us to understand the differences in perception between groups of actors and even within peer groups. This collaborative research, which values the recognition of everyone's knowledge, lifts the veil on realities that are still not widely shared within the institutions, and facilitates dialogue and the search for collective solutions.

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Introduction

For the past twenty years, violence within French public and private institutions has been the subject of an abundance of scientific literature (Bajoit, 2005; Danancier, 2005; Laforgue, Rostaing, 2011), as well as methodological guides and recommendations, drawn up by specialists to enlighten social and medico-social professionals in their actions and guide institutions in their organisation (Creoff, 2001; Anesm, 2008; Jaffiol, 2017). This work has developed in a context of strong publicity of this issue in the social and political sphere, which has contributed to making violence against vulnerable people a social problem on which politics should act. Various legislative texts relating to the development of quality care and the strengthening of the policy against institutional abuse have thus followed one another since the early 2000s. New, quality support systems and tools have also gradually been introduced in social and medico-social institutions to detect and report events classified as undesirable. All of these guidelines, which remind us of the unacceptable nature of violence against vulnerable people, also take on their meaning in the wider context of international and European law, as well as changes in the political, social, economic, and institutional context in which social work institutions are located.

As underlined by Mucchielli (2021), our societies are saturated by the use of the word "violence". Violence, which is plural and multidimensional, "is the symptom, the technique, and sometimes the last language used to express something else: conflicts, competitions, dominations, inequalities..." (Ibid., 2021:11). Reflecting on the problem of violence in social institutions requires us to consider the experience from an insider perspective, in which professionals are subject to continuous pressure, to the suffering and violent reactions of some service users, as well as risks regarding loss of meaningfulness and professional exhaustion (Maquet, 2021). Considering the multiplicity of its manifestations and mechanisms of production, how can we analyse violence in contemporary social work institutions? In what way can social work research contribute to making their plural realities intelligible and support the various actors in gaining knowledge for action?

These questions were the starting point of a collaborative research project launched in September 2021 in Lille, in the North of France, with an NGO that has been involved for many years in the reception and support of homeless people. Structured around four research groups, the approach involved thirty-seven people (twenty-seven professionals and ten residents). It stems from the meeting of several questions among local actors. Firstly, there was a wish of the decentralised State services, who are responsible for the personal safety of service users and are the main financer of emergency and integration facilities, to promote well-being[4] in homeless shelters. The aim was also to prevent disruptions in the provision of services, as the collection of "undesirable events" (which has been a compulsory mission of public authorities since 2007) had highlighted the concomitance between reported acts of violence, and the eviction of service users requested by the shelters. At the same time, an NGO operating in the Lille metropolitan area wanted to conduct research on violence, noting an increase in violence in its facilities, with service users suffering from a number of psychological or even psychiatric pathologies, leading to a climate of insecurity in shelters. These two observations came together, and a research project was launched with our team for a period of two years (2021–2023).

In this article, we would like to share the questions raised by our grounded, exploratory, and experimental research method, which we sought to build as closely as possible to the participants'

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[4] Wellbeing here is an approximative translation of the concept of "bientraitance", that was coined in France in the 1980s, first in the field of Child protection, then in all social and medical institutions welcoming vulnerable service users (Defresne, 2012). "Bientraitance" is the opposite of "maltraitance", which translates as: abuse. Abundant literature was produced around this concept, along with laws and guidelines to help institutions develop a climate of wellbeing. Today, this concept has a strong normative dimension.

practices and experiential knowledge. Valuing the recognition of the knowledge of those who are little heard or not heard at all, this research lifts the veil on realities that are not widely shared in the day-to-day life of shelters. The innovative nature of this research consists of comparing the points of view of the different categories of actors who work in shelters, where research tends to focus on one category (victimisation of service users, or of medical and social workers in the context of their work). After presenting the framework of this work by placing the "homeless issue" in France in its socio-political and institutional context (I), we propose to explore the hermeneutical issues (II) and the construction process of our collaborative approach (III); then we shall share some perspectives (which are not constitutive of results at this stage) regarding what the research has revealed (IV).

CONTEXT AND THEORETICAL FRAMEWORK

Housing and social support for the homeless in France is a paradoxical sector of social work, in that it combines a desire to modernise and comply with changes in its target group, with the permanence of practices built behind the walls on the basis of private philanthropy, in the tradition of the treatment of marginal poverty and workhouses (Castel, 1995; Brégeon, 2009). The desire of the authorities to better identify and prevent violence and promote well-being in shelters is evidence of this push towards modernisation. As we shall see later, the sector has been called upon in recent years to transform itself, to adopt new systems, tools, and support models. However, in a context characterised by insufficient resources and increasing needs, the contrasting effects of these orientations highlight the specific tensions that weigh on all those involved.

The phenomenon of extreme exclusion has increased in France in recent years. According to the Fondation Abbé Pierre (FAP) report, the number of homeless people has doubled in the past 10 years, reaching 300,000 by 2021. At the end of 2020, 280,000 people were housed in so-called generalist accommodation (emergency shelters, long-term shelters, etc.) or specialised accommodation as part of the national reception system for migrants or refugees. In addition to these 280,000 people in temporary housing, there are all those who are on a waiting list for temporary accommodation, or rough sleepers living in the street, in camps, squats or cars (Fondation Abbe Pierre, 2022:338). Numerous welfare programs on the borderline between housing, social support, and health have been designed and strengthened to house, feed, care for, and integrate people who are homeless or living in unfit housing. These programs fall under the common label of "reception, accommodation, and integration services"; they offer a wide range of accommodation services to meet the growing support needs of an increasingly diverse public. These different programs, which reflect the investment of policymakers in dealing with the "homeless issue" (Damon, 2012), have undergone profound changes since the 2000s. Following the action of activist movements, a Strategic Plan (Plan d'Action Renforcé en Direction des Sans Abri, 8 January 2007) set out the principles that were to be taken up in the DALO law (instituting an enforceable right to housing, 5 March 2007), and subsequent laws. The legislator is thus progressively ratifying the end of large collective shelters, the transition from emergency shelters to long-term shelters, and the individualisation of facilities in shelters. However, there are still some large collective shelters in France, particularly in the Nord department where our research is being conducted, with shared dormitories, communal meals, and shared sanitary facilities. Furthermore, the DALO law established the principle of unconditional reception and continuity of accommodation (i.e., the prohibition of ending care without an alternative solution), putting an end to long-standing discretionary practices. However, in reality the eviction of a service user without a solution, now called "reorientation", is still practiced, and is likely to lead to a disruption in their life trajectory, and a delay in processing the request for reorientation, and the reluctance of other institutions to take in a person sanctioned for violence, may lead back to rough sleeping. These practices of eviction without any alternative solution seem all the more contradictory at a time when Housing

First policies aim to reinforce the original mission of emergency shelters to provide an immediate and unconditional response to situations of distress.

Although homeless services have gradually developed a number of legal texts, systems and rights, the "new social management of the homeless" (Rullac, Dequiré, 2014) has not yet succeeded in curbing the social issue of extreme poverty, which has stood the test of time yet is also changing. Institutions and services are thus affected by the effects of these new guidelines, which require them to review their practices in terms of housing, group management, intakes and exits from the system, their support to find and to maintain housing, and their partnerships and inter-institutional dynamics in the context of new calls for projects. In their search for ways of sustaining their services and developing new activities to meet the diversification of support needs, the teams also have to deal with the effects of bureaucratisation in their relations with the administrative authority: i.e., a more technocratic model of control, based on measurement, compliance with standards and results. These "paperwork" obstacles also have a significant impact on the practices of professionals, whether in their use of evaluation tools or in guiding people towards the many different types of support.

All these changes, introduced over the last fifteen years in an effort to increase the performance and efficiency of actions, are not specific to homeless services. However, they seem to have an even greater impact on this sector, which is constantly at risk of destabilisation. The sector is at the forefront of the process of social insecurity, chronic overcrowding, an increasing heterogeneity of the population that can lead to problems of cohabitation, the de-institutionalisation of mental health services, and the problem of continuity of care... All these factors weigh on the services responsible for the reception, accommodation, and integration of marginalised people, in an overall context of increasing needs and decreasing resources. This chronic crisis, which has been denounced for several years by the representatives of various French NGOs, is also experienced in Lille. A report by the Lille Metropole Development and Urban Planning Agency (ADULM, 2021) published in March 2021 highlighted a 3% increase in the number of homeless households in 2020 compared to March 2019 (i.e., 3,000 homeless people); and the situation has worsened with the Covid crisis: 965 people called 115 (the emergency hotline to apply for emergency shelter) declaring themselves homeless in March 2020, i.e., 15% more than in March 2019. In June 2019, 8,000 people were housed in shelters, and 13,000 people were living in forced cohabitation.

All these tensions formed the backdrop to our collaborative research. All of them were palpable in the field and were confirmed by the exchanges with the various actors of our research, who pointed out the difficulties of everyday life and the feeling of not being considered in their professional realities.

HERMENEUTIC CONTEXT

Working on violence therefore responds to the dual challenge of making working conditions more attractive, with the prevention of psycho-social risks for employees and preventing disruptions in the lives of the clients. "There is violence when, in a situation of interaction, one or more actors act directly or indirectly, at once or progressively, harming one or more others to varying degrees, either in their physical integrity or in their moral integrity, or in their possessions, or in their symbolic and cultural participations" (Michaud, in Goffard, 2016). A report by the High Council for Social Work (CSTS, 2002) distinguishes:
- Active or "hot" violence: insults, destruction of property, intentional injury, etc.
- Cold or "masked" violence that causes discomfort: ignorance, disrespect, disqualification, humiliation, incivility, harassment, attack on a ritual, etc.

Beyond these direct manifestations in the institutional framework, violence runs through all of our societies and is replayed in the daily life of social work institutions. It can manifest itself in different ways, for example: violence against oneself, institutional violence, or societal violence

(injunction to perform, stigmatisation or invisibilisation of certain groups, inequalities...). Yet, in the professional context, violence is rarely talked about in or for social work. There may be many reasons for this. Some may feel that they have been victimised because they have not lived up to their professional standards, a feeling that can be heightened by a lack of support from colleagues or the employer. If we consider that the mandate of social work is to regulate the relationship between the individual and the group to favour inclusion, then social workers play a mediating role in the process of violence: this can lead some social workers to consider violence as part of their job (Bernard et al., 1997; Carra, 2016).

Early on in our research, we wondered about the actual increase in the phenomena of violence, postulating that it could also be related to a growing sensitivity of perceptions towards violent manifestations, leading to more systematic reporting. The perception of violence results from an eminently subjective and evolving relationship between the sender(s) and the receiver(s). The boundaries of what is tolerable and intolerable are constructed on the basis of cultural universes and the historical context (Danancier, 2005). Violence is not relative, but behavioural norms and sensitivities vary according to place and time, against a backdrop of shared fear of certain forms of violence. No gesture has meaning in itself; it only takes on meaning in the universe of meaning of human beings and it is only in this universe that it can be said to be violent (Bernard et al., 1997; Riffault, 2007).

In our research, our aim was to gain access to the actors' points of view on their professional and living contexts, and to help them to understand and decipher them. We were guest observers, close and distant at the same time, like the Simmelian figure of the stranger. Close, because of our previous professional experiences which had given us access to the world of homeless shelters, the street, and the homeless. We had a stock of knowledge and codes that could facilitate our entry into the field. And we were guests, occasional participants in the collective life of the organisation, inviting them in return to take part in an unusual endeavour, induced by their management and financed by the State. They were at the origin of this research. Indeed, the professionals had long been complaining to staff representatives, management and administrative authorities about their daily difficulties, the violence within the shelters, and the lack of appropriate responses to meet the growing needs. However, how was the research going to be able to respond to the multiple problems they were expressing? How could we work as allies in this context, which at first seemed to us to be a minefield?

The chosen methodology, i.e., collaborative research with focus groups, has been a source of exploration and repositioning for our research team, which is made up of sociologists trained in the posture of distancing themselves from the research object, and in the hypothetico-deductive method. How scientific is the data collected in collaborative research? How does it produce different, specific knowledge? What kind of working and language translation device is appropriate to reconcile the research culture and the professional culture around common issues? How does collaborative research move the lines within the institution - and how far is it prepared to go? - but also from the point of view of the researchers?

In the French context of social work, there is an ever-growing interest in collaborative research based on the focus group methodology. Several actors[5] seek to promote the legitimacy of social work as an academic discipline, which would open access to scientific autonomy and doctorates in social work, but this status is controversial – one may argue that this debate is both scientific, and political (Jovelin, 2020). The rise of collaborative action research in the French context is therefore part of the search for a specific epistemology for social work research, rooted in applied research. "It is indeed in the claim to do science differently, in the service of social work, that we situate the emergence of Collaborative Action Research as a methodological support allowing *in fine* to develop the scientific paradigm of social work" (Rullac, 2018).

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[5] cf. Manifeste pour une discipline sciences humaines et sociales – travail social (2021) [Manifesto for the recognition of social work as a discipline].

Collaborative research corresponds to a variety of forms and names in the French-speaking context. The literature hesitates between collaborative action research (Rullac, 2018), collaborative research (Leclerc et al., 2011), joint research (Lyet, 2016), participatory research (Foucart, 2014; Petiau, 2021), or consciousness-raising enquiry (Humbert, Merlo, 2011). Petiau (2021) distinguishes between a democratic perspective (pragmatic, clinical action research, group analysis method), and a more radical, militant, and emancipatory perspective, in which the researcher is either a stakeholder (conscientizing research) or an outsider (sociological intervention). The common points of these methodologies are focused group work and the confrontation of the points of view of different actors, in a search for horizontality of knowledge. Collaborative action research claims to serve social innovation (Rullac, 2018) by crossing viewpoints and linking with the evaluative dimension of field practices. However, the voice of non-professional actors, and in particular service users, is still too much of a minority despite democratic claims (Petiau, 2021).

Methodology

Building scientificity together
This research, conducted with and for the teams and residents of the association, is based on a micro-sociological approach that we have included in a collective dynamic. This microsociology does not ignore the questions raised earlier concerning the evolution of our society and the transformations that impact social and medico-social action. Nor does it ignore all the knowledge developed in the field of the sociology of poverty, deviance, and organisations, which can shed complementary light on the determinants of violence in its various forms and consequences. However, it is not these theoretical approaches and their conceptual apparatus that have guided the investigation, but the field itself and its main protagonists. Situated in the tradition of A. Schütz's phenomenology, which considers the central role of intersubjectivity in accessing the social world, of J. Dewey's pragmatic philosophy (Dewey, 1968) and of the socio-economic tradition, the study of the social and cultural aspects of the social world has been carried out in the context of the social and political context. In line with Dewey's pragmatic philosophy and the socio-anthropological tradition of the School of Chicago, the orientations of this work were guided by a double logic: 1/ to reflect on violence starting from the individuals themselves, from their points of view, in order to better understand the individual experience of violence, 2/ to set up a collective approach allowing the group to build common knowledge by submitting their different shared points of view to comparison.

Four working groups, meeting on several occasions, were conducted between January and December 2022:
- A group of managers (6 working sessions, 7 participants)
- A group of social work professionals (6 working sessions, 10 participants)
- A group of night watchmen (2 working sessions, 6 participants)
- A group of people living in the institutions (service users: 4 working sessions, 10 participants)

Three sessions bringing together all the people involved in the research groups (33 participants), two members of the management team and two other professionals (staff representatives and quality managers) were organised to consolidate the proposed analyses. In total, 37 people participated in this process.

The data collection and analysis work in each research sub-group was carried out using an overall collective approach based on the focus group methodology and the group analysis method. These two techniques, centred on the dialogue of concrete situations, support the free expression of points of view on the description of phenomena as they are experienced and shared by the actors. The use of the focus group, mobilised initially from an exploratory perspective to understand

the "perceptions, feelings, attitudes and motivations" (Edmunds, in Toure, 2010:11) within each group, anchors our approach in the inductive model. We wanted to understand the perceptions of violence among the different groups that dwell and work in homeless shelters: *What is the violence? How should violence be defined? How is violence manifested in homeless shelters? What is considered tolerable or intolerable by individuals, by the group, by society? How is it addressed by the services?* A general guide to lead the working sessions was drawn up before the focus groups began, covering the following themes, common to all four groups: definition and contexts of the emergence of violence, constructions of the intolerable, methods of prevention and treatment of violence. The planned content was rearranged from one session to the next, based on a cross-review of each session by the researchers. The information obtained, produced by the groups in the context of social interactions, was analysed, reformulated, and validated collectively. The knowledge produced thus resulted from putting into words the knowledge of experience, from the intersubjective confrontation of different truths.

All these initial explorations were then consolidated in two or three sessions devoted to the analysis of practical cases inspired by the Group Analysis Method (MAG) theorised by Van Campenhoudt, Franssen and Cantelli (2022). With this method, all stakeholders, all co-researchers, collectively interpret and analyse situations proposed and chosen by the participants. The "academic" researcher facilitates the exchanges by debating the points of divergence and convergence, and by providing theoretical elements that can support the group's analysis. This analytical work leads to co-elaborated practical perspectives.

A twofold approach: comprehensive and intervention

Supporting the production of endogenous knowledge by professionals encourages its appropriation by the group and its dissemination within the institution. We postulate that jointly produced knowledge enjoys greater legitimacy among the various actors. We proposed to the group of managers and the group of social workers that they read a scientific article and legal texts, placing them in the position of researchers. Moreover, we were careful to systematically reposition ourselves in a horizontal relationship with the groups, when a person expressed expectations towards us that were not in line with the research mechanism: "you'll tell us what you think. You've studied a lot, and you're researchers, I hope for you that it wasn't for nothing".

According to Giddens' structuration theory, "human beings have remarkable knowledge of what they do and the conditions and consequences of their actions" (Leclerc et al., 2011:150). Collaborative research is based on the recognition of the actors' competence to analyse, explain and come up with solutions. According to Philippe Lyet, professional stakeholders have an action-oriented knowledge that allows them to open up new perspectives and "question reality in several of its dimensions" (2016:4), what Autès and Rullac (2020) refer to as praxeology, or practical knowledge. Lyet (2016) considers that the researchers' knowledge is also praxeological, not unlike the knowledge produced by other actors. It responds to the methods, codes and objectives of a specific field: gaining membership into the scientific community, gaining access to the resources of this field, and producing knowledge for knowledge's sake according to established methods. As such, researcher knowledge also has its limits and blind spots, as we can only research objects that we are already aware of (Autès, Rullac, 2020:65). It is therefore not a question of hierarchising action knowledge and researcher knowledge, but of mirroring them in joint spaces, by building an ethic of discussion.

Limitations

Conformity bias is the main bias mentioned against the use of focus groups, particularly when the issue is sensitive, or when participants are not used to recognising the validity of their opinions and representations (Touré, 2010; Leclerc et al., 2011). The tendency to conform is a well-known bias in group work (Moscovici, Doise, 1992).

The main limitation of this research concerns sampling. Whether social workers, night watchmen, or services users, the participants in the groups, although voluntary, were those who had been mandated by their institution. This represented a bias in the selection of participants, especially in the service user group. First of all, service users are traditionally a more "volatile" group: a return to work, a medical appointment, or any other concurrent activity, prevented some of them from participating regularly over several sessions. In addition, two participants were already members of the resident council in their shelter (a mandate for which they are elected by their peers). As such, they can see themselves as a relay for the social worker in the service user group: "I am the leader," says one. It appears that this particular service user "plays the social worker's game," to use his words. The representativeness of these profiles, allies of social workers and on their way to becoming "participation experts", is to be questioned.

PERSPECTIVES FROM FOCUS GROUP ANALYSIS

This research is still ongoing. At the time of writing, the conclusions have yet to be elaborated with the different groups. The perspectives we present below are therefore to be considered as our initial analyses common to the different groups and a selection, by us, of specific knowledge produced within the different groups and validated within them. These elements are therefore not exhaustive; they do not constitute research results, but they are presented here for their contribution, in our opinion, to the unveiling of ignored or invisibilised knowledge. We will rely in particular on the analyses produced during the working sessions with the residents' group and the night supervisors' group.

Exploring the plurality of violence: Going beyond the moral category to understand the social mechanisms of violence in institutions

Reflecting on violence in institutions inevitably leads to reflecting on it in the plural, which could be a first point shared by the participants. "We always talk about violence in institutions, but in fact we should make it plural…" concluded a night watchman at the end of the first meeting. The work carried out led each group to reflect on the different forms of violence within the institutions, but also more broadly in our society, by making visible the everyday facts, from the most trivial to the most exceptional. Although the first exchanges expressed a great deal of concern by highlighting the idea of pervasive violence ("violence is everywhere"), the participants gradually began to work on qualifying the facts, defining a set of phenomena that could help them better understand the conditions in which violent situations emerge in their daily lives. There are no "violent individuals", but "violent situations". This idea is a central fact that emerges from the intersection of the analyses.

The definition presented below is the one that the group of night watchmen chose to validate collectively, based on various examples:

"Violence is an oral or physical expression aimed at the moral or physical integrity of another person. Regarding the typology of violence, it can be expressed in different forms: verbal violence, psychological violence, economic violence, symbolic violence, institutional violence, physical violence, and psychological violence. Verbal violence between residents takes the form of insults, intimidation, threats, and arguments. In terms of physical violence, it is beatings, assaults. In terms of symbolic violence, it is violence related to the internal regulations that residents may not like. (…) It's the ones linked to standards. It can create a shock for them… Well, as they move from one shelter to another, there are shelters that impose certain rules, others that don't. And when they arrive at our shelter, they are not happy. And when they come to us, the rules change, they don't understand. For example, in the harm reduction project, they can use drugs until 9pm and after that they are not allowed to use drugs in the yard. And they find that hard to understand…"

/ "They don't like it. (…) They don't like frustration either, they don't like being told no, so it escalates quickly…". And there is also psychological violence…". As to institutional violence, it concerns violence linked to the administration. "There are times when residents are confronted with the administration. They have administrative phobia. Why? because there are procedures to follow, it's been a long time since they were confronted with anything, even if it's just to renew their identity papers, their documents… Sometimes social workers offer to go along with some service users to meet the administration, for their administrative documents, and well, they run away from these meetings". Eviction from the shelter was also pointed out: "That too can cause violence. A person who is told that their accommodation will end on Saturday, if they have three more days in the facility, they can be violent for three days…".

The reflection then evolved by gradually moving away from interpersonal violence and the very moment when violence occurs, to broaden their analysis to other lines of thought. At first, the focus groups tend to come out with the most obvious and visible explanations for violence, for example, service users acting out under the influence of alcohol or psychiatric pathologies, and then gradually move towards a more systemic reflection. In this way, they understand the constraints on users and professionals, both institutional and societal, which generate violence. Social workers and supervisors see the effects of budget cuts, rising administrative tasks, and managerialism in their work. This makes the sector less attractive, and structures have difficulty recruiting qualified professionals, particularly for short periods, resulting in isolated work and reduced responsiveness in the event of a crisis.

Moreover, the switch to all-digital public services in 2022 makes it arduous to find a partner to interact with, which prevents social workers from mediating with other services and adds to the discrimination of homeless people. The focus groups bring up many examples of a dysfunctional collaboration with partners, particularly those in the health sector, and the police. Collaboration with the police, which is perceived as dysfunctional when the police refuse to intervene, is nevertheless a major springboard for the prevention and treatment of violence (Sousa et al., 2014). All are sensitive to the stigmatisation of the homeless population, which generates shame (as expressed in the service user group) and therefore suffering: "Before, I didn't use to care about anyone. The truth is, I didn't care about the homeless, I looked at them in a different way. You see? I used to look down on them. There's… I have money. You know what I mean? But when I got to the person's place and I saw the look on people's faces, it hurt me", says a service user.

Violence at the heart of the lived experience: life trajectories marked by violence, shame, and discrimination

The group work with the service users showed that violence is a lifelong history for them. They all highlighted experiences in which they had been both actors and victims.

"If you grew up in a violent family, as I was in a violent family, and all that follows, I have experienced violence too. I was calm in a violent family, and I was violent towards people outside. All the time. All the time. All the time. All the time. All the time. All the time, violent, violent, violent… Beatings, I gave beatings, and that's it, and I ended up in a home. And then with the addictions, the alcohol, and everything else that goes with it. So, anyway. Me, me, me, my life story. In short, and now, with age, I have mellowed out… ". (Anis, 24 years old).

The views shared within the group reflect social situations of domination, of wounds, which have left many traces. And as the following extract shows, the situation of domination can sometimes no longer be tolerated: "The people outside, they already have their accommodation. We're people, we're people who've had accidents in life, we're people who've had chaotic journeys, full of pitfalls. Afterwards, we are people who are already injured in relation to our, um, our life course. That's it, unfortunately. And if on top of that, we still suffer!" (Ben, 40 years old). The same idea is found later by Gérard; this intuition that unbearable domination can generate withdrawal or explosion: "We were born with a small percentage of violence. (…) We have had a terrible experience. Some

people are mistreated... beaten... We have a little rage inside us. But there are some people who can't get it out."

For instance, Dom (a woman, age 71) shares her life experience during our third session: "I already experienced violence as a child. My mother had me as a... as a young girl, she remarried, well, she got married, so I was recognised. At... 5, 6 years old, I was already being hit. Beatings with a belt. If I didn't pay attention to my brothers and sisters, when I was growing up, if something wasn't done, I was the one who got hit. And when I was 21, because it lasted for so long! Not to mention that... I was abused... Well. Well... And that's it. And my mother, she always... She never threw him out, she always supported him, well, she knew! And I lived like that. So at the time, before 21, we couldn't... we couldn't leave! I had to wait until I was 21 [majority age in France until 1974]. I took the first boy I could find! I left with him, and for 20 years I was beaten up. After 20 years I got divorced. I remarried a second time, thinking that it would be OK, but it was the same thing! So, I say to myself, the lucky star must not have been on my side (...) sometimes I say to myself, but why, why, why? But there's no answer…"

Others shared similar experiences. When they talk about violence, the service users relate it first of all to their experience as victims, in the long history of their lives. They gradually allowed themselves to talk about their families, about what they experienced in the services, to identify the links between their individual experience and that of others. Together, they shared their knowledge of the functioning, dysfunctions, and regulations within the groups. They talked about money, alcohol, the power of the strongest over the most vulnerable. How do they react to violence? The positions are contrasted, depending on their capacity, it seems, to have learned to cope - a hypothesis that we will have to confirm: some seek to defuse the conflict as quickly as possible when the tone rises within the structure ("instead of letting the bomb explode, we become the bomb squad..."), or to prevent any risk of conflict by keeping an eye on the people who could endanger themselves and the group: "we keep an eye on the person who is drunk. We watch them until they go back to their room". Others intervene more directly: "When I look, I, I, I am a delegate, when I see that a person is starting to go off the rails, I go to him, I explain to him, before there are warnings (…) I bring him into line". Others still ignore, protect themselves and their distance.

Unveiling a process of trivialization: towards change

A service user noted that "violence needs feeding": "it starts with words, then it's gestures, then it's actions, then it... it encompasses everything (...) and then it's true that it went really, really far. We got to the end, what's next, what?". Violence begins "when the person starts to impose themselves: I am here, I exist" (says Carl, 45 years old), when the discussion becomes a monologue, or when malicious acts create a climate of mistrust. As demonstrated by research (Glomb, 2003), violence tends to escalate; preventing violence starts with breaking the "code of silence", as a service user suggested, when confronted to aggressive (or passive-aggressive) behaviour.

It appears that violence is not increasing in shelters, but the system, the practices, and the expectations of professionals are changing. All of this contributes to making violence intolerable, where previously it was seen as "part of the job". By putting words to it, the participants identify their tendency to trivialise and accept violence, particularly in the case of verbal abuse, and state their refusal of any forms of violence, thus initiating a change in practice.

Is this violence part of the job? "We have to deal with it", but "we can't accept everything", underlined one participant. Another said: "When you are a night watchman, you have to have self-control". Or yet another: "It all depends on the level of violence". When the violence reaches "a certain level", at a certain point, it is no longer possible to accept it. There is a "limit", a "cursor", a "gauge" beyond which violence becomes unacceptable. A consensus is emerging around "physical violence" as a shared intolerable. It is the situations deemed intolerable, serious incidents, that are the subject of reports, that are notified in the liaison book, relayed to the team, to the local

management, or even to the manager on call. This raises the question of how violence is handled, what action is taken by the institution, and the consequences of decisions taken on individuals, the group, and the professionals themselves.

The work undertaken led the group of night watchmen to identify the variability of acceptance thresholds and to question them for each person. With regard to verbal violence directed against professionals, some night watchmen trivialised it; for others "if we accept insults, we open the barriers…". However, at the end of the discussions, all stressed the need to consider the singularity of each situation and the variability of the boundaries of what is tolerable/unacceptable, depending on the knowledge that each person has of the service user, his or her background, needs and specific difficulties.

The group of night watchmen had a long debate regarding the situations of the service users. They debated the great diversity within the service user group and how it impacted their cohabitation, the complex situations of people who have multiple issues, the health problems that affect their daily life (addictive behaviours, psychiatric disorders, psychological suffering). These are all problems that can generate violence, that can cause "things to go wrong". At night, the atmosphere, the environment is different. This observation is the subject of another consensus in the group. The night reveals behaviours that are invisible during the day. It is also a time that can be conducive to confidences, outside the framework and challenges of social work support. The night personnel thus have a stock of knowledge about the population, the inter-individual relationships within the shelter, and their concerns and suffering, that are not always expressed to the social work team during the day. Working at night means developing the ability to listen and observe, but also to intervene urgently and autonomously, in order to deal with situations alone. The approach enabled these professionals, who rarely meet in peer groups and even less so in multidisciplinary teams, to formalise these skills together and discern how they were important in supporting people. "Being a night watchman means ensuring the safety of people and property at night": this sentence was put forward on several occasions. They are not security guards, they have built up knowledge which, from their point of view, is sometimes disregarded by other professionals. The question arises of how to share and work as a team with a global approach to situations, in which potential signs of ill-being that could generate violence are identified.

As the discussion progressed, the group also spoke about other forms of violence, those that can also be generated by the institution (the rules, the framework, certain conditions of reception, whether it be the sanitary facilities, the lack of privacy or the fact of sharing a room with another person who is very different from oneself), by the practices (what some people may perceive as constraints, injunctions to carry out a project: reapplying for one's rights, taking care of oneself, etc.) There was also talk of daily life, of the collective activities proposed (or lack of activities) which would make it possible to foster more mutual support among service users, enrich collective life and prevent social isolation. According to them, collective projects would allow to work on the relational dimension, to prevent boredom and perhaps to prevent conflicts. The question of the evolution of support practices and teamwork was put forward.

It appeared that the services users' proposals were centred on recognition issues, whereas the professionals tend to focus on technical and organisational solutions, which are reminiscent of the recommendations found in the literature: training in violence management and de-escalation, refusing to work alone, transmitting information as a team and being able to rely on management in the event of a problem, securing the premises, or ensuring the well-being of employees (Sousa et al., 2015; Andersen et al., 2018; Guest, 2021). But for the service user group, building self-esteem is central to preventing violence. "Without recognition we are like puppets, we don't live", says a service user. By allowing services users to transmit their experience, or by believing in them, you can "break the cycle of violence". Furthermore, service users also identify boredom as a breeding ground for suffering and violence, and recommend the introduction of collective activities, which

help to meet and know fellow residents in a different way. They contribute to a better self-esteem, as "each one can bring something to the other", according to a service user.

CONCLUSION

This article shows how social professionals, service users and researchers can work together to explore an issue in a dual comprehensive and interventionist posture. Based on the pragmatist notion of experience, our research initiates a reflection on violence in institutions seen from the inside by paying attention to the intelligence of daily occurrences, and to the intelligence of the actors. It is the people themselves who define the phenomena that affect them, and what concerns them. Their experiences intersect, and sometimes even differ. Within the framework of this research, each person allows him- or herself to question the situations by confronting complexity and doubt together. What can be done? How to prevent violence? And finally, how can we live together in harmony within shelters? Our process is not yet complete, but there is no doubt that it will open up as many new questions as answers, questions that will still have to be explored using new methods to be invented. As underlined by D. Cefai et al. (2015), "pragmatism is inseparable from a reflexive work that simultaneously brings out social facts, investigation methods and ideas to be analysed. Data, methods, and analysis are meant to deepen each other". The author goes on to argue that pragmatist thinking develops a different relationship to the social sciences: "provisional and fallible", they are continually "challenged by the progress of scientific enquiry, the transformation of social processes, and individual and collective creativity" (Ibid.). By supporting the expression of points of view, the appreciation and collective construction of new knowledge, the approach we have chosen thus suggests a reflection on the conditions of production of knowledge in the service of action, in social work research.

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Work-Related Factors, Physical and Mental Health of Ukrainian Female Domestic and Care Workers in Italy[1]

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Abstract

OBJECTIVES: The aim of this article is to examine the mental health of Ukrainian migrant women domestic and care workers in Italy. THEORETICAL BASE: Work-related factors, specifically, type of work, place of living, job satisfaction, duration of working, as well as health status are associated with mental health among migrant workers in other countries. METHODS: The sample consisted of 200 Ukrainian women working in cleaning and personal care services in Italy. All the variables were assessed using a self-administered survey with well-being measured by the Mental Health Continuum Short Form (MHC-SF), the Satisfaction with Life Scale (SWLS) and distress measured by the Brief Symptom Inventory–18 (BSI-18). Pearson Chi-square tests and Multivariate Analysis of Variance were used to explore the associations and comparisons between the variables. OUTCOMES: Significant differences were shown in groups of Ukrainian female domestic and care workers in Italy in the association with the work-related factors and health status. The findings revealed that the domestic and care workers are vulnerable in terms of psychological distress, their work leaves a negative impact on their emotional, social and psychological well-being. SOCIAL WORK IMPLICATIONS: These findings can help professionals develop specific support and self-help strategies as interventions to improve domestic and care workers mental health and well-being.

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INTRODUCTION

Historically, Italy was a country of external migration, from where Italians emigrated to the countries of Northern Europe, USA, and Australia. The 80s symbolize the transformation of Italy from a country of emigration to a country of immigration. In the 1980s and 1990s, Italy became an important destination for migrants coming not only from Asia, Middle East, North Africa, the former Yugoslavia, and Albania, but also for Eastern European migrants: Romanians, Poles, Moldovans, and Ukrainians. According to the XXVI ISMU Migration Report (Fondazione ISMU, 2020), there were about 5.9 million legal immigrants in Italy (slightly less than one foreigner for every 10 inhabitants), and the number of foreign workers exceeded 2.5 million. It was estimated that 239,424 Ukrainians lived in Italy, and about 75% of them were women (ISTAT, 2019). They moved to Italy in search of work in order to support family left behind. Domestic and care work has become a major area of employment for migrant women in Italy (Näre, 2007; Islam et al., 2016). This particular type of work requires appropriate physical strength and personal maturity, which employers often associate more with mature, trustworthy women. Ukrainian women, mostly between the ages of forty and sixty, fit perfectly into the required profile of geriatric caregiver (Fedyuk, 2011:50).

Marchetti and Venturini (2013) point to a significant difference between domestic and care work, which is the distinction between live-in and live-out jobs. Live-in job is viewed as a very high-stress profession. It usually corresponds to full-time supervising and sometimes 24-hours monitoring of the elderly, disabled, or mentally ill persons for whom the women care. Live-in caregivers are completely absorbed in the family life of the person they assist, they often complain about the lack of confidentiality and psychological pressure (Montanari, Staniscia, 2011; Carlos, Wilson, 2018; Vahabi et al., 2018). This situation can be described as "voluntary slavery", as women sacrifice their own physical health and happiness in order to improve the difficult financial situation of their families. At the same time, live-in jobs can be quite comfortable for women, since living in the employer's house allows them to save money on accommodation and food, which they usually send to their families (Boccagni, Ambrosini, 2012; Bauleo et al., 2018).

Live-out work is generally more diverse than live-in work. It usually involves hourly cleaning or care for the elderly or sick, but during the day or several hours a day. In terms of income, live-out work is less profitable and more costly than live-in work, as migrant women are forced to pay for their own accommodation, food, and transport. On the other hand, live-out work has certain advantages. Separate accommodation provides an opportunity not only to reunite with their families, but also to start a "new life" in Italy. Women develop other interests, including cultural and social activities, which expands their circle of local acquaintances. Some women even start dating Italians, thus arranging their private lives (Montanari, Staniscia, 2009; Vianello, 2016). Women who choose live-out work are usually younger and immigrated in their thirties. They are brave enough to give up the live-in job and start living apart from the workplace. However, Ukrainian women tend to stay in live-in employment for the duration of their residence in Italy and intend to remit as much as they can in order to help their grown-up children to study, buy houses and start their own families (Marchetti, Venturini, 2013).

In general, domestic and care work is viewed as a highly stressful profession. The stress and emotional demands associated with this profession can lead not only to dissatisfaction with the job, but also to deteriorating physical and mental health.

PHYSICAL AND MENTAL HEALTH OF DOMESTIC AND CARE WORKERS

Work is an important determinant of health. A number of literature documents the negative physical health consequences of migrant domestic worker lifestyle (Anjara et al., 2017; Bauleo et al., 2018; Carlos, Wilson, 2018). Vahabi, Wong and Lofters (2018) studied self-reported

health status of migrant women caregivers in Canada. They found that women's physical health declined significantly since their arrival to Canada: almost half of the immigrants experienced a deterioration in their health; moreover, a fifth part of the participants assessed their health as poor. Despite being relatively healthy (only a small number of women reported chronic diseases) the variety of negative physical symptoms in women increased. Similarly, the cross-sectional study in domestic employees in Argentina indicated a very high prevalence of poor self-perceived general as well as mental health (Bauleo et al., 2018). Physical health problems significantly increase the risk of developing mental health problems (Zhong et al., 2015). Previous cross-sectional studies (Fernández-Ballesteros et al., 2001; Ryff et al., 2004; Pressman et al., 2013; Chanfreau et al., 2014; Kansky, Diener, 2017) indicated significant correlations between health and subjective well-being. Physically healthy people tend to report better subjective well-being: that is, those who are in good physical shape without illness and medical complications will report greater overall satisfaction with their lives.

Research (Marin, Mancini, 2017; Mucci et al., 2019) indicate that migrant domestic and care workers may suffer from mental health problems. A cross-sectional survey of domestic migrant women in Singapore showed a relatively good overall quality of migrants' life, however more than half of them reported distress (Anjara et al., 2017). The situation is usually worse among live-in caregivers who are considered among the most vulnerable and marginalized groups of workers. Recent findings (Vahabi et al., 2018) showed that live-in caregivers in Canada presented poor mental health with high level of distress, many of whom rated their mental health such that it has worsened after arriving to Canada. It was presented that living and working conditions have negative effect on workers mental health. Other research (Ogawa, 2018) reported working hours as risk factor for mental health. According to Vahabi (2018) the average depression score was higher among those caregivers who worked more than 40 h/week without days off. Research indicate that the duration of migration was also associated with poorer mental health (Mucci et al., 2019; Chung, Mak, 2020). Work duration of migrant workers showed a negative association with physical health, social functioning, emotional and mental health.

Support network, community connectedness and sense of belonging have been reported as protective factors against stress (Kawachi, Berkman, 2001). Vahabi et al. (2018) stated that friends and family were the main source of support for approximately 70% of caregivers with whom they could share personal problems during a crisis. Research (du Plooy et al., 2019) demonstrated that flourishing was positively associated with high support from all sources. It has been shown that migrants who report high levels of emotional support tend to report better mental health, fewer symptoms of depression and/or anxiety, and better overall well-being. Bauleo et al. (2018) found that live-out workers were more likely to receive emotional support than live-in domestic workers at the workplace. They hypothesized that living with the employer's family around-the-clock makes workers feel less supported than only working a few hours per day.

MENTAL HEALTH AND JOB SATISFACTION

Mental health has long been described as the absence of psychopathology. Today, the WHO (2004) focuses on mental health as a positive state that is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". At the heart of this concept are the following key components, which together constitute mental health: well-being and effective functioning in both personal and social life. This definition is based on two main theoretical perspectives that focus on the question what makes people feel good and happy: the hedonic approach relates to immediate sensory pleasure and feelings of happiness, whereas the eudaimonic approach relates to the fullest functioning of a person in individual and social life (Waterman, 1993; Keyes, 1998). Taking both the hedonic and the eudaimonic approaches into

account, positive mental health can be defined as the presence of emotional (feeling good and satisfied), psychological (well- functioning at both intrapersonal and interpersonal levels), and social (self-assessment and functioning in society) well-being (Keyes, 2002), in accordance with the definition of the WHO.

Keyes affirms that the mental health continuum consists of complete and incomplete mental health. "Adults with complete mental health are flourishing in life with high levels of well-being. To be flourishing, then, is to be filled with positive emotion and to be functioning well psychologically and socially. Adults with incomplete mental health are languishing in life with low well-being. Thus, languishing may be conceived of as emptiness and stagnation, constituting a life of quiet despair that parallels accounts of individuals who describe themselves and life as "hollow", "empty", "a shell", and "a void" (Keyes, 2002:607).

Adults diagnosed as flourishing are functioning superior to all others in terms of reporting the fewest workdays missed, fewest workdays cutback by one-half, and the highest level of psychosocial functioning and work productivity. The experience of mental well-being at work is very significant as it leads to many positive consequences (Khumalo et al., 2012; McDaniel, Keyes, 2012; Capone, Petrillo, 2020).

In Western countries, most adults spend much time at work. Regarding the context of well-being, studies found a significant positive relationship between job satisfaction and subjective well-being (Faragher et al., 2005; Bowling et al., 2010; Kansky, Diener, 2017), as well as psychological and social well-being (Capone et al., 2013). Job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences (Locke, 1969). A recent study (Sousa-Poza, Sousa-Poza, 2000) found that the most important determinants of job satisfaction are whether an employee finds his job interesting, has good relationships with employers and colleagues, has sufficient income, can be independent, and has career opportunities. It was also found that employees who are satisfied with their work could transfer these feelings to other areas of life (Capone, Petrillo, 2020). Those more satisfied with their work are less likely to change jobs (Porter et al., 1974). Employees dissatisfied with their work do not always change it, even if they declare such intentions; they often show unreliable work ethic in the workplace, as well as inappropriate behaviour towards others (Spector, 1997).

Job satisfaction is an important factor in worker's mental health. Many studies (Faragher et al., 2005; Chou, Robert, 2008; Allan et al., 2018) have found a close link between mental health and job satisfaction; specifically, job dissatisfaction was strongly related to depression and stress. Other investigations (Lee et al., 2009; Marouskova, Seitl, 2014) showed that people who experienced higher psychological distress in the workplace tended to have lower job satisfaction ratings; similar results were obtained on a sample of domestic and care workers (Engstrom, Wadensten, 2010; Marková et al., 2020). Furthermore, the relations between meaningful work and both anxiety and stress were moderated by job satisfaction. Specifically, only people perceiving their work as meaningful and satisfying reported less anxiety and stress (Allan et al., 2018).

Previous studies have suggested that work-related factors, specifically type of work, place of living, job satisfaction, duration of working, as well as health status are associated with mental health among migrant workers in other countries. Though migrant workers may be at increased risk of poor mental health, there is a lack of empirical research on the domestic and care workers, specifically from the Eastern-European countries.

OBJECTIVES

An exploratory study is undertaken in order to examine the mental health of Ukrainian migrant women domestic and care workers in Italy in association with the work-related factors and health status. The results of this study may help to prepare appropriate future interventions to improve the mental health of foreign domestic and care workers.

Related to the aim of the study, the following research questions were formulated:
1. Are there any differences in psychological distress between the migrant women who are satisfied/dissatisfied with the work?
2. Are there any differences in mental health in groups of Ukrainian migrant women with different health status and place of living?
3. Are there any differences in terms of mental health categories (flourishing, moderate mental health, and languishing) between Ukrainian migrant women with different type of work (domestic and care service), time spent abroad and satisfaction with the work?

Based on prior research, next hypotheses were defined for this study:
- **(H1)** The migrant women dissatisfied with their job will report higher rates of the psychological distress and lower level of well-being as compared to those who are satisfied.
- **(H2)** The migrant women with the worst health status will report higher distress and lower indices of well-being.
- **(H3)** The female caregivers will present lower levels of well-being then women working in cleaning service, in particular live-in workers will report a higher level of psychological distress compared to live-out workers.
- **(H4)** The long-term working migrant women will be more vulnerable in terms of well-being.

Sample of respondents and their socio-demographic characteristics
This cross-sectional study was carried-out from November to February 2018–2019 in Northern Italy. The purposive sample contained 200 Ukrainian female migrant workers. The inclusion criteria were as follows: working as a domestic worker or a caregiver. Women were recruited in parks and other public spaces, where they spent their free time. Parks and squares, due to their accessibility and openness, have become an important place for meetings of Ukrainian women with their compatriots (Fedyuk, 2011:159). A snowball technique was applied to women who lived separately with their families or compatriots. As it turned out, they had a different lifestyle that did not involve visiting parks and other public places. Research participants whom we randomly met in public places referred other women to this study. Next, we contacted all potential participants and arranged to meet at a location convenient for them. All women completed the battery of questionnaires in the presence of a Ukrainian-speaking researcher in order to answer the questions if necessary.
Respondents' age ranged from 31 to 79 (M = 37.50, SD = 8.9), the majority of them (68.5%) were middle-aged women (46–60 years), 10% were young (30–45 years), and 21.5% were older (61 and more years). Most women were from Western Ukraine. 43.5% of the participants were married (9.5% of them were married to Italians), 23.5% were separated or divorced, and 33% were widows. Nearly all of them had dependent family members in their country of origin: children, parents, or a spouse. 62% of women considered it necessary to visit their homeland every year.
Their level of education was quite high, ranging from a lower school certificate to a university degree. 27.5% of the participants had a lower school education; 51% had a secondary school education; and 21.5% had a high education. The majority (85.5%) of the participants worked as caregivers, while 14.5% worked in cleaning service (they were considered as those who worked in domestic service). Of the respondents, 11% worked up to four years, 14.5% – from five to nine years, 27.5% – from ten to fourteen years, and 47% – fifteen and more years. Most of the women were mainly live-in workers (78%); others were live-out workers, who rented apartment with women compatriots (8.5%) or lived with the family (13.5%).

METHODS OF DATA COLLECTION

The interview guide included two main components. The first assessed questions concerning job satisfaction and self-reported health evaluation. Participants were asked about their current satisfaction with the job and whether they would like to change it; they were also asked how they evaluated their physical health in Italy: whether they felt their health had changed (worsened/ has not changed/has improved) after work migration. The second included mental health outcome measures that were divided into those evaluating psychological distress and well-being to explore more thoroughly basic levels of mental health than could be demonstrated by a single indicator. The respondents were assessed with the following self-reported instruments:

Mental Health Continuum Short Form (MHC-SF). The MHC-SF is a 14-item self-reported questionnaire designed by Keyes (2009) to measure emotional, psychological, and social well-being. According to Keyes, people can be classified as flourishing or *languishing*. To be diagnosed with flourishing mental health, individuals must experience "every day" or "almost every day" at least one of the three signs of hedonic well-being and at least six of the eleven signs of positive functioning during the past month. Individuals who exhibit low levels (i.e., "never" or "once or twice" during the past month) on at least one measure of hedonic well-being and low levels on at least six measures of positive functioning are diagnosed with languishing mental health. Individuals who do not fit the criteria for flourishing or languishing are categorized as moderately mentally healthy. Cronbach's alpha coefficient of this study was 0.79.

Satisfaction with Life Scale (SWLS). The SWLS is a short 5-item instrument designed by Diener et al. (1985) to measure global cognitive judgments of satisfaction with one's life. The SWLS is a 7-point Likert-style response scale. The possible range of scores is 5–35, with a score of 20 representing a neutral point on the scale. Scores between 5–9 indicate the respondent is extremely dissatisfied with life, whereas scores between 31–35 indicate the respondent is extremely satisfied. Cronbach's alpha coefficient from the sample of this study was 0.84.v

Brief Symptom Inventory–18 (BSI-18). The BSI-18 was constructed by Derogatis (2000) to measure general psychological distress. The scales include the three six-item scales, which are somatization, anxiety, and depression. The Global Severity Index GSI score is the sum of the scores for the three subscales. The questionnaire consists of 18 descriptions of physical and emotional complaints; respondents are asked to indicate on a scale from 0 (not at all) through 4 (very much) to what extent they are troubled by the complaints. The GSI therefore ranges between 0–72 and the three scales between 0–24. In the present sample, the reliability coefficients of the scales were very high with Cronbach's alphas of 0.90.

Data analysis

The study protocol received ethical approval from the Ethical Committee of Bologna University (Feb 2019, protocol no. 17685). All women who agreed to participate in the research were asked to sign a written informed consent form. Descriptive statistics were used to describe the characteristics of the sample. Data were described by using mean (SD) or n (%) depending on variable type. Pearson Chi-square tests were employed to explore the associations between the variables. Between groups comparisons were calculated using Multivariate Analysis of Variance. Post-hoc pairwise comparisons were performed using Tukey's Honestly Significant Difference (HSD) method. The partial eta-squared as a measure of effect size was calculated considering value of 0.1 as a large effect, a value of 0.04 as a medium effect and a value of 0.01 as a small effect (Huberty, 2002). The significance level was set at $p<0.05$, $p<0.01$, $p<0.001$. The statistical program SPSS version 25.0 was used for the data analysis.

RESULTS

Differences in Distress among Ukrainian migrant women satisfied/dissatisfied with the work and those who want to change/do not want to change jobs

The results showed that a significant number of women (39%) are dissatisfied with the work and would like to change it (37.5%) (Table 1). According to the analysis, an increase in GSI, somatization, depression and anxiety almost doubled in the group of women dissatisfied with the work compared to those who are satisfied. At the same time, women who wanted to change job reported statistically significant higher scores on GSI ($p < 0.001$), somatization ($p < 0.01$), depression ($p < 0.001$) and anxiety ($p < 0.001$), when compared to women who didn't want.

Table 1: Differences in Distress among Ukrainian migrant women satisfied/dissatisfied with the job and women, who want to change/do not want to change job

	Satisfied with the job (n=122, 61%)	Dissatisfied with the job (n= 78, 39%)	p	Desire to change job (n=75, 37.5%)	No desire to change job (n=125, 62.5%)	p
	M (SD)	M (SD)	–	M (SD)	M (SD)	–
GSI	9.1 (7.7)	17.9 (12.3)	p=0.001	16.4 (12.8)	10.2 (8.3)	p=0.001
Somatization	3.2 (3.6)	6.6 (5.7)	p=0.001	5.9 (5.6)	3.7 (4.0)	p=0.01
Depression	2.9 (2.7)	6.0 (3.8)	p=0.001	5.4 (4.0)	3.3 (2.9)	p=0.001
Anxiety	2.9 (3.3)	5.3 (4.2)	p=0.001	5.0 (4.4)	3.1 (3.2)	p=0.001

Differences in Mental Health Continuum, Life Satisfaction, and Distress among Ukrainian migrant women with different health status and place of living

The differences in mental health continuum scales, life satisfaction, psychological distress among Ukrainian migrant women with different health status and place of living are presented in Table 2. As for the evaluation of the physical health, 51% (n = 102) of participants reported overall good physical health. When women were asked if they felt changes in their health after work migration, almost 32% (n = 63) reported that their health remained in the same state, 49% (n = 98) perceived a decline in health status, and almost 20% (n = 39) stated that their health improved. A one-way MANOVA revealed a significant multivariate main effect for groups of women with different health status (Wilks' Lambda = .511, $F_{(30,000)}$ = 4,864, $p < 0.001$, partial eta squared= 0,285). The univariate main effects were examined and significant univariate effects for groups of women with different health status were found to have emotional well-being ($F_{2.197}$= 22.5, $p< 0.001$), social well-being ($F_{2.197}$= 9.2, $p< 0.001$), psychological well-being ($F_{2.197}$= 13.92, $p< 0.001$), overall mental health continuum score ($F_{2.197}$= 26.7, $p< 0.001$), life satisfaction ($F_{2.197}$= 17.37, $p< 0.001$), GSI ($F_{2.197}$= 26.23, $p< 0.001$), somatization ($F_{2.197}$= 29.85, $p< 0.001$), depression ($F_{2.197}$= 14.81, $p< 0.001$), and anxiety ($F_{2.197}$= 14.38, $p< 0.001$).

Table 2: Differences in Mental Health Continuum, Life Satisfaction, Distress among Ukrainian migrant women with different health status (n=200)

	Worse health (n=98)	Better health (n=39)	No changes in health (n=63)	F	Partial Eta Square
	M (SD)	M (SD)	M (SD)		
MHC-SF					
Emotional well-being	5.6 (4.1)	10.0(3.1)	8.9 (4.4)	22.5***	0.186
Social well-being	8.5 (2.7)	10.5 (2.4)	9.4 (2.2)	9.2***	0.085
Psychological well-being	17.7 (4.6)	21.41 (3.5)	20.6 (4.4)	13.92***	0.124
Total	31.8 (8.9)	41.9 (6.6)	38.9 (8.1)	26.7***	0.213
SWLS					
Life Satisfaction	16.8 (7.4)	24.0 (6.1)	21.4 (7.0)	17.37***	0.15
BSI-18					
GSI	17.5 (11.2)	6.7 (5.5)	8.4 (8.6)	26.23***	0.21
Somatization	6.9 (5.2)	2.1 (2.7)	2.4 (3.1)	29.85***	0.233
Depression	5.4 (3.5)	2.4 (2.3)	3.2 (3.4)	14.81***	0.131
Anxiety	5.2 (3.9)	2.3 (2.6)	2.7 (3.5)	14.38***	0.127

Note: *statistically significant different at post-hoc comparisons at the $p<0.05$ level; **statistically significant different at post-hoc comparisons at the $p<0,01$; ***statistically significant different at post-hoc comparisons at the $p<0.001$

At post-hoc analysis, women with worse physical health reported statistically significant lower scores on emotional, social, and psychological well-being, overall mental health continuum score and life satisfaction compared to women who reported better health status or no changes in physical health (see Table 2). Women with worse physical health also reported significantly higher scores compared to others on somatization, depression, anxiety, and GSI, indicating great psychological distress.

A one-way MANOVA revealed a significant multivariate main effect for groups of women with a different place of living (Wilks' Lambda = .646, $F_{(30,000)}$ = 2,977, $p < 0.001$, partial eta squared= 0,196) (Table 3). The univariate main effects were examined and significant univariate effects for groups of migrant women with different place of living were found in emotional well-being ($F_{2.197}$= 12.81, $p< 0.001$), psychological well-being ($F_{2.197}$= 5.25, $p< 0.01$), overall mental health continuum score ($F_{2.197}$= 8.96, $p< 0.001$), life satisfaction ($F_{2.197}$= 6.93, $p< 0.001$), GSI ($F_{2.197}$= 3.8, $p< 0.05$), depression ($F_{2.197}$= 4.17, $p< 0.05$), and anxiety ($F_{2.197}$= 3.08, $p< 0.05$).

Table 3: Differences in Mental Health Continuum, Life Satisfaction, Distress among Ukrainian migrant women with different place of living (n=200)

	Live-in workers (n=156)	Women living with co-workers (n=17)	Women living with family (n=27)	F	Partial Eta Square
	M (SD)	M (SD)	M (SD)	-	-
MHC-SF					
Emotional well-being	6.8 (4.3)	7.3 (3.7)	11.3 (3.6)	12.81***	0.115
Social well-being	9.3 (2.5)	7.9 (2.7)	9.5 (2.9)	2.44	0.024
Psychological well-being	18.9 (4.4)	19.2 (5.0)	22.0 (5.0)	5.25**	0.051
Total	35.0 (8.6)	34.5 (9.6)	42.7 (10.2)	8.96***	0.083
SWLS					
Life Satisfaction	19.1 (7.7)	17.5 (4.5)	24.4 (6.7)	6.93***	0.066
BSI-18					
GSI	12.9 (10.2)	16.6 (11.1)	8.0 (12.0)	3.8*	0.037
Somatization	4.7 (4.8)	5.8 (4.2)	2.8 (4.6)	2.46	0.024
Depression	4.3 (3.2)	5.1 (4.7)	2.4 (3.7)	4.17*	0.041
Anxiety	3.8 (3.6)	5.7 (4.3)	2.8 (4.2)	3.08*	0.03

Note: * statistically significant different at post-hoc comparisons at the $p<0.05$ level; **statistically significant different at post-hoc comparisons at the $p<0,01$; ***statistically significant different at post-hoc comparisons at the $p<0.001$

In post-hoc analysis (Table 3), women live-in workers reported statistically significant lower scores on emotional well-being, psychological well-being, overall mental health continuum score, and life satisfaction compared to women living with their families. They have statistically significant higher scores on depression, anxiety, and GSI compared to women living with their families. There are no statistically significant differences between groups of live-in women and women living with other co-workers. However, women living with their families reported statistically significant higher scores on emotional well-being, overall mental health continuum score, life satisfaction, and statistically significant lower scores on all scales of BSI method compared to women living with other co-workers.

Mental health categories and association with type of work, duration of working and satisfaction with work
In order to explore the association between mental health categories and type of work, duration of working, and satisfaction with the work, cross-classifications were performed (see Table 4).

Table 4: Mental Health Categories and association with type of work, duration of working and satisfaction with the work

	Languishing	Moderately Mentally healthy	Flourishing	Total	Chi-square*	df, p
	N, %	N, %	N, %	–	–	–
Type of job						
Caregiving	24(14%)	99(57.9%)	48(28.1%)	171(85.5%)	–	2 df,
Cleaning service	1(3.4%)	13(44.8%)	15(51.7%)	29(14.5%)	x2=7.38	p=.05
Duration of working						
Up to 4 years	2(9,1%)	9(40.9%)	11(50%)	22(11%)	–	–
5-9 years	2(6.9%)	11(37.9%)	16(55.2%)	29(14.5%)	–	–
10-14 years	10(18.2%)	34(61.8%)	11(20%)	55(27.5%)	–	6 df,
15 and more	11(11.7%)	58(61.7%)	25(26.6%)	94(47%)	x2=16.44	p=.05
Satisfaction with the job						
Satisfied	5(4.1%)	69(56.6%)	48(39.3%)	122(61%)	–	2 df,
Aren't satisfied	20(25.6%)	43(55.1%)	15(19.2%)	78(39%)	x2=23.79	p=.001

Note: *Chi-square analyses of languishing, moderately mentally healthy and flourishing women

According to the type of work, the categorical diagnosis of mental health showed that there are twice as many flourishing women working in cleaning service as among caregivers (51.7% and 28.1%, respectively). Among women caregivers there are much more those who are languishing (14%), in contrast to women working in cleaning service (3.4%). All other women are moderately mentally healthy (x^2=7.38, df = 2, p < 0.05).

As for the length of stay abroad, it should be noted that there are more flourishing women among those who have worked less time, up to 4 years and up to 9 years (50% and 55.2%, respectively), the lowest level of mental health (languishing) is observed in women working from 5 to 9 years (6.9%). Conversely, among women who worked for more than 10 and 15 years, there were less flourishing women (20% and 26.6%, respectively) and the largest number of languishing women (18.2% and 11.7%, respectively) (x2 = 16.44, df = 6, p <0.05).

Research on satisfaction with work was conducted for categories of women who are satisfied/dissatisfied with the work. According to the results, the majority of women (61%) are satisfied with the job. The results showed that women satisfied with the work were either moderately mentally healthy (56.6%) or flourishing (39.3%). Only a few women were languishing (4.1%).

The situation is completely different with the women dissatisfied with the work; a significant number of them were languishing (25.6%). Although there are flourishing women among them, they are half as many as among those who are satisfied with their work (x2 = 23.79, df = 2, p <0.001).

DISCUSSION

The present study was an attempt to investigate psychological distress and positive mental health of Ukrainian migrant women domestic and care workers in Italy in association with the work-related factors and health status. The results of this study reveal that migrant women dissatisfied with the

work had higher rates of the psychological distress and lower level of well-being as compared to those who are satisfied (H1). This was expected since people satisfied with the work are more likely to have lower distress (Faragher et al., 2005) and present better well-being (Kansky, Diener, 2017). In the present study domestic and care workers who were dissatisfied with the work and wanted to change it have shown an increased risk of deteriorating mental health in terms of depression, anxiety, and somatization. This finding is consistent with the previous studies that found an association between lack of job satisfaction and high levels of distress in the sample of migrants, in particular among Romanian immigrants in Italy (Marin, Mancini, 2017) and Filipino immigrants in the United States (de Castro et al., 2008). In this research, women dissatisfied with the work were supposed to be more languishing than those who were satisfied. This finding confirmed the Keyes (2002) three-categories diagnosis of mental health. According to Keyes, flourishing workers performed better than languishing workers or those with moderate mental health. Flourishing is positively correlated with desirable outcomes such as low depression and job satisfaction. These results also point out a perspective line for future positive mental health research with domestic and care migrant workers. As far as is known, this is the first study that, following the Keyes (2005) classification, estimated the prevalence of positive mental health in migrant female domestic and care workers in the association with job satisfaction. The results of this study indicate the significance of job satisfaction for migrant domestic and care workers, otherwise they are at high risk of deteriorating mental health. A better understanding of the relationship between job satisfaction and distress in domestic and care workers may suggest further ways to improve their living and working conditions.

It was found that the domestic and care workers with the worst health status had higher distress and lower indices of well-being (H2). In this study, the health status of 49% of women worsened after the start of work migration. This is consistent with recent Canadian and Chinese studies. Results of in-depth interviews of Filipina caregivers working in Canada revealed that the health has worsened in forty-three percent of women. Participants reported four key characteristics of their employment as live-in caregivers perceived to affect their health: work responsibilities, long work hours, living-in, and separation from family living in the Philippines (Carlos, Wilson, 2018). Similar, other research (Vahabi et al., 2018) confirmed the healthy immigrant effect among migrant workers. Pre-departure medical screening indicated relatively good health of migrant workers; however, their health status declined during their staying in Canada. Chung and Mak (2020) also focused on the poorer physical and mental health among migrant domestic workers when compared with the general population in Hong Kong. In general, the above studies as well as others (Pinquart, Sörensen, 2007; Petrini et al., 2019) indicated that the health problems of migrant domestic and care workers after migration are strongly influenced by the various social determinants. In particular, they are directly related to working and living conditions and low levels of informal support. Islam and Cojocaru (2015) pointed to a number of abuses in the workplace of domestic workers, which include the length of the working day, and such abuses occur in both European (Italy) and Asian (Singapore) countries. Since most Ukrainian women domestic and care workers choose live-in work, which requires a twenty-four-hour watch for care-receivers, it is not surprising that prolonged stress and long lasting load along with the lack of support network eventually lead to a deterioration in both physical and mental health.

This study confirms previous isolated findings documenting an association between physical status and mental health of migrants. Zhong et al., in 2015, interviewed over 3000 migrant workers; they found that poorer self-perceived physical health, as well as worse living conditions and having done many jobs affects long term mental distress. Similarly, a study of Mexican Americans found that chronic health conditions were related to depression (Black et al., 1998). Evidence supporting the relationship between physical health and the positive aspects of mental health (Kansky, Diener, 2017) suggests that domestic and care workers may be at increased risk of deteriorating emotional well-being. The present results confirmed the assumption that Ukrainian women migrant workers with poor physical health also had poor emotional, social, and psychological well-being.

The female caregivers presented lower well-being then women working in cleaning services; in particular, live-in workers reported worse mental health compared to live-out workers (H3). In this study, half of the women working in cleaning services were flourishing (51.7%), which is twice as many as female caregivers (28.1%). This may be due to the fact that most of Ukrainian women working in cleaning services are young; the relationship between age and well-being of women migrant workers was discussed in detail in previous work (Shelemei, Ruini, 2023). They live outside the home where they work, some of them living with their own families and some rent apartments with the compatriots. Thanks to the freedom gained, women have the opportunity to create their own well-being in Italy, as mentioned above. Having free time allows women to expand and enrich their support network: they begin to communicate not only with other Ukrainian women, but also with Italian acquaintances, including employers, even if these relationships are hierarchical (Vianello, 2016). Thus, the need for the necessary emotional support is met, which obviously affects the feeling of psychological well-being. On the contrary, most female caregivers were lived-in workers (78%). Our findings showed that live-in caregivers' workstyle negatively affects their mental health. Female live-in workers reported poor emotional and psychological well-being, presented lower life satisfaction and higher rates on depression, anxiety and GSI compared to women living with their families. The findings of the present study were supported by the previous study. In Lee et al. (2020) research live-in caregivers reported both greater depression and lower life satisfaction compared to non-residential community-based or institutional caregivers. According to the authors, there are several reasons why caregivers face the greatest risk of negative psychological outcomes. First, live-in caregivers provide care that is longer and more extensive, and secondly, these workers have more limited leisure opportunities than non-residential communities or institutional caregivers. In previous research (Maksymenko et al., 2021) it was found that a significant negative influence of occupational stress on employees' mental health, in particular, excessive workload caused emotional exhaustion. Another important finding is that women living with their families reported higher levels of emotional well-being, overall mental health continuum score, life satisfaction and lower scores on somatization, depression, anxiety and GSI compared to women living with other co-workers. Traditionally, the family is an important characteristic of Ukrainian culture, thus living with a family can guarantee emotional support during difficult processes of adaptation and acculturation in a foreign country, and therefore a better mental health.

Finally, focusing on the duration of work, it was found that long-term working migrant women were more vulnerable in terms of well-being (H4). Among those women who worked less than nine years were more flourishing individuals. The situation changed sharply as soon as women worked for more than 10 years; there were already half as many flourishing women. It is difficult to explain why the duration of stay abroad has a negative impact on women's well-being, as women have already successfully adapted to a new life. One of the reasons why Ukrainian migrants who have been working abroad for a long time feel themselves disadvantaged is risk of alienation. Due to the long absence of the women, the relationships with the loved ones deteriorate; women face betrayal and divorce. At the same time, their return home usually takes place when their children have grown up, started their own families and settled outside their parents' home, which further strengthens isolation (Marchetti, Venturini, 2013). Unfortunately, these data are not enough to explain this finding. Future research is needed to provide more insight into the relationship between work duration of migrants and their well-being.

STUDY LIMITATIONS

As any other study, the present one has its limitations. One of them may be that the study was conducted only on Ukrainian women in one region, so future studies should cover more cities in Italy in order to make the results more generalized. A cross cultural comparable study can also

be conducted to see the differences in terms of mental health of other Eastern European women domestic and care workers, including Romanians and Poles. With regard to the findings on the relationship between job satisfaction and women's physical and mental health, this observation should be treated with caution, as subjective evaluation of job satisfaction and health status was assessed using an invalidated author's questionnaire, which could potentially limit it reliability. Another limitation may be the different sizes of the generational groups, in particular, the smaller number of women living with compatriots and family. As for the lower number of these women, it may have been due to the fact that they are much more difficult to recruit; they do not gather in parks and other public places, their behaviour is more individualistic and independent. However, the aim of this study was not a generalization for all domestic and care workers, but rather a desire to understand the link between migrants' place of residence and mental health. Finally, the physical and mental health of female domestic and care workers was examined before the Covid-19 crisis. Studying of negative outcomes of mental health during a pandemic could provide a more holistic picture of the well-being of female migrant workers.

SOCIAL WORK IMPLICATIONS

In the Global Compact for Migration (2018), the attention of states and civil society, and therefore of social work as an institution of such a society, is directed at reducing risks and eliminating the vulnerability factors that migrants face at various stages of migration, as well as providing them with assistance. Social workers help migrants implement an important part of integration measures in the areas of housing, employment, health care, social system, etc. (Dohnalová, 2021). Their contribution to the well-being of migrants can be quite significant, despite the fact that their work is often underestimated, and can even cause a negative attitude from society (Zogata-Kusz, 2021). Working with migrants, a social worker expands the scope of his competence, performing at the same time individual, family, group, community work and social-administrative planning. Social protection provided by social workers can contribute to a higher level of job satisfaction of migrants. Regarding female migrant caregivers and domestic workers in Italy, no information was found how social support is provided. At the same time, the literature (McCallion et al., 1994; Muller-Kluits, Slabbert, 2021) indicates that social workers play an important role in the lives of family caregivers. Social workers interact with family caregivers of older adults through the networks of aging and health services, mental/behavioural health and long-term care, worker assistance programs, residential programs, and veterans' services. Social workers in individual work with migrants use various methods to improve the well-being of family caregivers: psychological, psychotherapeutic, psychoanalytic, sociometric, medical-social, consulting, and legal methods.

The present study provides insight into how job satisfaction, type of work (live-in or live-out work), negative changes in health affect the mental health and well-being of migrant women domestic and care workers, thereby attracting the attention of social services. The results of the study can be used by social workers in assessing the state of physical, mental and social health of migrants. With the help of special questionnaires or surveys, social workers can monitor the signs of caregiver burnout to prevent an increase in stress levels. To protect women from the negative effects of emotionally draining work, the social worker can develop certain support and self-help strategies as tools to help vulnerable workers take better care of their own mental health and well-being. At the same time, the results of the study can be useful in the development of an information package on the mental health preservation, as well as on the specifics of caring for elderly disabled or mentally ill persons, which may be provided as part of the support of caregivers through psychoeducational programs. Social workers can organize support groups for caregivers and domestic workers where women can share their concerns about their work (Shelemei, Volodarska, 2021). Talking to other people who are going through similar experiences can be helpful. In such support groups, the social worker also plays an important role. Being able

to discuss problems with someone who is genuinely concerned and willing to listen and help can be therapeutic in itself. Moreover, if necessary, social workers will be able to provide appropriate support through formal or informal systems. Occupational health professionals can contribute to increasing the well-being of female migrant workers through the possibility of counselling women with psychological problems, regarding the critical assessment of their workload, and further improving their work efficiency and helping them find ways to get satisfaction from their work.

CONCLUSION

This study was conducted to examine mental health of Ukrainian female domestic and care workers in Italy in association with the work-related factors and health status. The findings revealed that the domestic and care workers may be vulnerable in terms of psychological distress, and their work leaves a negative impact on their emotional, social and psychological well-being. The results of the study are science-intensive, extremely important, and can be used to inform about changes in the health of migrant women. These findings can help professionals develop specific support and self-help strategies as interventions to improve domestic and care workers mental health and well-being.

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Social Maladaptation of Teenagers with HIV Through Discontinuation of Antiretroviral Therapy[1]

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Abstract

OBJECTIVES: The aim of this article is to identify the causes of antiretroviral therapy (ART) interruption by teenagers and to determine preventive solutions. THEORETICAL BASE: The article is theoretically based on international and Ukrainian studies of adherence to ART formation. METHODS: HIV-positive young men and girls aged 14-19 years took part in the survey. The data were collected by defining focus groups and a Google-form questionnaire. OUTCOMES: It was found that ART influences self-perception, behaviour, communication, life-style and identity of a teenager living with HIV, thus affecting the context of their socialization. The factors that lead to discontinuation of ART by adolescents (inconvenient treatment plans, side effects, non-acceptance of diagnosis and restrictions, incomplete information on ART and unreliable sources of such information, conflicts with parents and stigmatization of children living with HIV) were identified. SOCIAL WORK IMPLICATIONS: Training parents and health care workers to be able to explain to the child the peculiarities of ART; training children in life skills with regard to their HIV status and ART; teaching parents the communication skills to deal with teenagers; setting up support groups for children and their parents; organizing support

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campaigns in communities to counteract stigmatization; providing social services to families of children living with HIV.

Keywords
HIV, teenagers, socialization of children living with HIV, prevention of HIV, antiretroviral therapy (ART), adherence to ART

INTRODUCTION

From the onset of the HIV epidemic in late 1980s until the beginning of 2022, 84.2 million [64–113 million] people have been infected with the HIV virus, and about 40.1 million [33.6–48.6 million] individuals have died of HIV. According to World Health Organization (WHO), globally, around 38.4 million [33.9–43.8 million] people were living with HIV at the end of 2021. Currently, worldwide an estimated 0.7% [0.6-0.8%] of the adult population aged 15–49 years live with HIV (World Health Organization, 2022), although the burden of the epidemic continues to vary considerably between countries and regions.

Ukraine, the largest country in Europe, continues to have one of the highest HIV prevalence in the region of Eastern Europe and Central Asia (EECA) (Skrzat-Klapaczyńska et al., 2022). According to official statistics, for the period from 1987 to April 2022, 341,084 cases of HIV infection among citizens of Ukraine were officially registered in the country, including 114,487 cases of AIDS and 49,751 deaths from diseases associated with AIDS. As of April 1, 2022, 144,206 HIV-infected citizens of Ukraine were under medical supervision in health care institutions (the rate of 382.1 per 100,000 population), including 44,675 patients diagnosed with AIDS (118.4 per 100,000 population) (Public Health Center, 2022). The data from the most recent serological monitoring showed that in 2021 only every second individual living with HIV was aware of their HIV status and was linked to the medical facility (Public Health Center, 2022), and even though the epidemic is mostly driven by injectional drug use (Meteliuk et al., 2020; Sazonova et al., 2020), the prevalence of HIV remains extremely high in blood donors (Tolstanov et al., 2014) and men who have sex with men (Trickey et al., 2021). During 2018, 50 new cases of HIV infection, 24 cases of AIDS, and 9 cases of death from diseases associated with AIDS were registered daily in Ukraine (Public Health Center, 2022). The proportion of children with congenital HIV also remains rather high. As of April 1, 2022, over 4,000 children have been registered as born from HIV-positive women.

Antiretroviral therapy (ART) is the only means of treatment of HIV infection (Aguilar-Company et al., 2022). It involves daily intake of a lifelong combination of medications and is recommended by WHO for every individual living with HIV (Wattanasirikosone, Modnak, 2022). Systematic ART also ensures proper quality of life of people with HIV: their state of health status allows them to not limit themselves in work, leisure time, and interactions. ART not only helps to preserve or even restore people's immunity but also minimizes the risks of infecting others. Unless diagnosed and treated in a timely manner, the condition can severely impair the quality of life of the infected person, leading to AIDS, the phase of HIV-infection where the body of the infected person loses the ability to counteract diseases that present no risk to healthy people. Discontinuation of ART significantly increases the risks for both HIV-infected individuals and their sexual partners.

Over the past five years, Ukraine has made significant progress in the treatment of HIV-positive people. The coverage with ART almost doubled (from 56,000 to 103,000 people), as well as adherence to treatment after 12 or more months from its initiation increased from 69% to 88%. As of April 1, 2022, 103,194 individuals were receiving ART in Ukraine, among whom 2,606 patients are children under 18 years old (Public Health Center, 2022). However, ART will only be effective

if the patients are committed to the treatment, a state in which they are motivated and able to fully adherent to a treatment regimen prescribed by healthcare providers. Poor adherence to ART leads to interruption of treatment, which totally nullifies its positive outcomes and may be associated with individual issues of a person living with HIV (Kim, 2014).

Multiple research shows that children with any chronic illness are prone to be at greater risk for mental health issues, including depression, anxiety, and feelings of isolation (Hein et al., 1995). Children living with HIV have additional risk factors in complexity of their illness and treatment as well as in the adverse psychological outcomes and circumstances. Studies conducted worldwide demonstrate that the prevalence for mental health disorders in children with congenital HIV infection vary from 55% to 61% (Leserman, 2000). The most commonly observed disorders are anxiety followed by attention-deficit hyperactivity disorders, conduct disorders, oppositional defiant disorders, and mood disorders (Mellins et al., 2009). Social work is one of the tools that can form adherence to ART in an individual living with HIV, prevent him/her from interrupting treatment, and provide assistance in overcoming personal issues. Social worker's support while receiving ART helps to accept the diagnosis, find the motivation to take antiretroviral drugs, understand the treatment regimen and align person's lifestyle with the receipt of ART, and get psychological support related to the difficulties with adaptation to life-long treatment. Provision of social services will help to overcome complex life circumstances that may cause mental health problems and thus distract from treatment. However, for this, social workers should possess relevant knowledge on the reasons for ART interrupting as well as have a clear understanding of a mental state of a person living with HIV ready to start ART.

The relevance of the research is supported by the fact that in recent years Ukraine has been leading Europe for the growth rate of the HIV infection, a disease mainly caused by reckless behaviour.

The subject of research

One of the groups of people living with HIV who show the highest risk of ART discontinuation is preadolescent and adolescent age of individuals. Currently, there are a total of 4,000 HIV-positive children registered in medical institutions, 2000 of which are teenagers. Organizations that provide social and health services to such children and their families face high rates of treatment interruptions in children 12–19 years old and do not have efficient means of responding to such cases.

According to the only study conducted in this area in Ukraine, the reasons for interruption of ART by both adults and children are adverse side effects of ART medications, willingness to take a break from their use, disbelief in the effectiveness of ART, lack or unavailability of medications, fear of HIV status disclosure to others, and just forgetfulness (Balakireva et al., 2019). However, during this study, the specific reasons for ART termination specifically among adolescents were not considered.

The research team explored this problem in the context of the socialization of a child living with HIV. Socialization was determined as the process of an individual's entry into society, during which he acquires certain social status, integrates into the system of social relationships, obtains social experience as well as develops social qualities of the individual. It was assumed that interruption of ART among teenagers happens not only due to the peculiarities of their treatment course but also due to general issues of socialization among people of this age and the specific children's reaction to information about their HIV status and the associated restrictions. In turn, interrupting ART can deepen the social maladjustment of a teenager - a condition in which he has limited opportunities to meet needs and development due to aggravation of personal problems and deterioration of physical and mental health.

Research focus

This article aims to identify the causes of ART interruption by adolescents and to come up with preventive measures.

Objectives:
- To reveal specific features of socialization of a child with HIV, related to their HIV status and the need for systematic antiretroviral therapy
- Define the attitude of HIV-positive teenagers to ART and the associated problems
- Identify the factors that cause adolescents to discontinue ART
- Develop recommendations on how to make HIV-positive teenagers more inclined to ART and lower the risk of discontinuation

METHODOLOGY

We suggested combined research implemented in several stages with the use of quantitative and qualitative research methods (Table 1).

Table 1: Survey structure

Method	Stage of the study	Description
Focus group	**A quality research survey** 14 HIV-positive boys and girls 14-19 years of age who are members of the public association "Youth Organization Teenagers of Ukraine"	– Peculiarities of socialization of a child living with HIV – Opinion about ART – Side effects and negative consequences of the therapy – Reasons for interruption of therapy – Reasons for returning to ART
Google Form Questionnaire	**Representative survey** 67 persons with HIV-positive members of the public association "Youth Organization Teenagers of Ukraine", namely 43 were girls and 24 boys aged 12-19	– Opinion about ART – Sources of information on ART – Negative effects of ART – Experience of discontinuation – Causes of discontinuation – Factors of discontinuation
Round table discussion	**Verification of results** VI All-Ukrainian forum of pupils of the PA "Youth Organization Teenagers of Ukraine" NGO	– Discussion of the survey results with the participants

During the first search stage, the goal was to get reliable information about the socialization of children, adolescents and young people living with HIV, their attitude to ART and their experience with it.

Research methods: focus group, qualitative analysis of the obtained data.

At the second stage a representative survey of children with HIV was conducted in order to determine the factors of ARF interruption and determine ways to prevent it. The method used was survey questionnaire and quantitative analysis of the data obtained. The survey was carried out remotely using a Google-form. The questionnaire consisted of 30 questions with answer options about the participants' perception and attitude to living with HIV and ART, problems caused by ART use, experience of therapy interruption in adolescence, and possible ways to stop it. The main target group of the interview included children and young people aged 12–19 who live with HIV and are members of the NGO "Youth Organization Teenagers of Ukraine". The total reached 67 persons selected based on their availability. The invitation to respond to the questionnaire was sent to all participants of the organization that met the eligibility criteria. The responses of all those who agreed to fill in the questionnaire were taken into account.

At the third stage, the goal was to verify the results of the study and the conclusions made by discussing them with the study participants and experts. Methods: focus group, round table.

The selection of a mixed-methods approach was related to the need to assess the socio-psychological and socio-cultural conditions of socialization among adolescents, which may be interrelated with the interruption of ART, evaluation of adolescences' reasons for ART interruption, their vision of this issue and possible ways to overcome it. Qualitative research at the first stage was intended to provide an opportunity to clarify hypotheses regarding factors related to socialization in adolescences, while the quantitative approach at the second stage was to test these hypotheses, and at the third stage to interpret the obtained results and design recommendations to address the problem.

RESULTS AND DISCUSSION

At the first stage of the research, a focus group was conducted with HIV-positive teenagers who receive social support from the PA "Youth Organization Teenagers of Ukraine". 14 HIV-positive young men and girls took part in the focus group. The focus group discussion lasted for about 2 hours with a break.

During the focus group, a number of narrative and reflective questions were discussed, in particular:
- How do you feel about ART? What does it give you?
- Where do you get information about HIV and ART? What sources of information do you trust the most? Why?
- What difficulties did you have related to receipt of ART?
- How did taking ART affect your lifestyle? Relationships with others?
- Why might your peers have decided to stop or give up ART for a certain period of time?
- If you have had such situations, please describe your own experience? What made you stop taking ART medications? How did it affect your life? What prompted you to return to treatment?
- What can be done to help your peers adhere to ART?

In the course of the focus group the children appeared to be very interested and open-minded. Many participants shared their personal experience with the positive HIV status, interactions with their parents, peers and professionals, and even tragic incidents in their lives that were somehow related to HIV. The focus group results showed that their socialization is significantly affected by three factors: awareness of their being different from other children, the need for regular use of ART and the stigma that can result from disclosure of their HIV status.

Based on the discussion with FG participants, the following features of their socialization related to HIV status were identified:
- The vast majority of people were infected with HIV at birth are on ART from early childhood and have to adhere to a rigorous treatment regimen.
- A large number of children who lost their parents are brought up in foster care or in institutional care.
- They learn about their HIV status mostly over their teenage years, and it stirs controversial feelings.
- Some of them are mad at their parents for infecting them and not informing them of their status.
- Children are concerned about the risk of disclosure of their HIV status on the one hand, and on the other hand, they need to share their experiences with others.

The discussion in the focus group was mainly about the ART. According to the results of the discussion, children have a generally positive attitude towards ART and an understanding of its effects. They consider therapy as a prerequisite for a healthy life. Below are a few expressions that were said during the focus-group discussion: *"An inevitable part of our life… Without it, our life is not a life, but a struggle …"; "It helps to find a way to stay afloat, … It helps to live well and not to worry too much about your health…"; "If you do not take the medicine, in the worst case – you die, if you do not*

change your mind...". But some people express distrust to the information about its properties and doubts in its necessity saying, for example, *"I tried it a lot of times. And so far nothing happened to me... That is why my attitude towards the therapy is generally neutral...".* Dislike of therapy in such children is reinforced by a general distrust of any information from adults and an attitude towards it as a limitation that needs to be overcome.

In the course of the focus group, side effects and negative consequences of the therapy were discussed. Most of the participants of the group mentioned them. First and foremost, the following were mentioned:

- Negative somatic sensations and psychiatric reactions to the medications (headache, nausea, vomiting, nightmares, and hallucinations). Respondents noted, *"I think everyone has at least one 'side effect'...";* *"The mildest are headaches and incomprehensible dreams. A typical person doesn't have such dreams, I think...";* *"When I was a child, when I first started therapy, I suffered a lot from hallucinations... I had such obvious hallucinations that they followed me up to the age of 11...".*
- The children said, "The therapy was a way of life, and I had to adapt my way of life to it. I had to take the therapy... at 8 in the morning and at 8 in the evening. At 8 in the morning it is impossible to wake up to have it during the school holidays". It is especially painful in childhood and adolescence, because in order to take therapy you have to forgo spending time with friends, entertainment, rest.
- Fear of status disclosure when seen taking medication (if someone notices and asks uncomfortable questions). One of the girls said, "My friends are asking me what this is. I did not know how to explain it...".
- The control by the adults was intense. At the same time, according to participants' comments, fear of disclosure was reinforced by adults themselves, by their cautions about the need to maintain their status secret. For example, "Your family, those who support you, are somehow oppressive. You feel nasty...".

During the discussion, three of the participants shared their own experience of discontinuation. It was first of all related to:

- Unmanageable treatment regimen and bad side effects ("I started taking the therapy and I felt constantly nauseated, I take a pill and throw up... and it is so big and I have to take two of them, and I have to take them in the morning... So I "gave up" on them and did not take for a year")
- Unwillingness to accept the diagnosis after the child's HIV status has been disclosed, not being ready to accept the fact that you have this disease and that you have to restrict yourself during your life ("When you are told, you just feel hatred, and you can avoid taking pills to get back at everyone.")
- The disclosure of the child's status by peers (peers, teachers) and stigmatization that followed, or fear of it ("The teacher told everyone at school that I have the status..."). After that everyone began to make fun of me... and I did not take pills for two years...", "I was going to go to the camp... I did not take pills with me, so there would be no questions about what I was carrying in packs")
- Conflicts with parents and desire to get rid of their supervision, to make decisions independently, to protest against pressure from parents ("I stopped for the first time when they told me I had HIV. My mom started to pressure me... I had a really bad relationship with her." "Well, more often it was a rebellion... On one side: Oh, I'm fed up with everything, I don't want it anymore, and on the other - you know what you have to...")
- A wish to experiment, to see for oneself whether the therapy is really as important as they say it is ("My second case is an experiment: what will happen if I don't take the pills?"). At the same time non-acceptance of the diagnosis was often connected with difficult relationship with parents, being upset with them or the guardians.

The reasons that made the participants resume the therapy were a separate subject for discussion. The participants with experience of discontinuing therapy mentioned the following reasons:

- Significant deterioration of health, fear of death, which the youngster experienced ("I spent over a month in hospital... and I finally realized that I could die just because I don't take pills...")
- Sense of responsibility for themselves, their future children, other people who worry about them, love and support them ("I remembered what it was like, I remembered how I felt because my parents did not bring me up well, I saw them die, and I realized that I have to accept it because I want to have children and raise them at least until the age of 18")
- The explanations and opinions of parents, doctors, and other people. Especially important were the opinions of the people living with HIV and had a similar experience of interrupting the therapy ("They just told me that I had 15,000. I said 'Well, that sounds like a lot. But they say a lot is millions!' And I do not have enough. I started taking pills again, every day at a precise time, and my condition stabilized to the stage where HIV is not detectable in blood at all...", "I was told off at the hospital, then I went to the centre, and there was a guy who was older than me, who explained everything in detail: what is happening in the body, how the therapy works... And it had a good effect, I started taking therapy always, constantly...").

Analysis of the results of the focus group discussion allowed adjusting the hypotheses of the study:

- Teenager's termination of treatment is caused by severe adverse effects and an inconvenient treatment regimen
- Teenager's decision to terminate treatment may be related to incorrect information about ART and negative attitudes related to unreliable sources of information about it
- Teenager's termination of treatment can be caused by conflicts with parents or guardians, teenage protest reactions, stigmatization by peers
- Teenager's self-esteem and self-confidence can also be moderating factors

For hypothesis testing, we developed a method of questionnaire survey, the results of which could be presented quantitatively and by means of statistical analysis to determine the severity of certain factors of ART interruption and to provide recommendations for its prevention. The survey questions were aimed at assessing the respondents' experiences regarding ART termination and its reasons. Among possible reasons for ART termination, the survey included an assessment by the participants of: inconvenient treatment regimen and severe adverse effects; fatigue from treatment; non-acceptance of one's HIV status and negative attitude towards it; not understanding the need for treatment and not realizing the risks of its interruption; conflicts with parents (or guardians) and excessive control and restrictions on their part; the teenager's fear of disclosing their HIV status to others; stigmatization by others after disclosing the status; protest against treatment as externally imposed by adults; the desire to experiment with the refusal from treatment and to test its true consequences. In addition, the survey included questions aimed at evaluating whether the following possible factors of ART interruption are present: (a) attitude to living with HIV as a significant event in their life; (b) HIV awareness and the impact of this knowledge on daily life; (c) the experience of disclosing their HIV status and its consequences; (d) attitude to ART and understanding of its effect on the body and on the course of the disease; (e) sources of information and its content regarding ART; (f) presence and severity of adverse side effects of ART and inconveniences associated with it; (g) self-assessment of their own personality and relationships. The attitude of adolescents to different ways of maintaining adherence to ART was studied separately. In order to confirm the effect of the above listed factors, study participants' responses were compared regarding having and not having ART interruption experience using the means of determining statistical significance between the groups. The study confirmed the overall positive attitude of teenagers to ART. Less than 10% of respondents questioned its usefulness. The vast majority of the participants have a generally correct understanding of the positive effects of therapy, only a few of the participants are doubtful about it (Fig. 1).

Figure 1: Attitude of HIV-positive teens towards ART

ART helps me survive	70%	It helps maintain a certain level of immunity that is sufficient for survival	94%
ART helps me to maintain a certain state of health and avoid deterioration of my health	52%	It helps other people from being infected by HIV	82%
I am glad that ART exists	46%	It helps restore the level of immunity that is sufficient for survival	73%
Regular ART helps protect others	18%	ART helps avoid the illnesses an HIV-positive person may get	72%
Hard to say	5%	ART helps treat the illnesses an HIV-positive person may get	46%
I am not sure ART is necessary and useful	3%	ART helps the body get rid of the virus	8%
ART causes inconveniences and problems in my life	2%	ART has a negative effect on the human body and the organs	8%
The adverse effects of ART prevail over its benefits	0%	ART does not have a significant influence on the human body	%
The distribution of positive replies to the question: "What do you think about ART?", % (N=67)		The distribution of positive replies to the question: "What is the effect of ART on the body of an HIV-positive person?", % (N=67)	

The study showed that the main sources of information on ART for adolescents were parents and guardians (85% of respondents) and physicians (82%). A quarter of the respondents tried to independently find information about HIV on the Internet (both on medical resources and on general information sites), searched for relevant literature, and talked about it with other people living with HIV; 21% of respondents received information about HIV at trainings.

Most of the patients (56%) did not remember negative effects of ART or could not recognize them. Others reported uncomfortable side effects (25%), intrusive supervision by parents or guardians (22%), uncomfortable treatment (up to 18%) and fear of stigmatization (15%).

26.9% of study participants reported their own experience of ART interruption in the course of the survey (Table 2). Those who reported this experience had more than two cases of interruption in the majority of cases. The most common reasons for treatment interruption, as admitted by the respondents, was being tired of the therapy and the desire to live a normal life, uncomfortable treatment plan, lack of knowledge or awareness of risks associated with discontinuation of therapy, conflicts with parents, and protests against being pressured towards treatment.

Table 2: Experience of participants regarding ART interruption (N=67)

Parameters	Experience of ART interruption			
	So		Ni	
	n	%	n	%
Total number	18	26.9	49	73.1
Sex				
Women	13	30.2	30	69.8
Men	5	20.8	19	79.2
Age				
12-15 years old	4	13.8	25	86.2
16-19 years old	13	35.1	24	64.9

According to the responses of participants with relevant experience, the most common reasons that made them discontinue the therapy were feeling tired of the therapy and the desire to live a normal

life (44%), uncomfortable treatment plan (39%), lack of awareness or ignorance of risks associated with discontinuation of therapy (33%), conflicts with parents and protests against treatment (28% each). Factor analysis allowed us to identify three groups of interrelated reasons that, in the opinion of participants, triggered their decision to discontinue ART (Fig. 2). We called the first group of reasons "HIV withdrawal" (uncomfortable therapy regimen, feeling of discomfort due to IDU status, withdrawal from therapy and desire to lead a normal life), the second group - "Protest against treatment" (protest against the imposition of treatment, confrontation with parents, lack of awareness of the risks of discontinuation due to the absence of side effects of therapy for the teenager); the third - "Fear of disclosure" (afraid that others will find out about their HIV status being unaware of the risks of interruption and absence of conflicts with parents). The groups of factors above have been admitted by the participants of the survey.

Figure 2: Reasons for discontinuation

HIV Withdrawal	Protest against treatment	Fear of Disclosure
Uncomfortable treatment plan	Protest against being pressured into treatment	Fear of disclosure of their HIV status
Feeling lost due to the HIV status	Conflicts with parents	Lack of information or unawareness or the risks related to the therapy
Feeling tired of the therapy and desire to live a normal life.	Lack of information or awareness of the risks related to interruption of the therapy	Absence of conflicts with parents
	Absence of grave side effects	

Statistical analysis of the differences in participants' responses to the questionnaire depending on their experience of treatment discontinuation allowed us to identify the factors that triggered their decision to stop taking medications (Table 3). According to the data we received, these factors were: the existence and number of side effects; the inconveniences associated with taking ART; an uncertain attitude to ART; lack of parental explanations and consultations from physicians; failure to obtain information from books, the internet, and training, and communication with others living with HIV; lack of information or incomplete information about side-effects and how to manage them; relatively low (compared to others) self-esteem of the teenager.

Table 3: Causes of ART interruption (N=67)

Factor	Experience of ART interruption				P-value*
	Yes		No		
	n	%	n	%	
Total number	18	26.9	49	73.1	
Occurrence and number of side effects					
None	8	44.4	42	85.7	0.001
Nausea, vomiting	6	33.3	4	8.2	0.010
Adverse psychological reactions	5	27.8	0	0	0.000
Average number of observed side effects	*0.89*		*0.14*		*0.000*
Inconveniences of taking ART					
None	6	35.3	31	63.3	0.045
Uncomfortable therapy schedule	4	23.5	1	2	0.004
The need to explain to those around what is happening	5	29.4	7	14.3	0.164
Excessive supervision by parents (guardians)	9	52.9	6	12.2	0.001
Average number of inconveniences	*1.44*		*0.76*		*0.074*

Unsure attitude towards ART					
Objecting to the fact that ART allows you to live a full, quality life.	9	50	12	24.5	0.046
Questioning the need for and benefits of ART	2	11.1	0	0	0.018
Objecting to the fact that ART protects from opportunistic infections	4	22.2	1	2	0.020
Objecting to the fact that ART helps the body to avoid HIV	14	77.8	21	42.9	0.037
Average number of correct responses regarding the efficiency of ART	*2.6*		*3.1*		*0.057*
ART Awareness					
Absence of an explanations from the parents	6	33.3	7	14.3	0.081
Absence of medical consultations	5	27.8	5	10.2	0.074
Lack of information or receipt of incomplete information on side effects and ways to manage them	4	23.5	3	6.2	0.048
Self-assessment (on a 10-point scale)					
Will power	*5.9*		*7.9*		*0.003*
Emotional state	*6.0*		*7.3*		*0.014*
Confidence	*5.8*		*7.5*		*0.008*
* Significance of differences according to χ2 criterion for nominal scales and U by Mann-Whitney for metric scales					

While responding to the questionnaire, the participants assessed which of the suggested measures could prevent their peers from interrupting ART. In the opinion of the vast majority of patients, these measures could include a calm explanation why the therapy is needed and how it works. More than a third of the patients also reported the following in connection with ART interruption:
- Parental control
- Kind relationship with parents (guardians), other family members
- Knowledge of specific examples of people who have tried to discontinue therapy or withdraw from it
- Trustful relations with professionals (physician, psychologist, social worker), who can listen, consult, support

The results of the research and conclusions were presented and discussed at the IV All-Ukrainian Forum with the participation of active members of the youth organization "Teenagers of Ukraine", including those who live with HIV. During the discussion, the participants suggested that inaccurate information about ART is the main reason for the teenagers' misconceptions and negative attitudes towards ART: *"Maybe someone explained it incorrectly, or they just didn't understand it… Everyone has a different understanding, that's why some people see it differently*. Participants said that most children living with HIV receive information about ART from their parents (guardians) and doctors, but not all parents and doctors themselves have the correct information and know how to present it to their children: *"Parents may not know much and will only tell you what they know"*, *"Not all doctors [general practitioners] are well aware of this. Some still stigmatize you"*. The participants of the discussion agreed that the best source of information is professionals who specialize in HIV research and treatment, as well as other people who live with HIV and have correct knowledge and experience in treatment.

In the opinion of the participants of the discussion, many more children have experience of ART interruption than indicated during the survey: *"I think at least once everyone has forgotten or done something [that prevented them from taking the therapy]. You just have to sit at home all the time and wait until it is time to take the pills*. Some of the respondents could either not remember some short-term interruptions or be reluctant to report them in the questionnaire.

The participants mostly agreed with the identified reasons for the interruptions. Among reasons that, in their opinion, could have contributed to interruption, the participants emphasized the fact that their parents were not telling their children about their HIV status and about the fact it was ART that they were taking. Because of this, the children were not very diligent about it: *"When I didn't know about my status, my mother gave me the pills and said it was for my immunity. But I thought to myself: "If it's for my immunity, it's not a big deal, I can skip it".*

The participants have emphasized the importance of complete and correct information about ART for due diligence. However, in their view, each person perceives the information individually, not all calm explanations have the desired effect, there are those who trust only their own experience or the experience of other acquaintances: *"I also think it's either my own experience or the experience of people who haven't been taking the pills and had something terrible happen to them. If your grandparents or someone else tells you to take the pills, and you do not want to, you will not do it, but if you see an example, either your own or someone else's, then it will have an effect".*

Thus, in the course of the discussion with the participants of the PA "Youth Organization Teenagers of Ukraine" forum, the findings of the research were confirmed regarding the impact of incorrect information about ART on the interruption of the ART, unreliable sources, interactions with parents and siblings, teenage concerns and reactions; recognized the importance of training doctors and parents on how to properly communicate information about HIV and ART to children and how to reach teenagers living with HIV, provide support from peers, more experienced and trained people who also are also HIV-positive status and have experience of taking ART.

CONCLUSION AND RECOMMENDATIONS

The results of our survey demonstrated that ART affects self-perception, behaviour, interpersonal communication, way of life, identity of a teenager living with IDU, and affects the context of their socialization. These results are somewhat unique because multiple studies showed that self-efficacy, self-perception behaviour and other important social factors are positively correlated with adherence to ART (Langebeek et al., 2014; Jones et al., 2015), however most of these studies are conducted among adults and very few among children and adolescents, and there is not a lot research available on the effect of ART on these factors. Various studies revealed the role of social support in adherence to ART, especially that coming from close family members such as parents and/or caregivers (DiMatteo, 2004; Dulmen et al., 2007). A recent study from Thailand demonstrated that family and social relationships significantly contribute to better adherence to ART, overall health outcomes, and quality of life (Rotheram-Borus et al., 2010). However, even though there is research showing the importance of self-perception, behaviour, and interpersonal communication (Poudel et al., 2015; Nabunya et al., 2020), there is still a gap in examining of how family factors, such as family cohesion, child and caregiver interactions, and a child's perceived support from parents and caregivers, are associated with ART adherence self-efficacy among adolescents living with HIV as well as the opposite direction on the effect of ART on these social factors.

Another important result of our study is that the risk of interruption of ART is related to (a) uncomfortable treatment plan, side effects, (b) failure to accept the diagnosis and a general withdrawal from treatment and limitations, (c) incomplete information on ART from unreliable sources of such information, (d) confrontational and uncooperative relationship of the teenager with their parents and doctors, and (e) stigmatization of children living with HIV. Multiple studies from across the world show that among adult populations the most common factors associated with interruption of ART are mostly health-care-provider-related conditions like loss of health documents or enacted discriminatory behaviour of healthcare workers (Tabatabai et al., 2014) as well as those related to the ART-related characteristics such as duration of ART, ART regimen and uncomfortable clinic working hours (Wen et al., 2018). However, there are individual barriers

such as changing life circumstances (Bisnauth et al., 2021). However, this is not exactly true about children and adolescences. Most findings from other international studies on this issues suggest that timely disclosure of their HIV status has a positive impact on their adherence to ART and psychological health (Amankwah-Poku et al., 2021). Overall, children and adolescences are more vulnerable to ART related difficulties since they are not the decision makers themselves and have to relate to parents or caregivers. Thus, the results of our research will contribute to development of interventions tailored specifically for the prevention of ART interruption among children and adolescences in Ukraine.

Based on our findings and relevant review of similar studies from across the world, we suggest the following preventive measures of ART interruption that can be carried out by the means of social work provided by non-governmental organizations and state social services that support adolescents living with HIV and their families:

- Training of parents and health care workers to be able to explain to their children the peculiarities of their HIV status and ART. Since it has been confirmed that the comprehensiveness of knowledge about HIV and ART is an important factor in retention of ART, and parents (or guardians) and health professionals serve as valuable sources of information whom adolescents trust, and their readiness for frank communication with adolescents in an understandable for them language will ensure a conscious attitude and adherence of adolescents to ART and awareness of the risks of its interruption.
- Teaching children the life skills that would take into account their HIV status and ART. This will improve the ability of adolescents to rapidly respond to difficult life circumstances, resolve conflicts, assert themselves, find support group, refer for help, and protect themselves from stigmatization as well as increase their self-confidence. Adolescents will not need to respond to difficult situations by refusing ART
- Teaching parents the communicative and psychological support skills, which will reduce the severity of teenagers' protest reactions among which is refusal from treatment
- Organizing support groups for children living with HIV and their parents. This will increase opportunities for adolescents and their parents (guardians) to receive psychological support, and provide adolescents with the opportunity to learn about the experiences of their peers and elders who have the same HIV status and have gone through therapy interruption
- Organizing support campaigns in communities aimed at combatting stigmatization of children with HIV
- Providing social services to families of children living with HIV, aimed at getting them help in overcoming difficult life circumstances, protection of their rights and representation of their interests, as well as integration into local communities.

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The Role of Social Work in the Process of Implementing Active Ageing Policy in the Czech Republic: Content Analysis of Strategic Documents[1]

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Abstract
OBJECTIVES: The aim of this article is to present the document analysis method and its application to social work research as a complementary data analysis technique and the procedures of this technique on the specific example of document analysis of the implementation of active ageing policy as a partial research output. THEORETICAL BASE: Active ageing is the basis for the current social policy on ageing in Europe, along with a number of changes that are reflected in social policy, and also in the practise of social workers. METHODS: We combined content analysis and deductive qualitative analysis (DQA) according to Gilgun (2020) as a complementary research technique. We analyse the overarching strategic documents at the level of the EU and the Czech Republic dedicated to active ageing policies. OUTCOMES: The analysis showed that the role of social work is rather implicitly defined in documents. Then we continue to deepen the analysis, and the results showed an essential connection to social work practice. SOCIAL WORK IMPLICATIONS: Based on the results, we can say that the role of social workers is irreplaceable, though it is not clear. It is then necessary to overcome this at a local level, i.e., at the level of regions and municipalities, which should specify the role of various stakeholders.

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Keywords
active ageing, social work, strategic documents, deductive qualitative analysis

INTRODUCTION

Population ageing is one of the most important phenomena of the 21st century. This phenomenon is forcing policymakers to respond adequately and develop new tools to address the challenges and problems arising from the increase in the number of older adults accompanied by a decline in the working-age population. The process of population ageing also has implications for social work as a profession and requires social workers to become proactive in addressing ageing and health (Marshall, Altpeter, 2005). Thus, the demographic revolution inherent in the development of postmodern society is changing the role of social workers with all age groups. As social work is one of the important instruments of social policy, it is strongly influenced by politics, especially by social policies. It is necessary to identify and define the newly emerged role of social workers as one of the actors in the process of implementation of active ageing policy. It is also necessary to place the role of social work and social workers in social, political, and economic contexts. Social work is managed through institutions that are embedded in economic-political structures. The social worker can then be described as a mediator between the interests of the state on the one hand and the marginalised, rich and poor, on the other (Hyslop, 2018). This description raises the discussion of where social work as a profession lies within the political structure and what its possibilities and tasks are. Policy decisions made at all levels directly impact the practice of the social work profession. As an example, the study by Prgomet et al. (2017) highlights the uncertainty and 'confusion' of social workers in the context of new policy changes and changes implemented in their organisation. Some authors even suggest that social workers (re)define social policy through their actions (Tabin, Perriard, 2016). The aim of this article is to present the document analysis method and its application to social work research as a complementary data analysis technique and the procedures of this technique on the specific example of document analysis of the implementation of active ageing policy as a partial research output. Following the above, the research problem was social workers' unspecified role in implementing of the active ageing policy in the Czech Republic. The following section defines the theoretical background of the study.

THEORETICAL BASE

Today the issue of ageing and older adults is dealt with across a number of scientific disciplines: history, medicine, psychology, economics, law and also social work (Mühlpachr, 2017). Over the course of the 20th and 21st centuries, there have been significant changes in the approach to ageing, the emergence of new policy frameworks, and a number of social and economic changes influenced by the historical development of society. There are many theories of ageing, and the authors proceed to divide these theories into biological (Peng et al., 2014) and social-gerontological theories (Phillips, Ajrouch, Hillcoat-Nallétamby, 2010). In this article, the focus is on the social-gerontological theory of active ageing. In particular, we focus on theories that are relevant to the concept of active ageing as defined by the WHO (2002). The text briefly introduces the basic theories of ageing underlying the theory of active ageing. One of the earliest theories of ageing is the disengagement theory designed by Cumming and Henry (1961). This theory "*outlines the 'natural' tendency for people to disengage from society as they get older*" (Zaidi, Howse, 2017:5). The disengagement theory has been criticized for its narrow perspective on ageing. It views old age through the lens of universally applicable social norms for ageing, without regard to individual experiences of old age and the heterogeneity of old age (Hochschild, 1975). Critical rhetoric has led

to the emergence of other concepts, the common element of which is a turn from compensating for losses to promoting the strengths and potential of later life. This change can be seen as a powerful paradigm shift. The emerging theories are based on the ideas of positive psychology. The newly constructed semantic network of ageing well, which encompasses a range of concepts, recognises the value, heterogeneity and differentiation of new generations of older adults and the diversity of their needs which, in addition, change over time. Ageing is therefore currently seen as a life stage of activity, new opportunities, and growth rather than a period of decline. The paradigm shift has also strongly influenced the practice of social work and the focus of research on ageing. Tomeš (2018) points to a shift in the emphasis of social work from caregiving towards supporting and helping older adults to remain in their natural social environment.

The concept of active ageing has become a central concept in social policy on ageing across Europe (Hasmanová Marhánková, 2014). According to Walker (2002), prior to the adoption of this concept, policy responses to population ageing were addressed within individual areas and policies; active ageing links these areas (employment, pensions, retirement, health, and citizenship) into a common framework. This concept was developed in the early 1990s and has high ambitions of offering solutions for the growing heterogeneous group of older adults, policymakers, and post-modern society in the field of ageing. Active ageing reflects the increasing emphasis on the relationship between health, participation, ageing, and independence. It recognises the abilities and knowledge of older adults and promotes their increased participation in society. The adoption of the concept of active ageing as a response by policy makers to demographic ageing has contributed to the creation of new roles for older adults and a cultural change in the perception of what old age and ageing mean (Barrio et al., 2018). This concept has become a source and starting point for strategic documents and activities in the field of social and health policy in the European Union, with spillover into other policy areas. Active ageing as a source of new policies was adopted at the Second World Assembly on Ageing of the United Nations held in 2002 (Active Ageing: A Policy Framework) (WHO, 2002). WHO (2002) defines active ageing as "the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age" (WHO, 2002:12). The authors base their definition of active ageing on the above definition. This is the broadest definition of the concept, which sees ageing as a lifelong process that involves lifelong preparation for ageing and intergenerational relationships. Therefore, this broader concept of active ageing is inclusive of all ages and seeks to create the conditions for improving quality of life regardless of age.

Although active ageing has been the underlying concept of ageing policies for two decades, current knowledge still lacks a clear definition of the role of social workers in the process of implementing this policy. Social work is an integral part of activation policy concepts (including active ageing). Activation schemes emphasise prevention, personalisation, responsibility, active citizenship and are widespread across Europe. These schemes are often built on assumptions about the ability of social workers to communicate these goals to citizens. This brings with it, however, a number of uncertainties, problems, and pressures on those they are supposed to help and on the social workers themselves (Liebenberg et al., 2015). This is especially where individual roles are not clearly defined. The following sections of the text describe the materials, the methods used in the analysis, and the specific steps taken to achieve the objective.

MATERIALS AND METHODS

After defining the research problem and aim, the authors formulated a research question. 'How is the role of social work and social workers defined within the overarching strategic documents of the EU and the national level of the Czech Republic focused on the active ageing policy?'

The content analysis method according to Krippendorff (2018) was used to answer the research questions. This method describes the data analysis process in four steps that we followed: (1)

unitizing, (2) sampling, (3) recording, and (4) reducing. According to Krippendorff (2018), this is a systematic empirical methodology that can include elements of both qualitative and quantitative approaches. McKibben et al. (2022) add that this methodology allows the researcher to identify different trends and gaps in knowledge bases, which was our goal. We can see content analysis as a flexible methodology that allows researchers to examine trends in communication (McKibben et al., 2022). In the deductive approach, explicitly defined variables relevant to the research objective were sought. In the last step of the analysis, we included the procedures for thematic deductive content analysis according to Gilgun (2020). According to Gilgun (2020), deductive qualitative analysis is a way to incorporate an explicit deductive procedure into qualitative research. This way of thinking fulfils the requirements of Glaser and Strauss to develop theories in other ways. Thematic deductive content analysis represents the initial introductory part of a broader research on this topic. The results of the entire analysis, which are the subject of this study, form the basis for the preparation of qualitative in-depth interviews with representatives of regions of the Czech Republic (14 regions + capital city of Prague) that participate in the implementation of the active ageing policy. In total, 13 interviews were conducted from the 14 regions, and Prague was contacted.

(1) As part of the first step of unitizing data for analysis, the authors identified the type of communication needed to answer the research question and the study objective of the study. The necessary type of communication is the overarching strategic documents and policy documents dealing with ageing at the supranational and national levels of the Czech Republic. At the supranational level, overarching strategic documents are produced within the European Union. The European Council sets the political agenda of the European Union. "Competences for dealing with the effects of ageing are largely in the hands of Member States and the EU is well placed to identify key issues and trends and support action on ageing at the national, regional and local level" (European Commission, 2021:2). The European Union cooperates with other major players operating at the supranational level. In the field of ageing, these include the UN and WHO. "Cooperation takes place on a broad range of areas covered by the different UN bodies. The EU also participates in the annual UN General Assembly (UNGA)" (European Commission, 2021). Given this strong link, the analysis also included overarching strategic documents and policy documents from the UN and WHO on ageing.

(2) As a second step, a sample of units was systematically created for analysis. To select the sample, the authors chose purposive sampling. "Purposive sampling operates on the principle that we can get the best information through focusing on a relatively small number of instances deliberately selected based on their known attributes" (Denscombe, 2010:34). The selection criteria were set as follows: (1) an overarching strategic document valid at the European level or the level of the Czech Republic, or a strategic document related to the field of population ageing valid at these levels, (2) the document is valid at the time of the analysis. The result is a corpus of documents for further analysis. These were sorted into an overview table (see Diagram 1).

At the EU level, the authors chose two overarching documents, the new Strategic Agenda 2019–2024 and Political Guidelines for the Next European Commission 2019–2024. In the field of European ageing policy, the overarching document is the Green Paper on Ageing, which builds on Transforming Our World: The 2030 Agenda for Sustainable Development and the Decade of Healthy Ageing 2021–2030 initiative (European Commission, 2021). The third strategic document related to ageing is the WHO Global Strategy and Action Plan on Ageing and Health. The original WHO (2002) definition of active ageing is the basis for several key documents on population ageing. These are the Madrid International Plan of Action on Ageing (MIPAA) (UN, 2002) and its Regional Implementation Strategy for MIPAA for the UNECE Region (RIS) (UN, 2002). This document is periodically reviewed every five years (UNECE, 2020). Based on these documents the Roma Ministerial Declaration (UNECE, 2022) and Guidelines for Mainstreaming Ageing (UNECE, 2021) were adopted. "The UNECE Guidelines for Mainstreaming Ageing

were developed to support member states in adapting to population ageing and creating societies for all ages by strategically considering and integrating ageing issues into all relevant policy fields and at all levels" (UNECE, 2021:1). All these documents serve as a guide for the individual Member States to develop specific measures and their own strategic plans at all policy levels, considering the social, demographic, economic, and other specificities of a given location.

The basic strategic documents adopted at the national level of the Czech Republic are the government document Strategic Framework Czech Republic 2030. In the field of ageing, the overarching document is the Strategy for preparing for an ageing society 2019–2025. These documents create a strategic framework for follow-up strategies at the regional and local levels. In addition to the European Union's overarching documents, the basic strategic document of the Czech Republic is also based on the strategy Transforming Our World: The 2030 Agenda for Sustainable Development. The following diagram shows clearly the interrelationship between the documents.

Diagram 1: Corpus of strategic documents included in the content analysis and their coherence
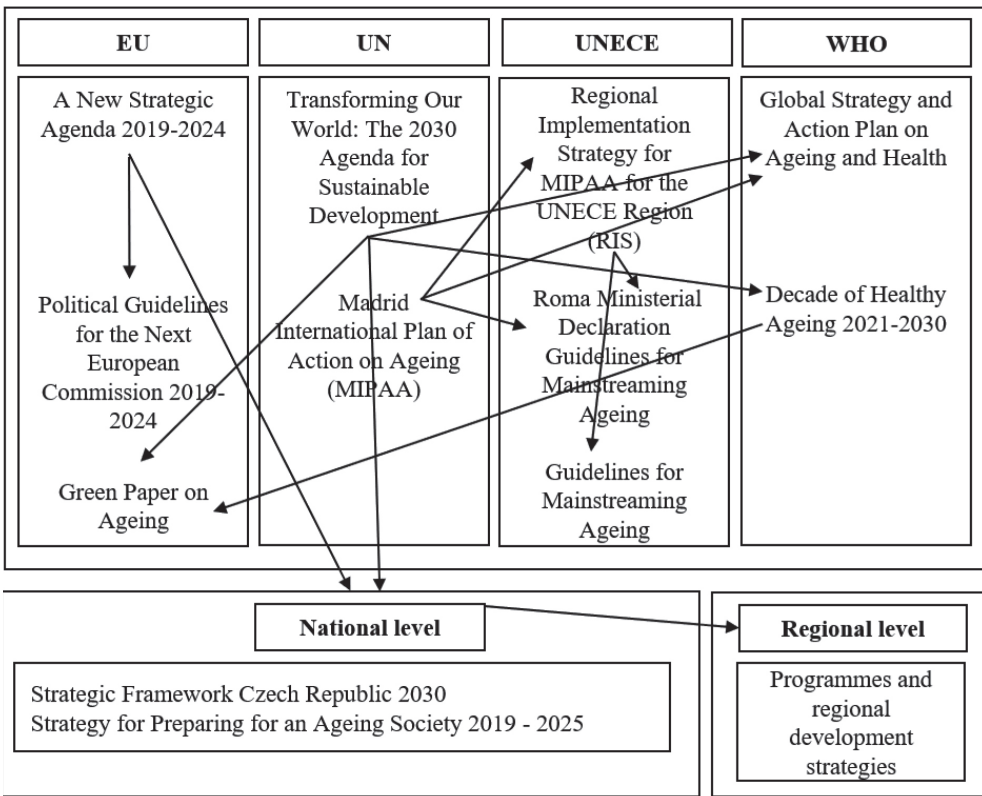
(3) Step three of the analysis was performed using a deductive approach. Explicitly defined variables relevant to the research objective were sought. The occurrence of the specified categories was tracked (using a full-text search). It was possible to use this tool because all documents are freely available in PDF. The authors constructed a table with dichotomous variables that can take only two values. In this study, binary numbers were used to indicate whether or not a variable occurs in a unit. The keywords "social work"; "social worker" for documents at the European level and "sociální práce"; "sociální pracovník" for documents published in the Czech language were used for the search.

(4) The final stage of the analysis was conducted using thematic content analysis procedures according to Gilgun (2020). In the last step of the analysis, areas were predefined based on the objectives of the strategy documents. The authors also compiled an overview of the objectives of each strategy, to highlight the interconnectedness of the strategic plans at supranational, national, regional, and local levels with the implementation of the social policy on active ageing and social work practice. This method was used to find areas in which the active ageing social policy is implemented and are the subject of social workers activities.

ANALYSIS

As a first part of the content analysis, we performed the ***frequency analysis*** described in the previous section (step 3). The results of the frequency analysis are presented in Table 1.

Table 1: Strategy Documents Frequency Analysis

Strategy document number	Name	Author	Year	Validity	Language	Social work	Social worker
**Supranational strategic documents**						
1.	A New Strategic Agenda 2019-2024	European Council	2019	2019-2024	EN	0	0
2.	Political Guidelines for the Next European Commission 2019-2024	Ursula von der Leyen	2019	2019-2024	EN	0	0
3.	Green Paper on Ageing	European Commission	2022		EN	0	0
4.	Transforming Our World: The 2030 Agenda for Sustainable Development	UN	2015	2015-2030	EN	0	0
5.	Decade of Healthy Ageing 2021-2030	WHO	2020	2021-2030	EN	0	0
6.	Global Strategy and Action Plan on Ageing and Health	WHO	2017		EN	0	0
7.	Madrid International Plan of Action on Ageing (MIPAA)	UN	2002		EN	0	1
8.	Regional Implementation Strategy for MIPAA for the UNECE Region (RIS)	UNECE	2002		EN	0	0
9.	Roma Ministerial Declaration	UNECE	2022		EN	0	0
10.	Guidelines for Mainstreaming Ageing	UNECE	2021		EN	0	0
**National strategic documents**						
11.	Strategic Framework Czech Republic 2030	Office of the Government of the Czech Republic, Department for Sustainable Development	2017	2017-2030	CS	1	0
12.	Strategy for preparing for an ageing society 2019-2025	Ministry of Labour and Social Affairs	2021	2019-2025	CS	0	0

The results show that in the document MIPPA are social workers mentioned within "Objective 2: Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process" (p. 39). The document specifies the training of primary care professionals, namely "primary health-care workers and social workers in basic gerontology and geriatrics" (p. 39). At the national level is social work mentioned in the document Strategic Framework Czech Republic 2030 in connection with homelessness.

After frequency analysis, we proceeded to thematic content analysis according to Gilgun (2020), and within the selected documents of the author we searched for themes related to social work in line with the literature. Despite the absence of an explicit definition of the role of social work, the content of the areas identified below describes all the activities that social work with older adults involves. Although the selected documents and the whole concept of active ageing are conceived much more broadly across multiple target and age groups, the analysis below focuses on the target group of older adults. According to Gilgun's (2020) DQA, nine areas were identified at the supranational level in line with the literature that are included in all strategic documents and also fall within the scope of social work with older adults or health and social work with older adults. Seven areas were identified at the national level (see Table 2). The table below lists the identified topics and the documents in which the topics appear and the authors of the literature.

Table 2: Strategy Documents Thematic Content Analysis

	Supranational strategic documents		
	Topic	Related scientific discourse	Related strategic document number
1.	Fighting poverty	Pierson, 2016; Been et al., 2017; Leskošek, 2019	3;5;6;7;8; 9;10
2.	Health (healthy lifestyle)	Arsenijevic, Groot, 2022; Nordin et al., 2022; Savela et al., 2022	3;4;5;6;7;8;9;10
3.	Education and digital skills	Ong et al., 2021; Schoultz et al., 2022; Seifert, Charness, 2022	3;5;6;7;8;9;10
4.	Equal opportunities	Adams, 2019; Jönson, Harnett, 2016	3;4;5;6;7;8;9;10
5.	Participation and productivity	Baranyi et al., 2022; Lonbay et al., 2021; Frøyland, Terjesen, 2020	3;5;6;7;8;9;10
6.	Employment	Aaltio et al., 2017; Abrams et al., 2016; McCarthy, Parry, 2017	3;5;6;7;8;9;10
7.	Infrastructure and sustainability	Andreucci et al., 2019; Miralles-Guasch et al., 2019; Ravensbergen et al., 2021	3;4;6;7;8;9;10
8.	Security and dignity	Hussain et al., 2018; Ansari, 2019; Hasegawa, Ota, 2019	3;4;5;6;7;8;9;10
9.	Inclusive society and combating social exclusion	Hagan, 2021; Brown, 2021; Chung et al., 2021	3;5;6;7,8;9;10
	National strategic documents		
1.	Economic growth and fair pensions	Rašticová, Bédiová, 2018; Potůček, 2019	11;12;
2.	Quality of life	Mühlpachr, 2017; Tilinger et al., 2019	11; 12;
3.	Social policy development (preparing for an ageing population)	Tomeš, Šámalová, 2017; Tomeš, 2018	11; 12;

4.	Social and health services	Bursová, 2019; Malíková, 2020; Klevetová, 2017	11;12;
5.	Safety and accessibility	Motlová, 2021	11;12;
6.	Support for families and carers	Hauke, 2017; Dragomirecká, 2020	11;12;
7.	Education	Suchá, Holmerová, 2017; Veteška, 2017; Sehnalová, 2021	11;12;

Topics in the supranational strategic documents

The topic of poverty in old age is mentioned, for example, in the document Green Paper of Ageing. "For most people, retirement comes with a drop in income and, for some, the threat of old age poverty (European Commission, 2021:11). 'Adequate income in older age and protection from poverty are essential prerequisites for meeting one's needs' (UN, 2002:15). In the next documents, we will manage this topic in the context of gender. 'For example, older women are more often poor and have fewer savings and assets than men. Because of a lifetime of discrimination that negatively affects women's equal opportunities and treatment in labour markets, income security in older age and access to contributory pension benefits are worse for older women" (WHO, 2020:3).

Some documents contain a declaration about general protection of some groups of people, including older adults. "People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, people with disabilities (of whom more than 80% live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons, and migrants" (UN, 2015:7).

In some documents, the identified themes overlap in the individual objectives set. For example, in the document Green Paper on Ageing (European Commission, 2021:16) is mentioned that "health promotion and disease prevention, in the form of healthy lifestyles, health and safety at work, and active social lives can help limit or postpone these problems. Supporting policies, such as urban renewal, revitalised rural areas, and accessibility in buildings and transport, can help make life easier, in particular for people with limited mobility".

Health is also a strong and essential topic. "Actions to improve healthy ageing will be needed at multiple levels and in multiple sectors to prevent disease, promote health, maintain intrinsic capacity and enable functional ability" (WHO, 2020:3).

WHO (2020:9) describes the actions by which the member states can change attitudes toward age and ageing. It is necessary to "Support the development and implementation of programmes to reduce and eliminate ageism in various sectors, including health, employment and education". The RIS document (UN, 2020:6) defines ten strategy points, and one of them is related, e.g., to education: "To promote lifelong learning to adapt the educational system to meet the changing economic, social, and demographic conditions". In the area of employment, it is crucial "to remove employment barriers" (UN, 2020:10). The Strategic Document Roma Ministerial Declaration (UNECE, 2022:5) declares promoting active and healthy ageing by "adopting concrete measures to combat loneliness and social isolation among older adults, including by supporting initiatives in local communities and civil society, stimulating increased social participation, participation, and intergenerational solidarity, encouraging volunteering and social innovation, and enhancing digital skills". By 2030, provide access to safe, affordable, accessible, and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons (UN, 2015:21). The MIPPA (UN, 2002:5) "focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments". One of the goals within this document is "strive to ensure the integrity, sustainability, solvency and transparency of pension schemes, and, where appropriate, disability

insurance" (UN, 2002:31). Guidelines for Mainstreaming Ageing (UNECE, 2022) describe the main sections in ageing-related policy. These are education, employment, health and social care and housing.

Topic in national strategic documents
There are overlapping themes at various points in the overarching national-level document for the Czech Republic. "Demographic developments require a much broader changes in state budget revenues, state administration, and stable affordable housing, funding and the quality and local and timely availability of social and health care, lifelong learning, employment, valuing and rewarding social work services, the protection of the rights of older adults or the functioning of public space" (Ministry of Labour and Social Affairs, 2021:7). "Current effect of a sandwich generation when people enter the life stage of parenthood later and often have to look after their elderly relatives while raising their children (most often women, which has a negative impact on their career and income resulting from women's precarious work). It is therefore essential to ensure that there are support services (community social services and others) available locally and with a sufficient capacity" (Office of the Government of the Czech Republic, Department for Sustainable Development, 2017:232).

RESULTS

The Czech Republic is a member state of the EU and is therefore obliged to follow its directives and policy objectives in setting its social policies. Due to the direct continuity of strategic documents (see Diagram 1) and other legislative measures resulting from the relationship between the EU and the Member State, the authors logically started the analysis from supranational to national documents. At both levels, the results of the analysis show the absence of an explicit definition of the role and description of the role of social work and social workers in the process of implementation of the social policy of active ageing in the strategic documents included in the analysis. The deductive reduction identified areas of social work practice with older adults in the process of implementing active ageing policy. The results of the analysis revealed that the strategic documents implicitly refer to all the activities enshrined in the Social Services Act.

Supranational level
The current overarching strategy at the European level is the new Strategic Agenda 2019–2024, which defines the strategic objectives of the European Union and the tools to achieve them. This document was adopted by the European Council at its meeting in Brussels in 2019. The European Council is not the legislative body of the European Union, but it sets the general political direction and priorities of the EU, thereby setting the EU's political agenda (European Council, 2019). The Strategic Agenda 2019–2024 is considered in this study as an overarching strategic document at the European Union level because of its links to other documents. The Strategic Agenda 2019–2024 highlights the significant changes in a world characterised by instability, complexity, and rapid change. These changes carry a range of threats and opportunities. Through strategic planning, the European Union seeks to strengthen its role and build on the values and strengths of the European project. This overarching document provides the overall framework and policy direction for the period. It also guides the activities of the European Union institutions. A follow-up document is the Political Guidelines for the Next European commission 2019–2024, presented by the candidate for the presidency of the European Commission, Ursula von der Leyen in 2019, which defines the six main priorities of the European Commission for the period, which are based on the four guidelines - declared in the Strategic Agenda 2019–2024. This strategic document declares the integration of the aforementioned sustainable development goals. "I will refocus the European Semester into an instrument that integrates the United Nations Sustainable Development Goals"

(European Commission, 2021:29). The following table provides an overview of the stated goals and priorities of the above strategic documents.

Table 3: Strategic documents on the European level

A New Strategic Agenda 2019-2024	Political Guidelines for the Next European Commission 2019-2024
Protecting citizens and freedoms	The European Green Deal
Developing a strong and vibrant economic base	An economy that works for people
Building a climate-neutral, green, fair and social Europe	A Europe fit for the digital age
Promoting European interests and values on the global stage.	Protecting our European way of life
	A stronger Europe in the world
	A new push for European democracy

Other key strategic documents are those of the UN and WHO. In Transforming Our World: The 2030 Agenda for Sustainable Development, the UN identifies 17 Sustainable Development Goals and 169 targets. "The Goals and targets will stimulate action over the next 15 years in areas of critical importance for humanity and the planet" (UN, 2015:1). These are further written into subsequent strategy documents. Documents touching on ageing at the supranational level (Global Strategy and Action Plan on Ageing and Health, Decade of Healthy Ageing 2021–2030) include and declare the implementation of 11 relevant goals (out of 17) related to active and healthy ageing. The document Transforming Our World: the 2030 Agenda for Sustainable Development (2015:14) defines the following goals related to ageing: "1. End poverty in all its forms everywhere; 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture; 3. Ensure healthy lives and promote well-being for all at all ages; 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; 5. Achieve gender equality and empower all women and girls; 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; 10. Reduce inequality within and among countries; 11. Make cities and human settlements inclusive, safe, resilient and sustainable; 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels; 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development."

The national level of the Czech Republic
The overarching strategic document at the national level is the Czech Republic 2030. "It is part of the joint efforts for sustainable development of the European Union and at the same time the Czech Republic's contribution to the implementation of the global Sustainable Development Goals adopted by the United Nations in 2015. These global goals are common, but each state, considering its own specificities, decides what specific content they should have and in what specific way they can be achieved" (Office of the Government of the Czech Republic, Department for Sustainable Development, 2017:7). This document defines six priority areas for the long term and formulates strategic and specific objectives for them; specific measures are furthermore the responsibility of individual ministries (Office of the Government of the Czech Republic, 2017). These areas correspond to the 17 UN Sustainable Development Goals and elaborate on the individual goals (see Table 4).

Table 4: Priority areas of the Czech Republic 2030

People and Society	The social climate is universally favourable towards families, barriers and social pressures are minimised. The family, parenthood and marriage enjoy special legal protection and are highly valued by society.
	Technological and social developments increase access to decent work.
	Structural inequalities in society are low.
	Education develops individuals' potential and their capacity to cope with and influence change and promotes a cohesive society oriented towards sustainable development.
	The health of all population groups is improving.
	Increased public investment supports key cultural functions and equal access to culture and creativity
Economic model	The economy has been growing for a long time and the domestic sector is strong.
	The Czech Republic has well-functioning and stable institutions to support applied research and development and to identify opportunities in this area.
	Natural resources are used as efficiently and sparingly as possible to minimise the external costs of their consumption.
	Economic activities are supported by a stable and functional infrastructure.
	The fiscal system is stable as a prerequisite for a successful economy.
Resilient ecosystems	The landscape of the Czech Republic is conceived as a complex ecosystem and ecosystem services provide a suitable framework for the development of human society.
	The Czech landscape is diverse and biodiversity is being restored.
	The landscape is adapted to climate change and its structure helps to retain water.
	Soils are protected from degradation and the potential of the landscape is exploited to the maximum extent possible for carbon capture and storage.
Municipalities and regions	Public services in the area are more accessible to all residents.
	Growth in the quality of life in individual municipalities reduces regional inequalities.
	Quality urban development of settlements is ensured.
	Cities and municipalities have reduced greenhouse gas emissions and adapted to the negative impacts of climate change.
	Territorial public administrations make targeted use of tools for sustainable municipal development.
Global Development	The Czech Republic actively and with emphasis on national priorities co-creates an environment supporting sustainable development at the global level and the level of the European Union.
	By strengthening the coherence of internal policies with external impact, the Czech Republic supports global sustainable development.
Good government	Public policymakers have the knowledge and skills to participate fully in the public debate.
	Public policies are coherent in relation to the objectives of the Strategic Framework Czech Republic 2030.
	Public policymakers have good quality and easily accessible data and information for decision-making.
	Innovations in public policy-making are progressive solutions that increase the democratic and/or long-term effectiveness of public policies; such innovations are a permanent part of the functioning of public administration at all levels.
	The quality of governance from the point of view of the beneficiaries of public policies has improved.

Source: Office of The Government of the Czech Republic, Department for Sustainable Development 2030, 2017; adjusted by authors

The Strategy for preparing for an ageing society 2019–2025 no longer refers to a direct link to overarching strategic documents. However, it is a document that specifies and elaborates on the general development objectives defined in the parent documents. It concludes by setting out the Ten Principles for Preparing to Ageing: "1. Fair pensions; 2. More affordable and quality social and health services; 3. More affordable and accessible housing for older adults; 4. Support for the sandwich generation and informal family carers; 5. Preparing the state for an ageing society; 6. Family support and interpersonal relationships; 7. Safe housing for older adults combating violence and "Šmejdi", increasing consumer protection; 8. Lifelong learning and active ageing; 9. Barrier-free public space; 10. Awareness raising and media coverage of ageing" (MPSV, 2021:38–44).

DISCUSSION

The concept of active ageing defines new roles for older adults in shaping society and helps to create space for the potential of this highly heterogeneous group. The adoption of the concept of active ageing as a resource for identifying problem areas related to population ageing has led to the development of a policy framework for the European Union. The strategic policy orientations of the European Union and other supranational bodies speak of the objectives to be achieved. "Policy is to be shaped in a way that combines the promotion of individual well-being with the achievement of benefits to the wider society" (Zaidi, Howse, 2017:3). This study has identified areas arising from the defined objectives within the strategic documents in which social work practises are applied. The deductive approach of the content analysis led to the discovery of the absence of an explicit definition of the role of social work and social workers in the overarching strategic documents at the supranational and national level. This can be seen as a gap and space for improvement, as influencing social policy is one of the core professional tasks of social work contained in social work codes of practice (BASW, 2012) and social work definitions (IFSW, 2014).

In the overarching strategic documents of the supranational and national levels, the roles of actors in the process of implementing active and healthy ageing are clearly identified at the macro-level (European Union bodies, UN, WHO, and others), at the meso level (Member States). At the national level of the Czech Republic, Strategy for preparing for an ageing society 2019–2025 defines the main actors in the ageing policy. "Ageing policy and preparation for demographic changes in society involves various actors: the overall framework and conditions for preparing for ageing are provided by the state, while the role of other actors, especially regions and municipalities, but also employers, the non-profit sector, academia and the media, are absolutely crucial in the implementation of this framework" (MPSV, 2021:9). At the micro-level, the role of older adults in the process of implementation of active and healthy ageing is identified. These documents create a framework and recommendations that are always implied by the Member States in the conditions of a given locality (regional/local level).

Social work, as one of the main instruments of social policy, should have a stronger voice in the process of formulation, implementation, and realisation of social policies. However, this role is not further identified in the overarching strategic documents by policymakers and other supranational actors. On the other hand, it is necessary to mention the long-standing criticism of social work. "Social work does not live up to the challenge of changing unjust policies, and as such is merely an affirmative practice of the status quo" (Corte de, Roose, 2020:228). There is also evidence that social workers do not have sufficient knowledge to understand how public policy is shaped (Weiss-Gal, Gal, 2008). These and other factors may also have an impact on the lack of an explicit definition of the role of social work in policy documents at the supranational as well as national level. The study by De Corte and Roose (2020) identifies the role and opportunities of social workers at different stages of the policy process. The process of policy implementation is a never-ending process in which those who implement policy enrich and improve the target functions and develop more reliable programs (Corte de, Roose, 2020). This means that frontline social workers retrospectively validate the implemented policy despite the structural pressures placed on them.

CONCLUSION

The results of the study are the basis for the development of recommendations for the developers of strategic documents at the regional level, namely: to specify the role of social workers in the process of implementation of the policy of active ageing in relation to the main objective of this policy, which is to increase independence and reduce the need to use the system of support and other subsidies from older adults. Policymakers should focus more on the role of social work as a political actor at local, national, and transnational levels in the field of social policy. And in identifying the role of social work in the process of designing, implementing, and evaluating social policies, it considers the task of this actor to provide social care on the one hand and the fulfilment of political and legislative conditions on the other. The results of the study suggest a possible role for social workers in the areas of prevention and awareness raising, health, and the promotion of healthy lifestyles, balancing the opportunities of older adults in society, and promoting their participation in society (in employment, volunteering and local politics). Social workers should promote the protection and dignity of older adults in their social work profession and implement activities that improve the lives of older adults.

Some of the above activities are carried out by social workers in the framework of activities directly imposed by the Social Services Act (e.g., counselling or dignity protection); other activities are linked to the social worker's personal motivation and awareness of active ageing. Therefore, it is necessary to promote the definition of the role of social workers by policy makers in strategic documents, but also to disseminate the importance of the concept of active ageing among social workers themselves. At the same time, it is important to distinguish the role of social workers at different levels. A social worker at the regional level may have a different role than a social worker at the county level, i.e., his/her activities will fall into different areas as defined in the text above.

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The Impact of Subjective Quality of Working Life on the Performance of Municipal Social Work with People in Material Need in the Czech Republic[1]

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Abstract

OBJECTIVES: The aim of the presented research is to determine how working conditions of social workers enable them to carry out social work with people in material need in municipalities in the Czech Republic. THEORETICAL BASE: The paper utilizes Edgar Marthinsen's concept of neoliberalisation of social work. METHODS: Mixed methods side-by-side QUAN(qual) design. A questionnaire survey was used to collect data. OUTCOMES: Working conditions of social workers in municipal authorities only marginally affect the implementation of social work with people in material need. A limiting factor in this finding is the concept of social work as the frequency of social work-related activities, which does not address the quality of activities performed, only their quantity. SOCIAL WORK IMPLICATIONS: The paper concludes with a comparison of the characteristics of neoliberal social work and the research findings. We summarize that social work in municipal authorities after the Social Reform 2012 came into force shows partial signs of neoliberalisation.

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INTRODUCTION

The presented paper describes the findings of a questionnaire survey carried out with social workers of municipal authorities in late 2021. The research focused on social work with people in material need, including the impact of the Social Reform 2012 on changes in the performance of social work with this target group in municipalities.

The first chapter focuses on the Social Reform 2012, the circumstances of its emergence and its possible implications for social work with people in material need. The second chapter briefly discusses neoliberalism and its implications for social work. We have identified several features of neoliberal social work. In the third chapter, we present the research design, its objective, the primary and secondary research questions, and the hypothesis to be tested. The fourth and most extensive chapter is divided into three subchapters and discusses in detail the univariate and bivariate analysis of the research data. The conclusion discusses the findings and makes a comparative analysis of whether social work with people in material need in municipal authorities after the Social Reform 2012 has the characteristics of neoliberal social work. We finish the article with recommendations for practice.

SOCIAL REFORM 2012 AND ITS CONSEQUENCES FOR MUNICIPAL SOCIAL WORK WITH PEO-PLE IN MATERIAL NEED IN THE CZECH REPUBLIC

An economic downturn in the Czech Republic began in 2009 because of the global financial crisis and the Eurozone debt crisis. The government led by Petr Nečas (in office from 2010–2013) was forced to respond to this situation and adopted several measures aimed at streamlining public administration, improving the efficiency of public services, and simplifying the systems linked to these services. However, some authors argue that the main purpose of these "optimisations" was different: to save money (Hiekischová, 2015).

One of the reforms was the reform of services in general interest provided by the state. This reform is missing a uniform name. In the following, we will stay with the title Social Reform 2012, which reflects an important fact that most of the measures of this reform came into force on 1 January 2012.

In its press release, the Ministry of Labour and Social Affairs talks about the five pillars of the Social Reform 2012 (MPSV, 2011:1):

1. Unification of benefit and allowance disbursement
2. Changes in the care and security of disabled persons
3. Changes in the security for people in material need
4. Changes in the labour and employment
5. Changes in family policy and childcare

This paper pays closer attention to the third pillar of this reform – the changes in social security for people in material need. As part of the Social Reform 2012, most of this agenda, including the disbursement of cash benefits and allowances for material need assistance, was transferred from municipalities to the newly established Labour Office of the Czech Republic (the "Labour Office"). In connection with the transfer of these agendas, the administrative and social workers in charge of this area were moved from the social departments of the municipalities to the Labour Office; however, according to the reform, some of these workers remained in their original positions in the social departments of municipalities and towns. This "disconnection" and "duality" proved potentially problematic, especially given the opportunities for social work practice (cf. Musil, Hubíková, Havlíková et al., 2013; Hiekischová, 2015).

NEOLIBERALIZATION OF SOCIAL WORK

Research from other European countries suggests that the Czech Republic was not the only one to adopt a series of strict austerity measures as a result of the 2008 and 2009 economic downturn, which made the practice of the social work profession more difficult; on the contrary, we can refer to a certain European-wide trend. Several authors discussing consequences of austerity measures in various European countries (cf. Miljenović, Knežević, 2015; Mitendorf, Ewijk, 2016; Lazăr, Mihai, Gaba et al., 2019; Pentaraki, 2019; Seller, Diego, Fernandez, 2019) see the root cause in **neoliberalism**. This goes hand-in-hand with statements of other scholars, who consider 2008 financial crisis as **the crisis of neoliberalism** (cf. Duménil, Lévy, 2013).

When it comes to researching impact of neoliberalism on social work, however, we are facing issues regarding definition of this concept. There are countless theories of neoliberalism, which range from the definition of neoliberalism as a mere economic paradigm to theories of governance (cf. Wacquant, 2012). Wacquant tries to find a compromise between these two extremes, when he understands neoliberalism as a specific connection between the state, the market and citizenship. However, his concept is strongly inspired by conditions in the USA, where penal policy and the so-called prisonfare play a significant role, which are phenomena that are not well applicable to the situation of the Czech Republic (cf. ibid).

In contrast, Edgar Marthinsen (2019) uses the concept neoliberalisation of social work, which he understands as a process: *"Neoliberalism is not simply an economic policy designed to cut government spending, pursue free-trade policies, and free market forces from government regulations; it is also a political philosophy and ideology that affects every dimension of social life."* (Marthinsen, 2019:351). He then proceeds to identify five characteristics of **neoliberal social work** (cf. Marthinsen, 2019):

1. **Social work becomes an instrument for the development of human capital,** the purpose of which is to transform it into economic capital.
2. **Managerialism**, i.e., the application of managerial approaches in the "management" of social work clients, with an emphasis on risk management and the learning of client individual responsibility (responsibilisation).
3. Changes in the management of social work services driven by increased **standardisation, efficiency, and control** (of social workers and their clients).
4. The **introduction of quasi-market principles**, including commodification and an emphasis on individualised consumption of social services.
5. **Lack of satisfaction of social workers** with the above changes.

This conceptualization seems like a good fit for describing contemporary European social work, hence we decided to use it as a **main theoretical framework** of the presented research.

RESEARCH DESIGN AND ITS LIMITS

Research follows mixed methods side-by-side QUAN (qual) design, as described by Creswell, J. W. and Creswell, J. D. (2018). This design combines both quantitative and qualitative research strategies in a way such that they both use one research tool (in this case, a questionnaire), but they don't share the same data. The QUAN (qual) abbreviation means the research primary follows deductive logic of quantitative approach, with a qualitative part being a complementary description of respondents' opinions that can't be easily measured.

The aim of the submitted research is to find out how the working conditions of social workers enable them to carry out social work with people in material need in municipalities in the Czech Republic. Although as a result of the Social Reform 2012, part of the agenda related to assistance to people in material need was transferred to the newly established Labour Office, Act

No. 111/2006 Coll., on Assistance in Material Need still assumes the performance of social work with this target group also at the level of municipal authorities, municipal authorities with extended competence, and district municipal authorities. The primary research question (PRQ) corresponds to this research objective: *How do the working conditions of social workers in municipalities affect the performance of social work with people in material need?*
We decided to supplement the PRQ with several secondary research questions (SRQs):

SRQ$_1$: Will social workers in municipalities with extended competence limit the performance of social work with people in material need?

SRQ$_2$: Will social workers in municipalities of extended competence be restricted by their employer in using professional social work methods when working with people in material need?

SRQ$_3$: Will social workers in municipalities with extended competence feel dissatisfied with the system of assistance to people in material need as defined by Act No. 108/2006 Coll. on Social Services?

SRQ$_4$: Will social work with people in material need in municipalities with extended competence take the form of standardised activities?

SRQ$_5$: Will social work with people in material need in municipalities with extended competence concentrate on activities that can be quantified?

Based on existing research examining the impact of neoliberalism on social work, we can also formulate the following theoretical hypothesis (**H**$_t$): **Working conditions of social workers have an impact on the social work they carry out.**
Research into the working conditions of certain occupational groups is a relatively important topic for sociology (for example, the Chicago School of Sociology was involved in this issue). Since appr. the 1970s, we have seen a rise in the popularity of the concept of "quality of working life", which builds on the ambition to find general quality of life in various international surveys and tries to reduce this general level of quality to only its working dimension. As this concept develops, there is a proliferation of national and international comparisons that attempt to measure the quality of working life.[4]
An attentive reader might argue that "working conditions" and "quality of working life" are not the same thing, or that the quality of working life can only be considered as one of the dimensions of working conditions. This argument is undoubtedly correct, and therefore in relation to the quality of working life we usually distinguish its objective dimensions (e.g., workplace equipment) and subjective dimensions (e.g., satisfaction of an individual with salary). For Czech readers we can recommend a relatively recent article by Suchanec and Ďásek (2019), who conceptually address this topic in depth.
In our research, we decided to conceptualize the phenomenon of "working conditions" as "subjective quality of working life", which was measured using the Subjective Quality of Working Life indicator (SQWLi), developed by Jiří Vinopal (2011; 2012). It consists of two large batteries of questions that are subsequently transformed into an index of subjective quality of working life, which enters the data analysis primarily as an independent variable and takes values <0; 100>, where the value 0 is the lowest satisfaction with the quality of working life and the value

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[4] Examples include the European Working Conditions Survey (EWCS), the European Labour Force Survey (ELFS), the European Survey on Income and Living Conditions (EU-SILC) and the International Social Survey Programme (ISSP).

100 the highest satisfaction. The application of this indicator followed the official up-to-date methodology[5] (see Vinopal, 2015).

In the event of conceptualisation and operationalisation of the phenomenon of "performing social work", we followed the approach below: On the basis of already conducted research focused on this issue and the current legislative anchoring of social work with people in material need in municipalities (Act No. 108/2006 Coll.; Act No. 111/2006 Coll.; ACCENDO, 2016; Havlíková, Krchňavá, Růžičková et al., 2018) there has been a list of activities, methods, and techniques developed that can be considered relevant in the performance of social work in municipalities with people in material need. This list was transformed into a battery of 26 questions where respondents expressed their opinion regarding the **frequency** of performing selected activities, methods, and techniques in social work with people from the target group *The unemployed and people in material need* [6] on a scale 0-10 (0=not at all, 10=very often). The answers to this battery of questions were then used to create a summary index of the frequency of performance of social work activities, methods, and techniques, which we decided to name SWAFi (Social Work Activity Frequency index), which served primarily as a dependent variable in our analysis.

Based on this conceptualization, we can formulate the operational hypothesis (H_o)**: Subjective quality of working life influences the frequency of activities related to social work performance.** To test this hypothesis, a questionnaire containing a total of 108 questions was developed. Most questions in the questionnaire are closed in nature (87 in total), followed by open-ended (16 in total) and semi-open-ended (5 in total). In addition to questions used to create indices to test the primary research hypothesis and identification/demographic questions, the questionnaire also includes questions that inquire about the benefits and shortcomings of the Social Reform 2012 for the performance of social work in municipalities.

The intended research population was to be social workers working in municipal authorities of municipalities with extended competence, municipalities with authorised municipal office, and in administrative districts of the capital city of Prague, who work with people in material need. However, identification and outreach to this population for the purpose of a questionnaire survey proved to be quite problematic. The first barrier showed at the conceptual level: following the implementation of the 2012 Social Reform, Decree No. 332/2013 Coll. came into force on 1 November 2013, which introduced a template of the Standardised Social Worker Record Form (the "Standardised Record Form"), which is intended (among other functions) to serve for sharing information between social workers employed by municipal authorities and social workers employed by Labour Office, including the case of people in material need, and the completion of which is mandatory by law. A great paradox is that the Standardised Record Form does not know the "person in material need" concept, which is defined by Act No. 111/2006 Coll. on Assistance in Material Need, and therefore does not offer it as a possible target group for social work interventions. Instead, it introduces an equivalent target group *The unemployed and individuals in material need.* Since as a follow-up of the personnel reorganisation linked to the Social Reform 2012 most of the separate material need departments in municipalities carrying out this agenda under delegated competence have been abolished, we have decided to replace the concept of "people in material need" with the concept of "the unemployed and people with financial problems" in the questionnaire survey, which will be considered equivalent in the text to follow.

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[5] We made two minor changes to official methodology: The questions in the indicator were in a fixed order, and there was no domain rotation for the answers (the methodology allows this). The second battery of questions used the 0-10 scale instead of the official <-5; 5> scale (however, the range and meaning of the scale was maintained).

[6] For more information on explanation of the selection of this target group, see below the issue of defining the research population.

The second barrier has already been mentioned: following the changes brought about by Social Reform 2012, the activities of separate material-need departments run under the municipal authorities were almost universally terminated, with this agenda being dispersed among other units of social departments. In the end, a total of 1,808 workers in 410 municipal authorities were identified as *possibly* carrying out social work with people in material need. These 1,808 workers were later contacted via email and asked to complete an online questionnaire. Both the information provided for completion of the questionnaire and the cover letter emphasized that the research was going to focus on social work with clients from the target group *The unemployed and individuals in material need*. The questionnaire also included a filter to eliminate respondents who declared that they did not work with this group of people in the sections that were related to the performance of social work with this target group. Due to the above method of respondent sampling, it is not possible to generalize the results of this research for all social workers working in municipal authorities.

The data were collected using the CAWI (Computer Assisted Web Interviewing) technique using a Google Forms from 8 November 2021 to 18 December 2021. Closed questions were processed using Google Forms analytical tools and SPSS Statistics analysis, open-ended questions were evaluated through qualitative content analysis, which included creation of codes (using open coding) followed by their categorisation (cf. Creswell, Creswell, 2018). The intention of the questionnaire survey was approved by the Ethics Committee of the Faculty of Social Studies, University of Ostrava.

The questionnaire was successfully completed and returned by 339 respondents, i.e., 18.8% of the surveyed population. 69% of them stated that they perform the job of a social worker in a municipality with extended competence, 25.7% of respondents perform it in a municipality office with an appointed power in this area, and the remaining 5.3% in the administrative district of the capital city of Prague.

As to work position, the largest number of respondents (71.7%) were classified as *Social Worker*, followed by *Heads of Department* (9.1%) and *Heads of Units* (5.0%). The remaining workers (category *Other*) make up 14.2% of the research population, and in this category, we can find a variety of professions, e.g., a public guardian, drug coordinator, Roma counsellor, probation officer, and others.

ANALYSIS AND INTERPRETATION OF RESEARCH RESULTS

Working conditions of social workers in municipal authorities

The limitation of the social worker's profession in the municipal authority may be constituted by overlapping of functions, i.e., that social work is not the only activity in which an employee is engaged. This phenomenon was confirmed in our research, where 51.9% of respondents stated that they had another function besides that as social worker at a municipal authority. The most frequently reported activity carried out in parallel with social work was that of public guardian (18.0%) followed by probation officer (4.1%).

In addition to the accumulation of multiple work activities, another factor that can also negatively affect the quality of social work is the number of clients for whom social workers are responsible each month. In our survey, the median value of this indicator was 25 clients, but the average was 35.3 clients, which indicates a significant outlier. Indeed, on closer examination of the responses, we noted significant differences between respondents: some gave values in units of cases, others in tens of cases, and a smaller percentage of respondents in hundreds, with the maximum value declared being 500 clients! However, such high values were rather exceptional, with 80% of respondents declaring numbers of up to 50 clients per month.

Similarly limiting may be the need to engage in indirect client work in the context of social work practice. Here we can include, for example, the development of methodological materials,

education, coordination of services provided, and administration. Respondents were asked to estimate what percentage of their time is taken up by this indirect work with clients. The median value was exactly 50%, and the average value was 55.2%. **In combination with the frequent occurrence of the accumulation of functions and the high number of monthly clients in the dozens, such a high proportion of indirect client work means that time spent on direct social work with clients will not be a priority activity among respondents.**

Despite these shortcomings, however, the subjective quality of respondents' working lives was found to be relatively high: **The median value of the SQWLi indicator was 81.9, and the average value was 81.1.**

Implications of the Social Reform 2012 for social work with the unemployed and individuals in material need

As part of the research, we were also interested in how the conditions for the performance of the profession of social worker in municipal authorities have changed after 2012. We therefore asked two open-ended questions: in the first one, social workers were asked to list all the positive changes that have occurred in the performance of social work as a result of the social reform effective from 1 January 2012, and in the second one, they were asked to list all the negative changes in an equivalent way. The results were evaluated using qualitative content analysis.

The responses on the positive changes that according to social workers occurred after the start of Social Reform 2012 showed a very high level of consensus among the respondents. **The Social Reform 2012, by shifting the disbursement of welfare benefits to the Labour Office, made a professional life of social workers in municipal authorities easier and allowed them to focus more on social work itself instead of administrative activities related to the disbursement of benefits.** At the same time, some respondents stated that the termination of welfare benefits disbursement resolved their unsatisfactory situation related to their declared conflict of interest.

As for the negative changes, according to the social workers that occurred after the launch of the Social Reform 2012, **the most frequent criticism was toward the way in which the division of competences between municipal authorities and Labour Office was done, how poorly this system was set up, and that often the cooperation between the social workers of municipal authorities and the Labour Office staff was dysfunctional.**

Some social workers listed an increase in administration as a negative change. This finding is somewhat a paradox, as many social workers mentioned the reduced administrative load as a positive contribution of the Social Reform 2012 for social work in municipalities (see above). Apparently, the type of administration is important, since while on the one hand the need to administer welfare benefits has been eliminated, on the other hand, the obligation to keep a standardised record has been added, as well as the need to exchange information between municipal offices and the Labour Office: *"A large administrative burden, everything must be repeatedly recorded in several systems. Also, we lack motivational instruments for our clients (before we used to have benefits)."* (Social worker 1, municipality with extended competence)

In the above statement, the respondent also touched upon another issue that was mentioned by some other social workers. **This was the belief that by losing the competence to disburse welfare benefits, social workers also lost one of the tools to work with clients:** *"We do not have instruments to solve the client's difficult conditions (lack of social services, no possibilities to disburse funds, no possibilities to influence the disbursement of emergency immediate assistance, etc.)."* (Department head 1, municipality with extended competence)

In the following questions we focused directly on the target population *The unemployed and individuals in material need*. First, we explicitly asked in the questionnaire whether respondents work with this target population: a total of 315 (92.9%) of them answered in the affirmative. Therefore, we further only inquired with this subset of respondents.

First, we asked respondents about specific activities, and for each of these activities they were

asked to rate the frequency with which they performed it in an average month. We only inquired about clients from the target group *The unemployed and individuals in material need*. Frequency was expressed as a subjective measure of intensity on a scale of 0-10, where 0=not at all and 10=very often. An overview of these activities, including the declared frequencies (mean and median) is presented in Table 1.

Table 1: Subjective frequency of activities performed with clients from the target group *The unemployed and individuals in material need*

Activity performed	Mean	Median
Seek out and contact clients	4.8	5.0
Obtain necessary information about the client and learn about the client's life conditions (beside record keeping)	6.9	7.0
Evaluate the accomplishment of client's goals and a service plan for a specific client	6.1	6
Inform clients and make suggestions	**7.2**	**8.0**
Handle applications – prepare documents for assessing client's eligibility for benefits	6.0	6.0
Prepare documents for the conclusion of a social service contract	4.0	3.0
Be with clients when they need it, accompany them, motivate them	6.1	6.0
Help clients prepare for dealing with other people in meetings	5.5	6.0
Communicate with other people or organisations regarding matters concerning the client. Make suggestions for solving the client's problems and support them in solving the client's problems	**7.3**	**8.0**
Advocate for clients' positions or interests when dealing with other people or organisations. Represent clients in dealing with other organisations	6.5	7.0
Provide social services and/or social assistance from other people or organisations for individual clients and work with them to solve clients' problems	**6.9**	**8.0**
Participate in planning of the range of social services and/or social assistance offered by different organisations that would be available to this target group of clients	5.1	5.0
Accompany clients in their dealing with other people or organisations	5.3	5.0
Facilitate contact and mutual understanding between clients and other people	4.5	5.0

As the table shows, the most frequent activities were those related to social counselling and coordination of activities with other providers of social assistance and/or social services. On the contrary, the least frequent activity was the preparation of documents for the conclusion of a contract for the provision of social services. It can be assumed that this activity is mainly ensured by social workers working directly in specific social service organisations.

Next, we asked the respondents about the selected methods and techniques of social work, and for each of these methods and techniques they were asked to rate the frequency with which they performed it on average in one month. We asked only about clients from the target group *The unemployed and individuals in material need*. Frequency was expressed as a subjective measure of intensity on a scale of 0-10, where 0=not at all and 10=very often. An overview of these methods and techniques, including the declared frequencies (mean and median) is presented in Table 2.

Table 2: Subjective frequency of social work methods and techniques performed with clients from the target group *The unemployed and individuals in material need*

Method or technique performed	Mean	Median
Social inquiry	6.4	7.0
Field and outreach work	6.2	7.0
Social counselling	**8.3**	**9.0**
Community work	3.9	3.0
Case conference	2.2	1.0
Individual planning	6.0	7.0
Crisis/Emergency intervention	4.7	5.0
Interview	**8.4**	**10.0**
Situational intervention	6.3	7.0
Multidisciplinary cooperation	5.3	6.0
Social therapy	2.6	2.0
Networking	4.7	5.0

The most employed methods and techniques were an interview, followed by social counselling. On the other end of the spectrum were a case conference, social therapy and, somewhat surprisingly, community work.

We decided to follow upon the scales of frequency of activities, methods, and techniques of social work with a somewhat more personal question. We asked our respondents what they thought a successful social work intervention would look like for clients from the target group *The unemployed and individuals in material need*. The question was open-ended and so the evaluation was again performed using qualitative content analysis.

The answers to this question varied significantly; they were sometimes very brief, sometimes very comprehensive, with some respondents unable to answer it (e.g., saying *I do not know*). However, most responses could be classified into one of three categories. The first of these categories was rather straightforward: **successful intervention = finding a job:**

"A client should be able to get a job with the help of a social worker thus solving his or her financial problems." (Social worker 2, municipality with extended competence)

Another category of responses mentioned the **need to stabilize the client's social conditions:**

"Stabilization of the situation, provision of basic needs (housing, income). Motivation to make progress. That is, start receiving a regular income, stable standard housing, debt calendar. It varies greatly according to the specific situation." (Department head 2, municipality with extended competence)

The third category of responses emphasised the **clients' motivation leading to a change and improvement of their social conditions:** *"Motivated clients meet their goals, and you can see a shift for the better."* (Department head 3, municipality with authorised municipal office)

All three categories of responses to this question (finding employment, stabilisation, motivation) have one thing in common: **They primarily focus on individual changes at the client level.** Relatively few respondents commented on the need for changes in the client's environment or changes at the system level, or the involvement of the broader community in addressing the client's problem.

We also asked respondents whether they had ever personally experienced a situation where they found it very difficult or impossible to resolve the situation of a client from the target group *The unemployed and individuals in material need*. Most respondents (91.1%) answered that they have. In a follow-up question, these respondents were therefore given the opportunity to comment on what had caused their failure. This was a semi-open-ended question where respondents were also given the opportunity to indicate multiple answers, so that the cumulative relative frequencies exceed 100%.

The most frequent choice with a frequency of 82.6% was the answer *The client did not have sufficient personal motivation to change his/her living situation,* followed by the answer *There was no available social flat in the locality (68.3%).* Other important answers include *The locality lacked suitable social services, other form of assistance or there was no vacancy in a suitable social service (61.7%), The client refused to use the offered social service (60.6%)* and *The client refused to cooperate with a social worker (50.5%).* In the open-ended responses, there were repeated references to problematic or dysfunctional cooperation with the Labour Office and the lack or complete absence of municipal flats.

As cooperation with the Labour Office was already mentioned, we also addressed this area in our questionnaire. First, respondents were asked to indicate on a scale 0-10 how they evaluate the cooperation with the Labour Office in solving the unfavourable situation of clients from the target group *The unemployed and individuals in material need,* where the value 0 meant very poor cooperation, and the value 10 meant very good cooperation. Despite a high criticism from some social workers (see above), the overall level of satisfaction proved to be satisfactory, with a mean value of 6.0 and a median value of 7.0.

The follow-up question was open-ended, and we asked what change would most help respondents to improve their cooperation with the Labour Office in dealing with the unfavourable situation of clients from the target group *The unemployed and individuals in material need.* In the answers we again identified several frequent motives, which we will now present.

By far the most frequent problem mentioned by social workers from municipal authorities, and one in which they would appreciate a change, was the **overly bureaucratic and formalistic approach of the Labour Office staff, which was also accompanied by a lack of empathy toward clients:** *"The Labour Office is too concerned on having everything on paper, which is often difficult to achieve for these clients."* (Department head 4, municipality with authorised municipal office)

However, somewhat as a paradox, other respondents expressed the view that the **quality of cooperation is often based on personal sympathies/antipathies**, which goes against one of the fundamental principles of bureaucracy as a formalised, disembodied activity. These respondents would, on the other hand, appreciate more adherence to established laws, methodologies and regulations by the Labour Office staff.

Some respondents saw the reason for the lack of cooperation primarily in **unsatisfactory working conditions at Labour Office** and therefore believed that improving these conditions would subsequently lead to improved cooperation with social workers at municipal authorities: *"I would rather describe the major difficulties: the Labour Office staff are often overloaded, they do not answer the phone, they often do not respond to emails, it takes a disproportionately long time to process applications. The solution (changes) options are rather a question for the Labour Office."* (Social worker 4, administrative district of the capital city of Prague)

Other suggestions for improving cooperation with the Labour Office included expanding the network of contact points of the Labour Office, eliminating shortcomings in information systems (especially in the area of information sharing between the actors involved) and making an overall change in the concept of assistance provided to the unemployed and individuals with financial problems by the Labour Office.

The last section of the questionnaire was devoted to the use of the Standardised Record Form, which was to become the main tool for cooperation and coordination of social assistance between the actors involved (mainly municipal authorities, the Labour Office and regional authorities) after Social Reform 2012 came into force. In the first question of this section, we asked respondents whether they fill in the Standardised Record Form only because it is their obligation. 61.7% of respondents responded in the affirmative, 30.1% answered negatively and 8.3% of respondents did not fill in the Standardised Record Form, which is interesting because it is a legal obligation for social workers employed by municipal authorities.

In the following question, respondents were asked to comment on whether they considered the Standardised Record Form useful in social work practice in the municipality. They were asked to

rank their answer on a scale of 0-10, where 0 meant not at all useful for practice and 10 meant very useful for social work practice in the municipality. The median value of the answer to this question was 5.0 and the mean value was 5.3, so it can be concluded that social workers in municipal offices do see the standardized record form as neither useful or not useful for social work practice.

Another question was constructed similarly to the previous question, but this time we asked how respondents rated their cooperation with the Labour Office in the use of the Standardised Record Form. Again, they were asked to rank their answers on a scale 0-10, where a value of 0 meant completely dysfunctional cooperation and a value of 10 meant completely functional cooperation. The median value this time was even slightly lower than for the previous question – 4.0, and the mean value was also 4.0. Thus, it can be concluded that respondents consider cooperation with the Labour Office on the Standardised Record Form as rather, with 14.2% choosing the answer 0, i.e., completely dysfunctional cooperation.

In the last question we asked respondents what problems they encountered when sharing information with the Labour Office within the Standardised Record Form. This was an open-ended question the answers to which were evaluated using qualitative content analysis. Within this analysis, we identified three main categories of problems. For the first category, respondents complained that **Labour Office staff do not use the Standardised Record Form or use it only sporadically:** *"There is no social work at the Labour Office anymore – so, nobody deals with something like a Standardised Record Form,"* (Social worker 5, municipality with authorised municipal office). In the case of the second category, respondents reported that the **information contained in the standardised record was used against the interests of the client.** This finding is a great paradox given the original purpose of the Standardised Record Form, which was to improve the coordination of assistance to social work clients: *"The Labour Office misused the information to deny benefits,"* (Department head 5, municipality with extended competence).

The third category of problems concerned the design of the standardized record form as a tool for sharing of information and coordination of assistance. **According to social workers in municipal authorities, the standardized record is designed in such a way that it does not provide some important information about the client, for example, in the area of welfare benefits and pensions.**

The impact of subjective quality of working life on the performance of social work with people in material need in municipalities in the Czech Republic

In the concluding part of the analysis and interpretation of the research results, we focused on testing hypotheses and answering research questions. First, we focused on testing the operational hypothesis, that is: H_o: **Subjective quality of working life has an impact on the frequency of activities related to the performance of social work.**

We identified very low rates of covariance between the Subjective Quality of Working Life index SQWLi and the Frequency of Performance of Social Work Activities, Methods, and Techniques index SWAFi: The value of Pearson's linear correlation coefficient and Spearman's correlation coefficient were both less than 0.1 (specifically $r = 0.064$ and $\rho = 0.098$). Therefore, we cannot conclude that subjective quality of working life has a significant impact on the frequency of social work activities. Also, due to the non-representative sampling of the respondents, we may not generalize this result for the whole population studied, but only for our sample.

In the context of the answer to PRQ, we could therefore conclude that the working conditions of social workers at municipal authorities affect the implementation of social work with people in material need only negligibly. The concept of social work performance as the frequency of activities related to social work, which, however, does not say anything about the quality of these activities, only about their quantity, and seems to be a limiting factor in answering this question (apart from the aforementioned non-representativeness of the research).

We then proceed to answering the SRQs:

SRQ$_1$: Will social workers in municipalities limit the performance of social work with people in material need?
We were not able to demonstrate any limitations in the performance of social work with people in material need. On the contrary, qualitative content analysis shows that many social workers consider the possibility to focus more on social work instead of disbursement of benefits in material need as a positive result of Social Reform 2012: *"More space for social work, less formalised things, we do not conduct administrative procedures, subsidies for social work, projects,"* (Social worker 7, municipality with extended competence).

SRQ$_2$: Will municipal social workers be restricted by their employer in using professional social work methods when working with people in material need?
The questionnaire survey also asked social workers whether the management of their municipality considers social work to be an important agenda. Respondents were asked to rate their answer on a scale of 0-10, with a value of 0 indicating a response of "definitely not" and a value of 10 indicating a response of "definitely yes". The median response value to this question was 5.0 (mean 5.4), so it can be said that, in the opinion of the social workers, the management of their municipal authorities consider social work neither an important, nor an unimportant agenda.
Subsequently, we looked for a correlation between this variable and the variable *Methods and techniques of social work*, which was created as a summary index of 12 variables that asked respondents about the frequency of certain methods and techniques in doing social work with persons from the target group *The unemployed and individuals in material need*. Given the type of variables, this time we assessed the degree of dependence using Kendall's and Spearman's correlation coefficients, both values were lower than 0.1 (namely τ = 0.026 and ρ = 0.037), so the degree of dependence between these two variables can be considered negligible. As part of the qualitative content analysis, there were several cases of social workers describing low support for doing social work from their municipal management, or where they had to justify or explain the purpose of social work in the municipality to the local management. However, no one said that they would be restricted in the use of professional social work methods and techniques.

SRQ$_3$: Will social workers in municipalities feel dissatisfied with the system of assistance to people in material need as defined by Act No. 108/2006 Coll. on Social Services?
The qualitative content analysis showed that the greatest dissatisfaction of social workers is found in the set-up of cooperation between municipalities and the Labour Office. However, there were quite large differences, especially in cases where Labour Office employed former municipal employees who were transferred to them as part of the delimitation after the launch of Social Reform 2012. If these former colleagues were employed by a Labour Office there was usually a good level of cooperation, but there were exceptions here as well.
As part of the measurement, we also included a question asking respondents to comment on the evaluation of cooperation with the Labour Office in addressing unfavourable client conditions from the target group *The unemployed and individuals in material need.* The evaluation was again on a scale of 0-10, with a value of 0 indicating very poor cooperation and a value of 10 indicating very good cooperation. The median value of the response to this question was 6.0 (mean 7.0), so in summary, the cooperation with the Labour Office for persons in material need could be considered satisfactory.
The main instrument of cooperation between municipal authorities and the material needs departments of the Labour Office, the Standardised Record Form, was also considered problematic. 61.7% of respondents stated that they filled in the Standardised Record Form only because it was their duty. Within the qualitative content analysis, there were also responses that social workers

did not intentionally fill in the Standardised Record Form because in the past it happened that the information written in it by a social worker in the municipality led to the withdrawal of the material need assistance benefit by the Labour Office staff.

SRQ$_4$: Will social work with people in material need in municipalities take the form of standardised activities?
The qualitative content analysis demonstrated that Social Reform 2012 helped to "de-standardise" social work in municipalities in many cases, as the obligation to disburse and administer benefits for people in material need was removed. The univariate frequency analysis of activities, methods and techniques of social work showed that a diverse range of activities is used by social workers when working with persons from the target group *The unemployed and individuals in material need*, which may indicate a lower degree of standardisation. Similarly, the content analysis revealed opinions that there was a lack of methodological guidance in municipalities that would better define appropriate methods and techniques of social work for working with this target group.

SRQ$_5$: Will social work with people in material need in municipalities concentrate on activities that can be quantified?
The univariate frequency analysis of activities, methods and techniques of social work did not show that when working with persons from the target group *The unemployed and individuals in material need*, social workers concentrate only on activities that can be quantified. However, within the qualitative content analysis, there were voices that criticised "reporting" in social work as a way of legitimising the practice of the profession.
The survey also asked respondents to estimate what percentage of their time as a social worker is occupied by activities related to indirect work with clients (e.g., administration or development of methodological materials. The median value was 50.0% (the mean value 55.2%), which in turn may imply a high level of administrative activities, i.e., the above mentioned "reporting".

CONCLUSION

The following will try to summarize the most important findings of this extensive research. We have found that the **working conditions of social workers in municipal authorities have only a negligible impact on the quantity of performed social work with people in material need.** We found very low levels of covariance between the Subjective Quality of Working Life index SQWLi and the Frequency of Performance of Social Work Activities, Methods, and Techniques index SWAFi: the value of the Pearson's linear correlation coefficient and the Spearman's correlation coefficient were both less than 0.1. It is also important to consider the research limitations: **due to the non-representative sampling of respondents, we cannot generalize this result to the entire population under study, but only to. At the same time, conceptualizing social work performance as the frequency of social work-related activities says nothing about the quality of these activities, only about their quantity.**
The research has also revealed a certain tension between qualitative and quantitative data. For example, in the evaluation of cooperation with the Labour Office in solving unfavourable conditions of clients from the target group *The unemployed and individuals in material need* on a ten-point scale, the overall level of satisfaction proved to be satisfactory, with a mean value of 6.0 and a median value of 7.0. The follow-up open-ended question, where we asked what change would most help respondents to improve their cooperation with the Labour Office when dealing with unfavourable life conditions of their clients from the target group *The unemployed and individuals in material need*, however, provided a somewhat more gloomy and even disastrous picture of cooperation between municipal authorities and the Labour Office. We should bear in mind that people with negative experiences tend to have a greater need to share this information

in research surveys than those who do not have such intense impressions. This may subsequently lead to bias in the evaluation of research data, which is both quantitative and qualitative in nature. The following will compare the characteristics of neoliberal social work as defined by Marthinsen (2019) and the results of our research to determine what the performance of the social work profession in municipal authorities looks like after Social Reform 2012 came into force:

Social work becomes an instrument for the development of human capital, the purpose of which is to transform it into economic capital. Among other things, we asked respondents in our research what they thought a successful social work intervention should look like for clients from the target group *The unemployed and individuals in material need*. The first category of answers identified was quite clear: **successful intervention = finding a job**. This response correlates with Marthinsen's thesis of social work as an instrument that primarily serves to build economic capital, in this case by attempting to accelerate the client's re-entry into the labour market, with no ambition to address the broader socio-economic context of their problems.

Managerialism, i.e., the application of managerial approaches to the "management" of social work clients, with an emphasis on risk management and the teaching of individual client responsibility (responsibilisation). Our research has not focused primarily on exploring this dimension of social work. Among the declared methods, techniques and instruments used in social work, "softer approaches" such as social counselling, interview, and information mediation for a client were more prevalent than explicit "client management". Referring again to the question mapping successful social work intervention with clients from the target group *The unemployed and individuals in material need*, we noted **a strong emphasis on understanding the client as a subject who should solve his/her problems individually**, which correlates with the characteristic on teaching clients individual responsibility.

Changes in the organisation of social work services motivated by increased **standardisation, efficiency, and control** (of both social workers and their clients). In the case of this characteristic, there is considerable ambivalence in the design of Social Reform 2012: according to the answers of some respondents in our research, it was the post-2012 changes that improved or even enabled the performance of social work in municipal authorities, including less emphasis on standardisation and control of social work. At the same time, other respondents' answers indicate a belief that **social work in the Labour Office is motivated by standardisation, efficiency, and control to the extent that we cannot refer to anything close to social work.** However, this thesis would have to be verified by conducting a research survey directly at the Labour Office.

The imposition of quasi-market principles, including commodification and the emphasis on individualised consumption of social services. This thesis has not been the subject of our research, so it can neither be confirmed nor refuted.

Social workers' dissatisfaction with the above changes. If we were to relate this thesis to the impact of Social Reform 2012 on social work in municipal authorities and attempt some simplification, we could state that most social workers appreciate the intention of the social reform consisting in the separation of benefit-related activities from the performance of social work. Some even referred to this overlapping of activities as a conflict of interest. On the other hand, some respondents considered these changes as negative, because by losing access to the welfare benefit system they lost one of the instruments of social work from the target group *The unemployed and individuals in material need*. **However, respondents universally see a problem in the poor and chaotic way Social Reform 2012 was prepared, including the lack of methodological guidance for the performance of social work in the new social system.**

RECOMMENDATIONS FOR PRACTICE

Based on the results of the research, we would like to articulate two main recommendations for practice:

1. Some respondents declared they felt a lack of methodological training for performing social work with people in material need in municipalities in the Czech Republic. Since this agenda is part of the delegated competence and is thus guaranteed by law, it is up to the Czech state to provide social workers with appropriate methodological support, whether in the form of training, teaching materials or supervision. At the same time, we recommend that critical approaches of social work should become part of this methodological training, going beyond "repair of a broken person" approach as the main mode of intervention of municipal social work.

2. Cooperation between social workers in municipalities and between workers at the Labour Office has proved to be a serious problem. A number of respondents described this cooperation as dysfunctional, which was manifested in the way the Standardized Record Form was used as the main instrument of this cooperation: **instead of an aid instrument, it became a monitoring tool.** Once again, the Czech state must step in and develop a clear methodology for cooperation between these two subjects. At the same time, we recommend modifying the Standardized Record Form to better meet the needs of social workers and to correspond terminologically to the applicable legislation.

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What the History of Community Work for Community Work and Social Work in Contemporary Times Tells Us?

Detlef Baum

Detlef Baum's[1] main emphases in research and teaching are urban sociology, social problems in cities, socio-spatial segregation, poverty, and social exclusion in the city, social work, and community work in the city. He is member of the scientific board for the Poverty Report of the Rheinland-Pfalz, member of the scientific board "community work and the development of deprived areas" of the city Saarbrücken, and member in a working group that emphasises on the development of social cities.

Abstract
OBJECTIVES: The focus is on the historical reconstruction of community work. Two questions are important in this context: (1) Why is community work becoming increasingly important in social work today? (2) How has community work developed from a social work method to its own theoretical and analytical approach? THEORETICAL BASE: The history of community work draws attention to the relationship between the objective structures of disadvantaged dwelling areas and the behaviour, thinking, consciousness, and self-understanding of its dwellers because of their disadvantaged dwelling condition and how these conditions can be changed together with the dwellers. METHODS: The article focuses on the reconstruction of the history of community work from its beginning and in the newer history in Europe and especially in Germany in relationship to social work and social policy. OUTCOMES: The article describes the historical development of community work as an approach of a socio-spatial social work against the background of the social change in modern societies. SOCIAL WORK IMPLICATIONS: The article reflects the historical development of community work from a method to its own theoretical and practical approach of social work in specific socio-spatial contexts.

Keywords
community development, deprived areas, socio-spatial segregation, social work and social policy in cities

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INTRODUCTION

We observe recently a growing interest in community work in many European countries.
Cities and metropolitan areas have more and more problems with a growing urban poverty, with extending deprived and segregated quarters, and a growing potential of social and ethnic conflicts threaten the integration potentials of cities (Baum, 2005; Baum, 2007).
Community work gets an increasing amount of social-political meaning; community workers are, meanwhile in many European cities, partners in city planning processes and in the city development policy.
And we rediscover the local level as the most important level for social integration.
Since the 1970s in the most important countries of social politics and social work in Europe, we can see a changing self-understanding of community work in relationship to other fields of social work like case work and group work. In its practice and its theoretical and analytical approaches, community work developed its own way from a method of social work to an independent theoretical and analytical approach as a frame in which methods of social work find its places.
The priority for community work today is not only to look at the individual problems and questions of the inhabitants in a community, a quarter, or part of a city. It is an approach more orientated to look at socio-spatial frame-conditions of living and housing of individuals. How do they live in the context of their socio-space, of their neighbourhood, and their quarter or dwelling area?
Community work is more interested in questions of living together in a certain social space. It will enable inhabitants of such entities to understand their dwelling area as an area for which they are responsible and for which they should be engaged in its shaping, the structure of its public spaces, its infrastructure, and the life conditions in general. At the same time the inhabitants should develop the consciousness that they are actors who are able and authorized to shape these structures or to have influence in political decisions that concern their dwelling area.

METHODOLOGY

This article is a historical reconstruction of community work with the intention to explain the reasons why community work is, and was always, an approach of socio-spatial oriented social work. It reflects on the one hand the changes of the practice and of theoretical assumptions against the background of social change of modern industrial societies. Furthermore, it leads the social change to a change of the understanding of community work in the academic discipline Social Work from one of the methods of social work to its own theoretical and analytical approach with its own theoretical, methodological, and analytical accesses to its practice in a social space of a community, dwelling area, or urban district (Baum, 2018:176)
The article reflects first the understanding of community work and the theoretical assumptions of community work today.
After the description of the beginning and the newer history of community work, three questions will be discussed:
   • Which historical traditions of community work are still important, and are still the base for the self-understanding and the identity of community work in modern societies?
   • What has changed in the frame conditions of the practice of community work and in its theoretical and political positions?
   • Which relationship has community work had to other approaches and methods of social work in its development to its own approach historically and today?

COMMUNITY WORK AND SOCIAL WORK

In our context of this article, community work can be understood as a socio-spatial oriented social work. This approach offers the basics for a practical social work in a specific social space (district, dwelling area, neighbourhood) and the development of theoretical approaches, which can explain the relationships between the individual behaviour, consciousness, and interaction pattern on the one hand, and the socio-spatial frame conditions of housing, dwelling environment, and the spatial and structural access to public spaces, social institutions and organisations, help systems, education, and health on the other hand. Community work must always ask why the individual problems are closed within the spatial frame conditions of life (Hinte, Lüttinghaus, Oelschlägel, 2011).

As part of social work, community work has to develop conceptions, which combine the individual improvement of empowerment, competences, and capabilities with dispositions, which motivate individuals and enable them to feel responsible for their own life condition in the context of their social environment such as the quarter or neighbourhood.

Community work has a political function as well. Socio-spatial frame conditions of a quarter like the housing conditions, the character of public spaces, or the building structure are a part of city planning resp. city development policy. Therefore, community work has to shape the relationships between the dwellers of such quarters, and the municipal administration and community work must moderate discourses with the intention to improve the structural condition of living in these quarters (Brückner, 1987; Oelschlägel, 2001).

That dwellers of such quarters are able and motivated to be a part of their quarter, to be responsible for their life conditions, as shown by the development of community work in the last three decades. The development of community organising shows us that people are interested to shape their own life conditions and to be ready and able to decide together with others how they want to live.

And the development of a local economy in such quarters leads to a better understanding of living together in such quarters, leads to improved interaction structures, networks and to certain identification with the quarter (Elsen, 1998).

With this understanding of community work we refer to Susanne Elsen with her approach of community work as an institution for the development of empowerment, capability, and consciousness for a better society in the future and as an agent for social change in the context of strategies of power and subjects of social work (Elsen, 1998:253). Further we refer to H. J. Rubin (1994) with his organic theory of a community; as well as to Kretzmann and Mc Knight with their concept of community work as community building; community building is an open interactive process from inside out (Kretzmann, McKnight, 1993). Of further importance is the approach of Hinte. He understands community socio-spatially oriented as a closed local space with its own dignity and identity (Hinte, Lüttinghaus, Oelschlägel, 2011), as well as the social political understanding of community work as a mediator between the interests of the people and their activations and the local social policy of the municipality (Oelschlägel, 2001).

THEORETICAL BASIC ASSUMPTIONS

1. Community is an entity in which a community spirit of living together more or less develops. Over a longer period of time a collective memory and consciousness arises in such entities, which help individuals to find their social identity as someone who belongs to this community. To belong to a community is a central condition for social integration and for ensuring the social status within the community, in which they interact and interpret their life, their chances and possibilities and their restrictions and in which they are able to realize their interests and to fulfil their demands - or not (Baum, 2018:177).
2. There is a relationship between the objective structure of the direct socio-spatial environment of dwelling on the one hand and the behaviour and the psycho-social dispositions and competences

of people on the other hand. Neighbourhoods or dwelling areas produce structurally certain effects on the behaviour, self-consciousness, and the identity of the dwellers. The urban shaping and character of buildings and public spaces, an urban shaped infrastructure with shops, restaurants and public meeting opportunities, and public institutions, services, schools, and kindergartens influence the way people discover and are aware of public spaces as "their own" spaces, how they develop a self-understanding as urban dwellers, and how they develop a relationship to the urban space as space in which they act. H. Häußermann argues that the disadvantaged structures of the social space have disadvantageous effects for the development of behaviour, consciousness, and awareness of people there (Häußermann, 2008; Baum, 2018).

3. In neighbourhoods and dwelling areas there develops, over a longer period of time, a specific nearness and density of communication and understanding with others. In this socio-spatial context arise specific behaviour expectations of the others, as well as specific behaviour patterns, which have in a certain neighbourhood typical integrative effects; the pattern has there a higher meaning and dignity than in other neighbourhoods. Because of it, a specific way of living together arises there, in which people are more integrated compared to elsewhere. We refer to Herlyn, who developed an approach about life-long local contexts, in which people have confidence in the socio-spatial structures, communication patterns, and environmental awareness patterns. (Harth et al., 2012; Baum, 2018)

4. People are more integrated by the local environment and the local spaces if they have the feeling that they are appreciated and accepted, if they have the feeling that they have a meaning for others and they are needed and can help others. Further they develop a consciousness that they are a part of a specific local context for which they are responsible. And they are more integrated if they are as actors accepted and are able and willing to shape their own life conditions and their dwelling environment and the feel more integrated if they are able to influence political decisions that concern the structure of their neighbourhood or dwelling environment. Hinte's approach of local closed spaces as a condition for the development of a responsible relationship to the environment and for the others there (Hinte et al., 2011) and Oelschlägel's argument that people develop an interest in activities if they have the feeling to belong to a dwelling area or quarter (Oelschlägel, 2001) are important in this context as well (Baum, 2018)

THE HISTORY OF COMMUNITY WORK

The history of community work is embedded in the history of industrialisation and industrial urbanization and in the growing structural social problems that are connected with the development of industrial cities in Europe and the United States of America.

The history begins at the end of the 19th century in England. England has had since the 16th century a very restrictive poverty law, which created more poverty problems than they solved. In connection with the industrialisation and industrial urbanisation, the problems of poverty develop into a social catastrophe. The married couple Henriette and Samuel Barnett saw the poverty and the misery of housing in the workers' quarter London East. And they realized that the socio-spatial context of a structurally disadvantaged and segregated quarter leads to structural disadvantages of its dwellers and even to their social exclusion. But they realized also that the inhabitants of such quarters are the most important resource for changing.

Together with the inhabitants, the Barnetts fought against these restrictive conditions; they took care that the workers drew attention to social laws. They informed the workers about their rights. In 1884 they built a settlement house to those ends, which they called "Toynbee Hall" (following the English social reformer Arnold Toynbee). Furthermore, they were fighting for kindergartens, hospitals, and playgrounds for children; they offered courses in the contexts of adult education and were engaged in the reform of the building of council flats for poor families in England.

All these they had done with the goal that people should be enabled to help themselves mutually. People should be enabled to be responsible for others. But they should also be responsible for their own life conditions and for the socio-spatial frame of their life. The neighbourhood was the appropriate social entity that developed in this process to a system of mutual support. The settlement movement as neighbourhood movement began with the foundation of Toynbee Hall, which was a basic movement within the Anglican Church. The idea was to socially emancipate the poor by education and by enabling them with competences and by developing responsibility for the others.

The idea of the neighbourhood as a social entity and a system of mutual support was exported to the USA, and so the further development of community work took place there as well.

Stanton Coit visited the Barnetts in England. Following their ideas, in 1886 he opened the first settlement house in the United States in New York in the Lower East Side, a very deprived and crowded slum, and he founded the Neighbourhood Guild. In this settlement house he provided people with the immediate basic needs and advised them on questions of education of children, on questions of their social rights, and on questions of how they can organise help and support on a mutual level (Coit, 1887).

Jane Addams visited the Barnetts in England as well; she also followed the ideas of the Barnetts and founded 1889 together with Ellen Gates Starr in Chicago an initiative for working women. She drew her attention to women, because she felt that the women are more disadvantaged than men. The "Hull House" was a meeting point for all women who suffer under their working conditions and conditions of their regeneration and life-reproduction (Addams, 1910). Like the Barnetts, Jane Addams realized that the housing conditions and the socio-spatial environment of the dwellings were disastrous and must be changed. Therefore, women should be activated and enabled to fight for better dwelling conditions. They tried to draw the attention of municipal politicians on the disastrous life conditions of workers.

Following the tradition of the British settlement movement in general, the settlement houses developed in America into centres that offered social support and education for the poor and which were social-politically engaged in making progress with social reforms.

We find in the USA still another tradition that is important for the historical development of community work.

The Homestead Act of 1862 facilitated the movement of landless immigrants to Midwest, where they could settle. The government promised these people land if they cultivated this land within five years. The idea was for these people to farm, and agricultural schools were established. From this approach the government expected the founding of settlements and the development of communities. Community development was an approach of the settlers to solve problems of the landless immigrants in the context of their settlement and by mutual supports of the settlers. From this approach developed an understanding of a settlement as a community of solidarity, in which problems should be identified as common problems and should be solved together by the members of the community. The settlers realized that the problems of the members of a settlement often are not only individual problems, but structural problems stemming from the development of the settlement. This approach led to the further development of the settlement movement in the United States and shaped the special understanding of the American community as an entity of solidarity and of social living together independent from state support. Civil engagement and support and help on a mutual level had a higher meaning than state support and intervention. Community development is more an approach of the structural building of communities (infrastructure, traffics, shops, meeting points etc.).

Two other traditions arise from this community development approach: community organisation and community organizing.

Community organisation means more the organisation of the social life in a community. This approach arose from the approach of community reform. Community reform has the goal to develop the social organisation of living together.

In the United States we find two traditions of community reform. One is more charitable orientated. The members of the American middle class help the poor in order to integrate them or to prevent disintegration.

The other tradition was more important for the development of community work: community organizing. This tradition was more socio-politically orientated. Its goal was the improvement of structural life conditions, especially of the poor and the workers. People should be enabled to be responsible for their own life and for their socio-spatial and socio-economic conditions, which make possible a responsible lifestyle, in which people are able to realise their interests and to fulfil their demands. Therefore, the people should find out for themselves which problems they have or which circumstances and processes they define as social problematic, because they cannot realize their interests or fulfil their demands.

This approach is developed by Saul Alinsky, who was influenced by the civil rights movement. The idea of this movement was the realization of democratic structures: All people have the right to be involved in the process of political decisions and to influence these decisions. Alinsky's approach is based on his experiences in one of the most deprived areas of Chicago. The disastrous life conditions of the workers there impressed him (Alinsky, 1974).

Community organizing is based on two main principles: humanity and democracy. For Europe, especially for Germany, these principles are constitutive for each practice of community work, even for social work (Brückner, 1987). And community organizing is based on the principle of subsidiarity. The smaller social entity (the individual) must be enabled to solve its problems for itself before the bigger entity (the community) should help. Therefore, the individuals must be empowered by the community, must be sure in their identity and their capability to solve common problems together with others in the community, and community work must support these processes (Baum, 2018:176 ff.).

The newer history of community work in Europe and especially in Germany
In Europe the recent history of community began, which had effective influence on social work and social policy after the 2nd world war. In the central countries of social political development in Europe like Germany, France, Netherland, Great Britain, and the Nordic countries the reconstruction and the recovery of the destroyed cities and villages were connected with a reform of socio-political institutions and services, especially of social work. Only in Great Britain a special form of community work could develop because of the described history of community work. In Netherland and partly in other countries, we find the first approaches of community action and social work in deprived areas of partly destroyed big cities, which follow the American tradition of community development.

The reasons for different developments lie in the different structure and constitution of communities in European countries. In the English and Dutch communities for instance the activities and initiatives of citizens have a higher political and social integrative meaning and is not only tolerated but accepted and appreciated by the municipal administrations. The social development of living together is in these countries more depend on initiatives and activities of the inhabitants. The communities there are not a subdivision of the state; they have a specific relation to the state as independent political organisations.

In Germany the community is also independent from the state in its own matters, especially in the matters of housing and social-pedagogical support for young people. But a German municipal administration could not imagine that citizens develop activities or even strategies to shape the life conditions in a community or even to participate in political or administrative decisions. They are not authorized to intervene in administrative processes. The reasons for that are the logic and the self-understanding of the Prussian bureaucracy as an instrument of power and rule.

In Germany we find some small approaches of community work in the practice of churches or free welfare organisations of the political parties or the trade unions already at the beginning of the

20th century, where poor people are provided with the necessities for coping with their everyday life and where they could meet together and discuss their common problems. By the year 1911 we find the first approaches in Berlin-East, where in the workers' quarters the parish priest Friedrich Sigmund-Schulze started a project with the intention to solve the conflict of the social classes, to appease the working class with the Bourgeoisie. He understood the social question in this time as a labour question and by solving the labour question he hoped to solve the general social question and the class-conflicts.

He founded together with friends support systems for children and young people, offered seminars with social-political contents, established youth welfare organisations, and organized help for young people who committed a criminal offence. In subsequent times many so called "Volksheimen" came into being, which we can understand as the origin of practical community work, because these "Volksheime" developed an understanding in the quarter that people are not only belonging to a specific social class (labour class) but also to the quarter as an integrative social space. More prominent examples are the "Hamburger Volksheim" or the "Jüdisches Volksheim" (Oelschlägel, 2001).

At the end of the 1920s in Germany we had many social problems because of the worldwide economic crises and depression. The state organisations, welfare organisations, and voluntary social services were overtaxed. This led to activities of self-help-organisations like the organisations of political parties in deprived areas and workers' quarters. These self-help initiatives fought together with the workers and inhabitants against housing shortages, shortages of social insurance, exorbitant rents for flats, and repressive measures of the access to social support and services. These activities have had a certain political requirement.

In the time of national socialism these initiatives were forbidden. Welfare organisations of political parties and the churches were brought into line; the national-socialism social-policy and social work were centrally organized by the state; communities were under organisations of the state. The local policy was shaped by the NSDAP, the political party of National Socialism. Furthermore, National Socialism had difficulties in understanding and accepting the urban life style and the urbanity of big cities; the ideal community was the small town or the village. The community was the community of the "Volk". Social work was first care or relief for the Germans, structural questions were neglected. Against this background community work "was not necessary".

After the 2nd world war Germany had a challenge in coping with many refugees and homeless people, but the German cities were destroyed and communities suddenly had to build many flats for them. These flats had a very low standard with a much-neglected infrastructure and dwelling environment; the residential areas were socio-spatial segregated and produced problems of living together and social integration. Socially interested people and politically interested social workers together developed activities in these residential areas as "social work in city districts" with a certain political requirement ("Stadtteilarbeit"). It developed a culture of self-help groups. These groups took up the understanding of the self-help-groups before the war and brought it together with approaches of social work in deprived areas after the war.

At the same time American and English welfare organisations - England and the USA were occupying powers - imported in the context of the American settlement movement re-education programs to Germany, and so began first approaches of community work arising from the "social work in deprived city districts" on the base of practical methods of social work in the city districts and residential areas with the requirement to enable citizens to be responsible for the community as a democratic organisation on the base of solidarity and mutuality. It was first of all traditional social work, orientated to individual social problems with the goal to help and to prevent disintegration and deviance of individuals. But the main goal was to (re-)educate people to a democratic character. Structural deficits of the quarters were awarded, but not analytically discussed.

The real change of the theoretical and analytical reasons of the practice and the policy of community work and the self-understanding began in the 1970s (Gillich 2004; Hinte, Lüttinghaus,

Oelschlägel, 2011). This change related to the critical discussion of the social situation and the living conditions in the satellite cities with their high-rise buildings, missing infrastructure and urbanity, and unattractive public spaces. The main argument was that these structural conditions lead to structural disadvantages, social exclusion, and poverty. Against the background of the experiences with the houses for refugees and homeless people after the war, students and other action-groups and initiatives started together with the inhabitants of such settlements in order to change and to improve the structural living conditions there. This process leads also to a politicization of social work in such city districts; social workers realized that deprived areas were structurally neglected and disadvantaged by the municipal policy and administration, and they fought against this development in the cities. These actions took place against the official communal policy, and at the beginning such actions were forbidden, or the administration fought against these initiatives. The main argument of the administration was not that it would not be necessary to change life-conditions. The main argument was that the actions were organised by people who were not authorized to criticise or even to fight against the administration policy in solidarity with social workers and the inhabitants of the residential area.

But in the end, most of the cities would accept these actions, and even agreed with the actors that policy must improve the living conditions in such settlements. The administration realized meanwhile that these groups do not work against the interests of the municipal policy, and even that they are helpful. The administration followed the proposals to establish social planning and integrative city development. Social planners, social workers, and community workers became employees of municipal administrations and step by step the critical dimension of social work and especially community work in deprived districts lost its potential. In the beginning the fight against the administration in projects was connected with a critic of the social policy in a capitalistic society; the life-conditions of the poor were analysed as expression of capitalistic structures and processes. But now community workers discussed the problems more against the background of the interests of the municipality, the logic of the housing markets and other institutions, which were involved in the municipal housing policy or city-development strategies.

Community work realized the structural deficits and neglect of the quarters and tried to solve problems within the possibilities of an established social policy, which realized that life in such districts threatens the integration potential of a city. Therefore, participation became meanwhile more and more a central steering element of community work, and today we cannot explain or even justify the practice of community work and in general of social work without this term. Participation became an integrative part of communal social work and communal social policy (Hinte, Lüttinghaus, Oelschlägel, 2011).

Participation changed the relationship of citizens to their local administration and in the paradigm of the political and bureaucratic logic as well, and lead to local governance as a form of collaboration between administrations and citizens. This approach of local governance is close to the development of the approach of empowerment in social work. Empowerment in a method of social work and has the goal to strengthen the self-consciousness and the self-confidence of people and to enable them as actors in local political and social affairs. (Alisch, 2007).

Furthermore, this process was also important for a change in the paradigms of practice and political strategies of community work (Baum, 2012). And the change of paradigms was connected with a change in the theoretical explanations of social problems and its origins. Social problems in disadvantaged quarters have mostly their origins in the deprived structural developments and structural frames of life in deprived areas. Community work realized that it would be more successful to represent the interests and demands of the deprived areas and to fight for it on the one hand, but at the same time to moderate a communication between the people in the deprived areas and the municipality and its policy and administration on the other hand.

The newest development of community work is shaped by another process.

Since the 1990s, local economies have developed in socially mixed urban neighbourhoods where privileged and disadvantaged people live side by side and where the neighbourhood structure is not completely neglected. At the beginning two processes were responsible for this development:

1. Many people were unemployed, but who have had competences and experiences in fields that are in demand.
2. The demand for urgently needed work grows. We had to work with urgently needed improvements of dwellings and their environment in connection to demand for a better social infrastructure and more social supports.

At the same time communities have had no money to finance the needed improvements.

Thus a structure or even a culture in such quarters developed, which led to solidarity in local economic and social affairs and in the development of support on the basic of mutuality. New localities for craftsmen, businesses and markets in the quarter came in being; economic and social networks developed and led to better relationships, communications and public life as conditions for an urban lifestyle and for solidarity and identification with the quarter. Community work supports these processes by shaping the social conditions, so that these processes successfully stabilize the social living in the quarters and make the quarter a little bit autarky. (Elsen, 1998)

The so called "spatial turn" in social sciences and especially in social work characterizes the development of approaches in which the socio-spatial frame conditions of life took on a higher meaning.

The approach of socio-spatial orientation focuses on a principle of community work that individuals should not change the social space but should be enabled to change their own life conditions, dwelling conditions, their social environment, their infrastructure, and their structural access to the city together with others (Kessl, Reutlinger, 2010).

But more important in social work and especially in community work is the type or character of a space. At the latest, since industrial urbanisation, community work has become social work in the city or town.

We can also say that community work has regained its old meaning. Community work has always been socially spatial in its socio-political functioning. The community or urban area as a particular space - in which specific patterns of human behaviour and consciousness and communication develop - has always been the basis for the theoretical understanding and practice of social work in such a space.

We meanwhile find approaches of community work as social work in municipalities (Mandrysz et al., 2017). Also, Reutlinger discusses the socio-spatial conditions of social problems in the city as urban conditions. (Reutlinger, 2007), but we have in social work no approach that explains what it means to behave, to interact, and to live under specific urban conditions. We have no approaches, which can for instance explain specific socio-psychological problems of individuals with the plurality of lifestyles and behaviours in public spaces, with contradictions of expectations and the consequences such as ambiguities and ambivalences.

We have in social work no theoretical approaches that explain the typical urban logic of inclusion and exclusion, the principles and the logic of socio-spatial segregation processes and the consequences for the people in disadvantaged quarters under the conditions of a specific urban social, cultural, and economic dynamic. And we have in social work no analytical access to the typical urban tension of the relationship between private and public life and behaviour, and to that which urban sociologist call "incomplete integration" in an urban context. Incomplete integration and the tension of private and public life are not only typical, but constitutive for an urban life. For instance we have no approaches whereby we can discuss the architecture of a quarter in connection with a specific (deviant) behaviour or where we can analyse and discuss the character of public spaces as a condition for specific behaviour pattern or pattern of communication and representation. And we have no specific methods and instruments in community work to react adequately (Baum, 2007; 2018).

All in all: the "city" or the "town" is no central analytical category in the theory of social work. Urbanity is no keyword in social work, with which we could describe and analyse social, cultural, and economic processes in cities and from which we could deduce social problems of individuals or groups. This socio-spatial orientation is needed in social work. Community work has a chance hereby for further development - in theory and practice.

Approaches of urban sociology can be helpful.

Which historical traditions of community work are still important and a basis for the self-understanding and identity of community work?

The basic principles of community work that shape its identity are humanity, democracy, and solidarity on the basis of subsidiarity. These principles still have meaning, especially because of a newer form of social inequality: socio-spatial inequality in big cities and metropolitan areas and the conflicts in the distribution of social and ecological spaces, social resources, and social securities in a city.

Alinsky described humanity and democracy as the principles of community organizing. Each man/woman has his/her own dignity and identity independent from his social status, and each man/woman has the right to participate in decisions concerning his/her life conditions like dwelling, labour, education and above all in the decisions, which goals in life he or she wants to realize, resp. which demands he or she wants to fulfil for a good life, independent from social status. A. Sen speaks about capabilities that enable people to realise a life, for which they could decide with good reason, and which does not call into question the basis and principles of self-respect (Sen, 1999; Sen, 2019).

Solidarity as a principle of community work arises from the idea of neighbourhoods or residential areas as local based social support systems on the basis of mutuality. It is true, we know an institutionalized solidarity as principle of social insurance, but solidarity in community work means that people are responsible for others and for the community as a whole. This responsibility is based on direct and immediate communication, on face-to-face interactions, and on principles of a good living together (Alinsky, 1973).

Solidarity is based on subsidiarity insofar as the strengthened must help the weakened, also a principle of mutuality.

Furthermore, solidarity is connected with another principle: social integration. In this context social integration means that people have the feeling of belonging to a certain social space, where they are sure that they are accepted and appreciated, where they know and can fulfil the rules of communication and manners, and where they belong to a network of neighbours or other persons in the area, for whom they have a special meaning.

Therefore, the most important resources of a quarter are the inhabitants. It is true, they live under depriving conditions, are structurally disadvantaged, but nevertheless they have dispositions and competences that must be discovered. The majority of the unemployed in such quarters are not unqualified, and this is a resource; perhaps they are less educated or qualified, but they have many competences and experiences in needed fields and for many needed tasks. Social work helps not only by providing the people with material resources and by advising, by working *for* them, which is necessary. For social integration it is important that social work helps the people more by doing something together, *with* them on eye level, by planning projects together, by supporting others together with them, by working *with* them.

The practice of community workers shows us how people can ensure their identity, if they have the feeling of being needed and if they can present their competences in the context of practical work, where they could represent their capabilities. Neither psychological support nor support in the coping with everyday difficulties are in demand by them. They are mostly motivated and interested in communication and interaction with others, if they feel competent and needed.

Therefore, the development of community organizing is important. This approach opens the opportunities to discover the cognitive competences and psycho-social dispositions and

motivations of inhabitants. Together with others, problems can be identified and discussed, and ways of solution can be determined. People define in a democratic process their own problems as problems of the residential area. Either the solution of the problem is possible by their own activities or resources, or somebody must help.

Community workers must develop and moderate these processes of self-activation as a basis for stabilizing the identity and the self-consciousness of the people, and it is a contribution to a democratic culture in a community.

The history of community organizing has shown us this and principles, and principle assumptions have not lost meaning.

CHANGES IN THE FRAMEWORK CONDITIONS OF COMMUNITY WORK PRACTICE IN ITS THEO-RETICAL AND POLITICAL POSITIONS

The Barnetts in East London, S. Coit in the Lower East Side of New York, and Jane Addams in Chicago were confronted with the misery of proletarians in growing industrial cities. A new type of city dweller came to cities. Mostly coming from smaller villages or other rural contexts, these people were confronted with circumstances that arose from the uncontrollable dynamic of urban structures in its quick change. The social question of the 19th century was first a question of rural poverty and changed to a question of urban poverty. Deprived workers' quarters arose and grew, and the city became increasingly divided socio-spatially in privileged and deprived residential areas and districts. Friedrich Engels described and analysed in his 1845 published prominent opus "Die Lage der arbeitenden Klasse in England" the miserable dwelling conditions and conditions of regeneration of the workers'capacity in these quarters (Engels, 1972).

In this time of industrialisation in Germany we had to deal with typical workers'quarters, in which developed their own typical culture of behaviour, understanding, communication; the quarters had its own dignity. Workers' quarters were shaped by the collective awareness and consciousness that all of the workers are in same socio-economic position, and all have the same social status. In Germany at the end of the 19th century a labour movement developed with the effect that workers had the awareness that all of them are in the same common socioeconomic situation. Marx would say: the socioeconomic class situation produces a specific class consciousness. This consciousness was connected with specific patterns of behaviour, communication, and reproduction like the housing and the dwelling situation. To be a proletarian was not only a social but a political status. The working class was characterised by a specific political attitude and by a particular lifestyle of the workers, partly against the bourgeoisie.

The architecture of public buildings and the structure of public spaces reflect the lifestyle and the cultural and social attitudes of workers' quarters often as closed entities. And we find specific established social facilities and support systems and an established social work with its own character, mostly based on mutuality.

This is, by the way, is in contrast to the United States, where such a labour movement with its political requirements and its own specific cultural and social pattern of behaviour and thinking never could be developed. Therefore, typical workers' quarters with its own dignity such as in Germany could not be developed.

Today we have no longer typical and specifically shaped workers' residential areas. Today we have to deal with deprived areas and disadvantageous neighbourhoods and residential areas, which are socio-spatially segregated, which are uncoupled from the economic, cultural, and social dynamic of a city or bigger community. Even if the quarters are part of the inner-city or nearby the inner city, they are socio-spatial segregated. The architecture of the buildings, the attraction of places and public spaces, and the infrastructure differ considerably from the inner city.

Furthermore, in these areas, meanwhile, not only a poor and deprived population of one ethnic and the same social status live. The most of our migrants in the big cities live in such deprived areas

and we find there an ethnic mixture of poor and deprived populations. The consequence is many cultural differences in the understanding of living together, and the potential of conflicts threaten the integration capability of the quarters.

In such quarters we find often other patterns and rules of behaviour and interaction, and the people have other expectations of the society and to institutions. The people there find other ways to represent their identity in the public spaces, which are not at all the same as in the city. Outside the quarter often they cannot fulfil the expectations of interaction partners in the city. They must fear that they will be stigmatised and discredited. They know that their quarter has a bad reputation in the city and their address is discreditable. Therefore, the people do not leave their quarter if it is not necessary. But the only space where they can ensure their identity is their immediate dwelling environment.

Not all deprived quarters have the same character. Each of these deprived areas has its own structure, its own composition of population, its own architecture of buildings, places, and public spaces. Therefore, the quarters have not only an own character, but its own deprivations and disadvantages as well.

Community work must consider all these specific framework conditions and must develop its own specific strategies, which have, in the specific quarter, different effects than anywhere else.

But in two aspects we find general characteristics of deprived quarters. Firstly, the quarter is structurally disintegrated. Because of the described structural socio-spatial segregation, we have no uncomplicated exchange of people from the quarter in other quarters or in the city and vice versa. To mediate between the city and the quarter requires a social climate in the mutual understanding of how people live in the city and in the quarter. The most important task of community workers is therefore to "teach" both in the understanding of each other. Above all, community work must sensitize the city dwellers for the life in such quarters on the one hand and enable the quarter dwellers to interact and to communicate adequately in urban spaces in the inner city on the other hand.

A condition for this is the self-consciousness of dwellers of the quarter to be dwellers of the whole city, independent from the question of where one lives. The address should not have any meaning. At a minimum, a quarter's dwellers need the awareness and the "social security" in a wider sense that they are not identifiable as dwellers of a deprived and discredited quarter. This awareness stems from an ensured identity, which must be developed in the quarter.

The second aspect concerns the inner social structure of deprived quarters. As mentioned, the population of most of our deprived quarters is very heterogenic. We find there not only different ethnic and cultural groups. All people have different biographies coming from very different socio-spatial and social contexts in these quarters. They have made the experience that they are not accepted or even appreciated. In our societies *need* helps make someone discreditable. They do not feel that they belong to the society nor to the quarter as well. Certain ethnicities want to maintain and to live their own cultural tradition and fear and avoid the contact with others. Therefore, social integration is heavy and difficult.

Community work must find key persons; persons, who have the confidence in their group and are appreciated and have access to institutions, social services, and organisations, and who are ready to cooperate with the community work. These persons have to mediate between the expectations and requirements of the different lifestyles, cultural traditions, behaviour pattern, and interaction pattern.

Community work must initiate and moderate these processes, perhaps with the expectation of a more or less uncompleted social integration, and community work must help to control the conflict potential.

These aspects are new since the beginning of community work, and they are even new for the development of community work after the WWII.

THE RELATIONSHIP OF COMMUNITY WORK TO OTHER APPROACHES AND METHODS OF SOCIAL WORK DURING ITS DEVELOPMENT IN HISTORY AND ITS RELATIONSHIP TO THEM TODAY

Community work developed its own theoretical and analytical approach, based on its own theoretical and analytical accesses to a quarter and its inhabitants, within social work as an academic discipline and its practice as well.

In this context community work is an approach that assumes that the objective socio-spatial life conditions are the reasons for disadvantages and restrictions of individuals, and for the reason that people are structurally unable to have the awareness that they live in a space for which they are responsible and in which they could be actors who can shape and influence their own life conditions in this space.

Therefore, community work must discover competences and develop the self-consciousness that the inhabitants are able to shape their own life conditions in cooperation with others. In this process methods are needed that encourage and empower the inhabitants, and therefore we need methods of casework and group-work, psychological analysis and methods, and socio-pedagogical methods.

Community workers are also social workers. But the basic and starting point of analysing individual problems is the structure and shape of the space as central condition of behaviour, communication, thinking, consciousness, awareness, and interpretation of life. The environment of living and interacting is not only a factor of influence under others, but the central condition for the living and interacting in a space. How people are aware of and interpret their social environment and its objective structure depends on the question of which demands they can fulfil in this space and which interest they can realize in this space and how they develop a feeling of belonging in this space.

Insofar we have a dialectic relationship between community work and other approaches of social work; there is interdependence between the analytical and theoretical explanations on the one hand and requirements of methods and instruments of other fields of social work on the other hand.

A lot of social work approaches (therapeutic and individual-psychological approaches) understand why people are poor, why they have problems or are disadvantaged. These approaches consider also environmental conditions as structural condition. But the social environment is mostly understood as the immediate social environment like the family or interacting groups. The analyse or the change of the objective structural socio-spatial life conditions of a quarter in which families live and interact is a question for the social policy or city development and not for social work.

Community work is the only approach that can analytically construct a relationship between the structure of a social space as structural environment and the behaviour and consciousness of the people who live and interact in this space.

This understanding developed step by step. The reason for this understanding was the knowledge that structural conditions and factors are responsible for the miserable social situation of the people and not their own individual psycho-social problems.

This understanding was the root for the self-understanding of the early settlement movement to intervene socio-politically and to enable and motivate the poor and the workers for political activities.

How described, in Western European countries, especially in Germany, this understanding of community work was rediscovered in the 1970s. The activities of interested people and politicised social workers in the deprived areas in Germany have shown this. The demand for changing the situation of inhabitants by participation and influence in questions of the development of their quarter and the structural improvement of their dwelling conditions in satellite cities with high-rise buildings was not only a social question but a political one too. It led to political conflicts with the municipal administration of the cities. This development was important for a political

understanding of social work in Germany and shaped the "Stadtteilarbeit", which developed later into community work. It was not only social work, where social workers work with individual clients in a deprived quarter under the structural conditions of living there. It was not only social work with clients *in* the quarter. It was social work *with* the quarter, with its conditions and its population as part of it.

In contrast to community work, other approaches of social work do not work immediately in a political way by active intervention in political processes, and this understanding of community work is meanwhile urgently needed in social work in contemporary societies and in the future.

Furthermore, community work considers the people of deprived quarters not only as clients, but as partners in common projects in the quarter and a common political strategy, and people learn by doing and grow with their activities in their competences and their identity as inhabitants of such a quarter.

In this understanding community work has an imminent political function; it is an approach of participatory social work. Its special aspects are discussed in great detail by Mandrysz (Mandrysz, 2019). We find this understanding not in all European countries and cities but, as mentioned in the introduction of this article, we realize a growing influence of community work in these political processes and decisions, in processes of social planning, town planning, and in the understanding of the character and function of deprived areas in the context of the whole city and its city development policy.

The political meaning of the socio-integrational potential of the community has changed. The growing integration problems require a differentiated integrative policy and the development of a social development strategy for cities (Alisch, 2002). The integrational competences and potentials of communities were undertaxed for a long time. In the last two decades communal social policy gets step by step a higher meaning, and social work as well as community work gets more appreciation and responsibility in shaping local policy. Those are good and important conditions for the further development of community work.

CONCLUSION

The history of community work is the history of socio-spatial oriented social work. From the beginning the local socio-spatial frame of social behaviour, social life conditions, consciousness, and interactions were the background for the activities of social work. The central conditions for social integration are the local context of everyday life. The spatial oriented social context of social problems, deviance, or psycho-social problems of individuals shaped community work from its beginning.

Two aspects were in this context always relevant: (1) People must be supported and activated in their immediate environment, where they have confidence in the immediate socio-spatial structures and processes and in the communications and interaction pattern in the immediate dwelling environment. (2) Important for social integration on the local level is how people are accepted and appreciated by others and whether they have a meaning for others in concrete interactions.

The history of community work was, since industrial urbanisation, a history of the industrial cities and industrial metropolitan areas. The industrial cities in Europe and America were a new type of city and shaped a new type of city dweller, the industrial worker as proletarian. We had to deal with new social problems, which had their origin in the dwelling and working conditions of the industrial workers. In the core countries of industrialisation typical workings' quarters came in being, with a typical culture of reproduction of life, and community work was one of the answers of the so called "social question" as "labour question".

This tradition we have until today. Community work is social work in neglected, deprived, and disadvantaged segregated quarters.

The early history of community is the root for the subsequent further development of community organizing. The settlement movement and the approach of community development, which shaped the building up of communities and the approach of community organisation, which shaped the reform of communities as well, were characterised by democratic, participatory, and emancipatory structures, and were therefore the basis for community organizing as an approach of emancipation, democracy, and participation of the people, and strengthened both the responsibility for others as well as solidarity as principles of a responsible practice and of an emancipatory and participatory social work (Rubin, Rubin, 2005; 2007).

The history of community tells us that social work was across history a social work *with* the people and not only *for* them. People were always more or less involved in the methods and strategies of the practice of social work as responsible actors or partners, who are responsible for their own life and its conditions and not only as clients. At least they must be enabled to be responsible actors.

The history of community work as part of social work is also a history of community work as part of a local social policy. Either it was an answer of local social policy, or it was a partner of local social policy, social planning, and city development. In any case we find relationships with the local authorities, with the municipal administration and other social and political actors in the shaping of social and cultural life in a community.

Insofar, community work plays an important role in the mediation of discourses between the local social policy and its representatives and the interest and demands of a population of deprived quarters. The development of local governance as an approach of a cooperation of a municipal administration and the citizens is a framework within which community work can fulfil its social-political function as an agent for the citizens of disadvantaged quarters.

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Discrimination- and Anti-Semitism-Critical Action Competence in Social Work Practice

INTRODUCTION: THE MODEL PROJECT ANTI-SEMITISM IN THE MIGRATION SOCIETY

From the anti-Semitic and right-wing extremist attack in Halle in October 2019 to the anti-Semitic statements and conspiracy theories circulating since the beginning of the COVID-19 pandemic, anti-Semitism manifests itself in various forms and social contexts and makes us aware of the increased need for action to stand up for a pluralistic society and actively fight anti-Semitism. The model project "Anti-Semitism in the Migration Society", which is being funded within the framework of the BMFSFJ federal programme "Demokratie leben!" (Live Democracy!) from 2020 to 2024, aims to develop and establish a training programme for addressing discrimination and anti-Semitism. The training is intended to enable social workers in youth work to counteract anti-Semitism in a professional and sustainable manner. Such an approach is of particular importance in the task of confronting anti-Semitism in society as a whole. In the context of social work as an action-oriented human rights profession, the special position of social workers results on the one hand from their multiplier function and on the other hand from the interface work with other relevant groups of people, for example volunteers or parents, with whom anti-Semitism must be addressed.

The training programme is intended to provide social workers working in youth work with the appropriate knowledge and skills, and to foster the necessary attitude to professionally deal with anti-Semitism in their daily work. In order to take into account all the necessary levels and their interaction, the concept of competence according to Lehmann and Nieke (2001) is used. This article expands the concept of action competence for combatting discrimination anti-Semitism on the basis of interviews (evaluation by means of the documentary method) with social workers and people affected by anti-Semitism, an analysis and further development of existing materials and concepts designed to counteract anti-Semitism, and the implementation of the competence categories "social, professional, methodological, and personal competence".

The first round of the training programme took place in the first half of 2022 in two 3-part seminars (2x digital & 1x face-to-face). The three blocks dealt with the topics of 'secondary anti-Semitism', "anti-Semitic conspiracy ideologies", "anti-Semitism and discrimination in youth culture" (e.g., in German rap) and "Israel-related anti-Semitism" on the basis of an anti-Semitism-critical perspective in connection with a recurring practical transfer in the form of situation analyses and elaborated options for action. The second round is planned for the first half of 2023. After a final revision of the materials and further digitisation, the contents will be published in 2024 on the project's own homepage in the form of a digital self-learning course and made freely accessible to all interested parties.

In order to clarify the methodological and content-related foundations of the training programme, the following section 2 will present the anti-Semitism-critical perspective and the orientation towards the concept of action competence, as well as their further anti-Semitism-critical orientation. This subsequent section 3 will then provide an overview of the project results to date.

THEORETICAL BASE

Anti-Semitism-critical perspective
The training concept examines different manifestations of current anti-Semitism as well as general hostility towards Jews in their respective historical and social contexts. It further transfers the concept of racism critique according to Mecheril and Melter (2009:14), which provides for "power- and self-reflexive perspectives on institutions, discourses and structures", to anti-Semitism. The continuity/persistence of anti-Semitism that becomes clear in the context of historical contextualisation points to the impossibility of achieving a society completely free of anti-Semitism through singular practices, as is also the case with racism. In addition, the training concept also takes up the intersectional dimension, which has carved out for itself a niche existence in previous political education work in relation to the topic of anti-Semitism. To this end, the heretofore under-explored relationship between the critique of anti-Semitism and intersectionality must be made mutually useful in the course of a re-conceptualisation (Özdoğan et al., 2021). This was a starting point for the preparation of the materials in the course of the seminar design. Furthermore, the presentation of the functional and constructional nature of anti-Semitism is addressed, and anti-Semitism is thus not reduced to an individual phenomenon, but rather located in a societal context.

The approach to content in the training courses is supplemented by methodological-didactic guidelines of the anti-Semitism-critical perspective. Within the framework of a problem orientation, the focus is not on "being Jewish" and/or "being marked as Jewish", but on anti-Semitism and its causes and effects on an individual and social level. Consequently, with the help of the materials and in the awareness of one's own involvement in socially prevailing ways of thinking and acting, various forms of discrimination are explored and criticised. A further important component of the approach is the breaking down of the traditional hierarchical structure elevating the seminar instructors from the participants of the training units in order to enable an impact-oriented and open exchange of experiences within the framework of the training (Leiprecht, 2005:36). Through a participatory approach, participants are given the opportunity to benefit from an appreciative exchange that is conducive to self-criticism (Mecheril, 2009:22ff.). Potential challenges are moralistic finger-pointing, rejecting one's own co-responsibility in the social context or a paternalistic attitude with regard to the perspective of those affected (Elverich, Reindlmeier, 2009:41f.).

The interplay of the content-related and methodological-didactic dimensions can be seen, for example, in the indispensable aspect of including the perspective of Jewish people in educational work critical of anti-Semitism. On the one hand, the "extent, the manifold forms and the effects of anti-Semitism in everyday life [...] only really become visible when Jews have the opportunity to speak publicly about their experiences of anti-Semitism" (Stender, 2017:1). On the other hand, the defence mechanisms of the training participants with regard to secondary anti-Semitic tendencies must be addressed and dealt with so that the phenomenological and historical context of anti-Semitic manifestations as well as the functional and constructional character of anti-Semitism become apparent (ibid.).

Discrimination- and anti-Semitism-critical action competence
According to the competence model developed by Lehmann and Nieke, the four types of competence "professional, methodological, social, and personal competence" (Lehmann, Nieke, 2001:6f.) are subsumed under anti-Semitism-critical action competence, which will be adapted within the framework of the project with regard to anti-Semitism-critical social work. Through the training, social workers working with youth should learn ways of thinking, acting and working that are critical of discrimination and anti-Semitism and make them useful in their everyday work. The professional competence includes the specialised knowledge of the already described content-related dimensions of anti-Semitism ("historical and current contextuality", "manifestations",

"functional and constructional character" as well as "intersectionality"). The area of social competence concerns the interaction with colleagues, clients, and other relevant professional partners and actors, with a focus on discrimination-sensitive interaction and the deconstruction of othering processes. The aim is to create a human rights-compliant and discrimination-sensitive environment. Methodological competence includes ways of working, methods and procedures that contribute to the promotion of antisemitism-critical action competence among the clients. Self-competence takes up the reflection of the socialisation and power position of the professional in relation to social structures of inequality as well as with regard to social work practice; consequently, self-reflection and reflection on one's own professional actions come to the fore.

Figure 1: Schematic representation of the discrimination- and anti-Semitism-critical action competence model
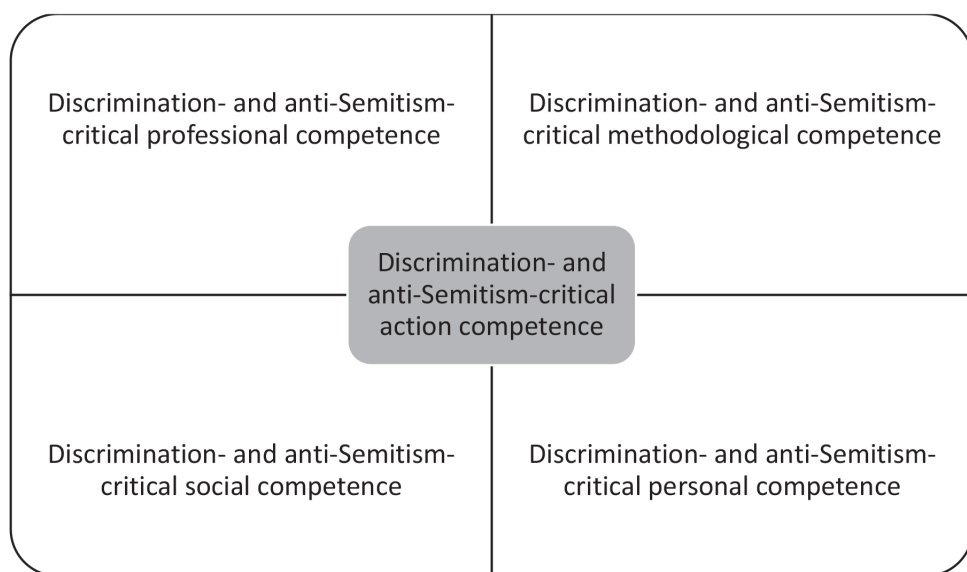
In order to acquire the described anti-Semitism-critical competences and thus enable targeted intervention in the case of anti-Semitic incidents, the project "Anti-Semitism in the Migration Society" offers anti-Semitism-critical trainings for comprehensive sensitisation, promotion and further training of professionals in the area of "anti-Semitism". The training of social workers thus includes the promotion of knowledge, attitudes, and skills and takes up this structure in different focal points on a recurring basis:

- Theory of anti-Semitism and racism as well as theories and methods of education work critical of racism
- Application of action strategies/materials in professional practice against racism and anti-Semitism
- Exchange among pedagogical staff on practical problems in the thematic area of Anti-Semitism and Racism

INTERIM RESULTS OF THE PROJECT

The preliminary project results and the training courses derived from them for social workers engaged in youth work provide specific content and approaches that address the challenges in the

participants' everyday professional lives. For this purpose, a qualitative survey was conducted among social workers in the run-up to the training asking them about the corresponding focal points and problems in their professional practice regard to discrimination in general and anti-Semitism in particular. This survey took place after those interested had registered and supplemented the experiences from the interviews already conducted with the social workers.

The training courses supplements the theoretical foundations of anti-Semitism ("forms of anti-Semitism", "secondary anti-Semitism", "perspective of those affected") and the anti-Semitism-critical perspective ("anti-Semitism-critical approach to action in social work") with practical examples from the areas of "conspiracy myths", "anti-Semitic German rap", "Nazi symbolism" and "criticism of the Middle East conflict" in order to introduce examples from the professional practice of the participants. The entire designed material and training programme is oriented towards the criteria outlined in point 2.

To ensure compliance with the standards and qualitative further development of the educational materials, all seminars were subject to an evaluation process that included casework and was used as an occasion for adjustments in the materials.

The feedback survey recorded almost entirely positive feedback from the participants (N=18) on the content design of the seminars, which can be summarised as follows:

- The balance of theory and practice enabled participants to acquire both a knowledge base in the area of "anti-Semitism" ("history & Middle East conflict") as well as an overview of the implementation of the materials through the methodological-didactic presentation.
- The practice-oriented certainty of action in everyday working life was promoted.
- The Covid-compliant design of the training in digital format with only one face-to-face event was found to be varied, informative and entertaining.

There was also some critical feedback which shall be taken into consideration for the future implementation of the training courses. This includes the following aspects:

- Although it was a total of 4 training days spread over 3-4 months, more time is planned for group and case work, thus providing more space for the exchange between the participants.
- Summary slides are to be introduced to help structure individual topics and provide them with a clear end point and summary.

The developed materials will be published online in the course of 2024. In addition, further free training courses lasting several days will be held in the first half of 2023 focusing on "anti-Semitism in youth work". These will be offered as part of the model project "Anti-Semitism in the migration society" for social workers active in youth work and will be conducted both digitally and in person. In the last phase of the project and after the end of the project, the introduction of the concept of action competence critical of anti-Semitism into regular structures will be specifically promoted. The introduction of the concept into the curricula of social work courses at universities will also play a role.

If you are interested in the training courses or the publication of the materials, please contact us for further information at info-aim@haw-landshut.de.

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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.
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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:

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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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